

SURVIVORSHIP AFFIDAVIT

R-62797

STATE OF INDIANA 92007461

COUNTY OF

S. S.

CHICAGO TITLE INSURANCE COMPANY INDIANA DIVISION

On this January 17th 1992 before me personally appeared

JAMES C. TODD

to me personally-known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature;
2. Affiant is Owner (state interest of affiant in the above premises as "owner," "son of owner," etc.);
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by

James C. Todd and Dorothy Mae Todd

4. Said DOROTHY MAE TODD (fill in name of co-tenant who died) died on November 1st 1991 leaving No will;

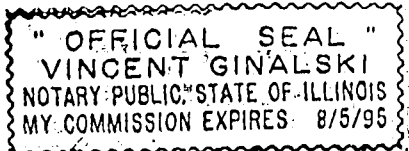
5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 30,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties were the parties ever divorced? N/A

(If answer is "Yes," identify the divorce proceedings:

James N. Anton Auditor Lake County

7. Affiant's relationship to the deceased was Husband



Signature: James C. Todd
Address: 980 West 69th Place, Merriville, Indiana 46410

Subscribed and sworn to before me by the affiant

this January 17th 1992 (insert date)

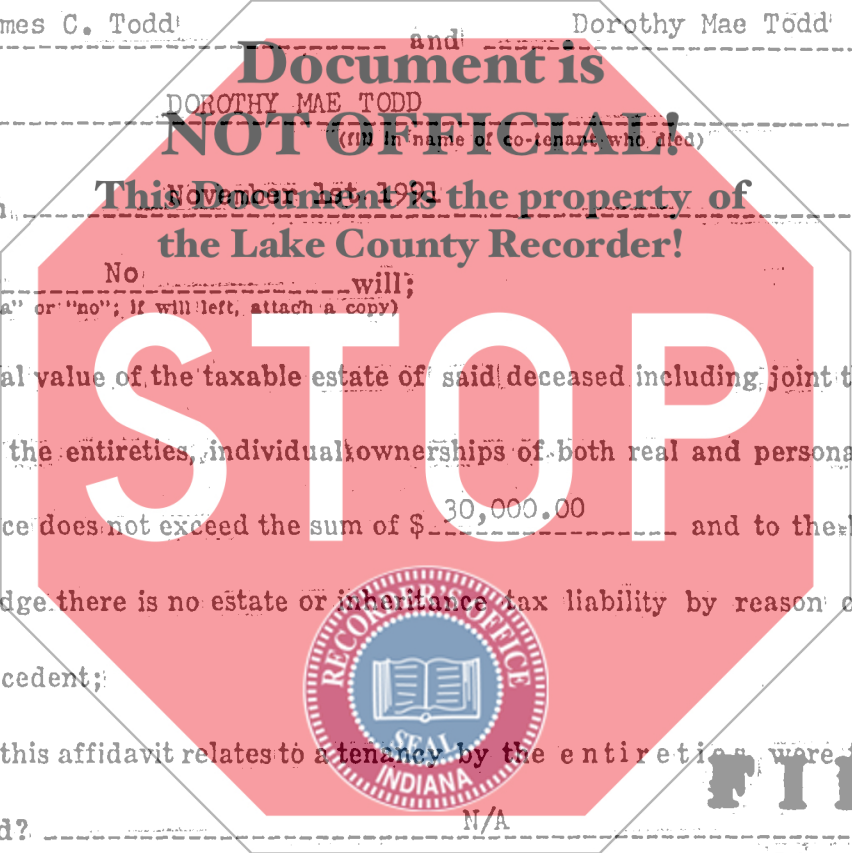
[Signature] Notary Public

My Commission Expires

Jurkey Creek Meadows #10
Rt 57-A
15-395-57

00039
800 ct

This instrument prepared by



STATE OF INDIANA, S.H.C. LAKE COUNTY FILED FOR RECORDING FEB 15 1 30 PM '92 ROBERT (980) FACTOR RECORDER

FILED FEB 4 1992

REGISTRATION DISTRICT NO. **16.34** *19-11-91*
 REGISTERED NUMBER

DECEASED-NAME: **1. Dorothy Mae Todd** (FIRST MIDDLE LAST)
 SEX: **Female** DATE OF DEATH: **9 NOV 1, 1991** (MONTH DAY YEAR)
 COUNTY OF DEATH: **4. Cook** AGE LAST BIRTHDAY (YRS): **5a. 62** UNDER 1 YEAR: **5b.** UNDER 1 DAY: **5c.** DATE OF BIRTH (MONTH, DAY, YEAR): **5d. December 7, 1928**
 CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER: **6a. Harvey** HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN THE CITY STREET AND NUMBER): **6b. IN GALLES HOSPITAL** IF HOSP. OR INST. INDICATED DO A, B, OR C IN THE HOSP. PATIENT (SPECIFY): **6c. D.O.A.**
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY): **7. Jackson Co., Alabama** MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): **8a. Married** NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE): **8b. James Todd** WAS DECEASED EVER IN U.S. ARMY OR FORCES? (YES/NO): **9. No**
 SOCIAL SECURITY NUMBER: **10. 423-24-6316** USUAL OCCUPATION: **11a. Unemployed** KIND OF BUSINESS OR INDUSTRY: **11b. Employed** EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED): **12. 6** (Elementary Secondary (1-12) College (1-4 or 5+))

RESIDENCE (STREET AND NUMBER): **13a. 980 W69th Place** CITY, TOWN, OR ROAD DISTRICT NO.: **13b. Merrillville** INSIDE CITY (YES/NO): **13c. Yes** COUNTY: **13d. Lake**
 STATE: **13e. Indiana** ZIP CODE: **46310** RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY): **14. White** OF HISPANIC ORIGIN? (SPECIFY YES/NO OR YES IF YES SPECIFY CUBAN, MEXICAN, PUERTO RICAN, etc.): **14. No**
 FATHER-NAME (FIRST MIDDLE LAST): **15. Jesse T. Counts** MOTHER-NAME (FIRST MIDDLE LAST): **16. Lenora Sanders**

INFORMANT'S NAME (TYPE OR PRINT): **17a. James Todd** RELATIONSHIP: **17b. Husband** MAILING ADDRESS (STREET AND NO. OR P.O., CITY OR TOWN, STATE, ZIP): **17c. 980 W69th Place Merrillville, In. 46310**
 18. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.
 Immediate Cause (Final disease or condition resulting in death): **(a) Multiple Injuries**
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST: **(b) Auto - Van Collision**
 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY): **20a. Vehicular Homicide** DATE OF INJURY (MONTH, DAY, YEAR): **11-1-91** HOUR: **20d. 6:05 PM** HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II, ITEM 18): **20c. Auto - Van Collision**
 INJURY AT WORK (YES/NO): **20e. NO** PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE, BUILDING, ETC.) (SPECIFY): **20f. Street** LOCATION (CITY, VIL OR TOWN, OR TWP, OR RD DIST NO., COUNTY, STATE): **20g. Calumet City, IL** IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS? (YES/NO): **20h. YES () NO ()**

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT: **21b. 11-1-91** THE DECEDENT WAS PRONOUNCED DEAD ON: **21c. 5:50 P.M.** AT:
 CORONER'S - MEDICAL EXAMINER'S SIGNATURE: **22a. [Signature]** DATE SIGNED (MONTH, DAY, YEAR): **22b. 11-2-91**
 CORONER'S PHYSICIAN'S SIGNATURE: **23a. The Right Hon. M. JAE LYONG AN, M.D.** DATE SIGNED (MONTH, DAY, YEAR): **23b. 11-2-91**

BURIAL, CREMATION, REMOVAL (SPECIFY): **24a. Cremation** CEMETERY OR CREMATORY - NAME: **24b. NW Indiana Cremation Service** LOCATION: **24c. Crown Point, In.** DATE (MONTH, DAY, YEAR): **24d. 11-4-91**
 FUNERAL HOME: NAME: STREET AND NUMBER OR R.F.D.: CITY OR TOWN: STATE: ZIP:

25a. Schroeder-Lauer Funeral Home 3227 Ridge Road Lansing, Illinois 60438
 FUNERAL DIRECTOR'S SIGNATURE: **25b. [Signature]** FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **00040**
 LOCAL REGISTRAR'S SIGNATURE: **26a. [Signature]** DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **26b. November 4, 1991**

I HEREBY CERTIFY THAT the foregoing is true and correct copy of the DEATH RECORD for the person named therein and that this record was established and filed in my office in accordance with the provisions of the ILLINOIS STATUTES relating to the registration of BIRTHS, STILLBIRTHS AND DEATHS.
 DATED **NOV - 4 1991**
 SIGNED **[Signature]** MEDICAL REGISTRAR
 AT HARVEY, ILLINOIS.
 The original of this record is permanently filed with the Illinois Department of Public Health in Springfield, Illinois, County Clerks and Local Registrars are authorized to make certifications from copies of the original record. The Illinois Statutes further provided that certification of a DEATH record by the Dept. of Public Health of the Local Registrar of the County Clerk shall be prima facie evidence in all courts and places of the facts therein stated.
Shirley Cook Meadows #10 Ke 57-a
Blk #15-395-57



CHICAGO TITLE INSURANCE COMPANY