

FILED

APR 22 1997

STATE OF INDIANA)
COUNTY OF PORTER)

SS:

SAM ORLICH
AUDITOR LAKE COUNTY

SURVIVORSHIP AFFIDAVIT

9702541

Comes now ETHEL M. LITTLE, who being first duly sworn upon her oath, and deposes and says:

1. That affiant is the surviving spouse of DONALD CALVIN LITTLE, SR. a/k/a DONALD C. LITTLE, who died a resident of Lake Station, Lake County, Indiana, on the 24th day of February, 1997;

2. That at the time of the death of DONALD CALVIN LITTLE, SR., he and the affiant herein, ETHEL M. LITTLE, were the joint owners with rights of survivorship of the following described real estate located in Lake County, Indiana, to-wit:

Lot Three (3), in Block Three (3), in Lloyds Deepriver Subdivision, being a part of Section 24, Township 33 North, Range 8 West of the 2nd P.M., in Lake County, Indiana, as the same appears of record in Plat Book 22 page 71, in the Office of the Recorder of Lake County, Indiana,

and commonly known as 4717 Willow Drive, Lake Station, Indiana, 46405;

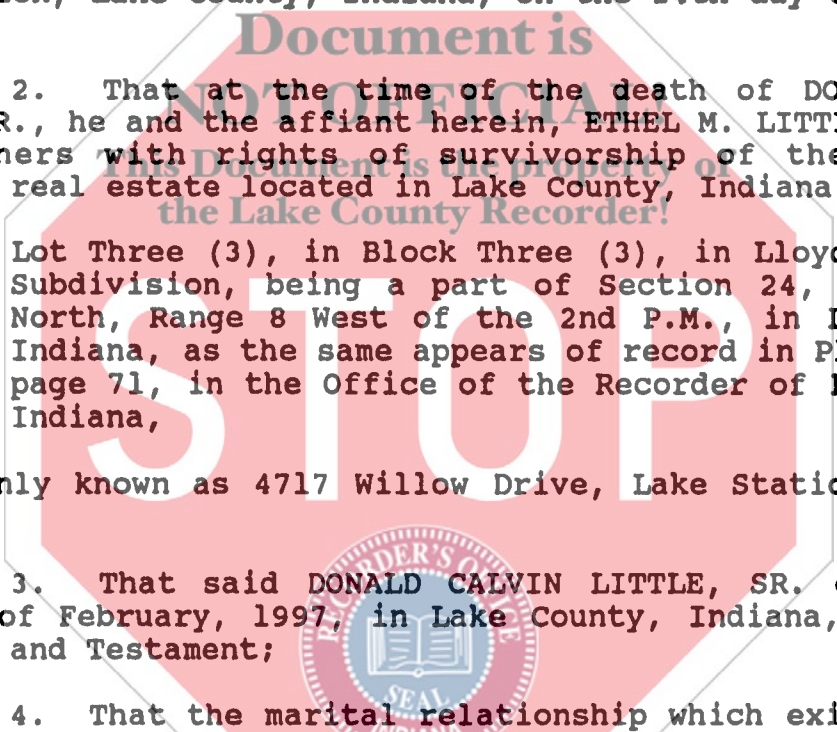
3. That said DONALD CALVIN LITTLE, SR. died on the 24th day of February, 1997, in Lake County, Indiana, leaving no Last Will and Testament;

4. That the marital relationship which existed by and between DONALD CALVIN LITTLE, SR. and ETHEL M. LITTLE at the time they acquired the real estate remained in effect and unbroken until the date of death of DONALD CALVIN LITTLE, SR. on February 24, 1997;

5. That all funeral expenses in connection with the death of DONALD CALVIN LITTLE, SR. have been paid in full;

6. That the decedent, DONALD CALVIN LITTLE, SR., left no estate or inheritance tax liability by reason of his death;

7. That this affidavit is being made for purposes of establishing that ETHEL M. LITTLE is the surviving spouse of the decedent, DONALD CALVIN LITTLE, SR. a/k/a DONALD C. LITTLE, and therefore all interest in and to said real estate should vest solely in the surviving spouse, ETHEL M. LITTLE;



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8. That the foregoing representations are true and correct to the best of this affiant's knowledge, information, and belief;

9. And further affiant sayeth not.

Dated this 9th day of April, 1997.

Ethel M Little

ETHEL M. LITTLE, Affiant

Subscribed and sworn to before me, a Notary Public,
this 9th day of April, 1997.

Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!

Frances A. Ranger
FRANCES A. RANGER, Notary Public

My Commission Expires: 2/19/98

County of Residence: Porter County, IN

STOP

RECORDER'S OFFICE
INDIANA

THIS INSTRUMENT PREPARED BY: RANDY K. FLEMING
(Atty. #17321-64)
SARKISIAN & FLEMING
Attorneys at Law
6165 Central Avenue
Portage, IN 46368
Telephone: (219)762-7718

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 0434-97

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

43447
TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First Middle Last) DONALD CALVIN LITTLE, SR.				2. SEX Male	3a. TIME OF DEATH 6:00PM	3b. DATE OF DEATH (Month Day Year) February 24, 1997
4. SOCIAL SECURITY NUMBER 304-24-2895		5a. AGE - Last Birthday (Years) 71	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) Aug 12, 1925	
7. BIRTHPLACE (City and State or Foreign Country) Vincennes, Indiana	8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		8c. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence	
9a. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center			9b. CITY TOWN OR LOCATION OF DEATH Hobart		9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Ethel M. Riggs		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Roller		12b. KIND OF BUSINESS INDUSTRY Steel
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Lake Station		13d. STREET AND NUMBER 4717 Willow Drive
13e. ZIP CODE 48405		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE - American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 7		18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 College (1-4 or 6+)		
19. FATHER'S NAME (First, Middle, Last) Lawrence King Little				20. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Louise Schneehagen		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) Feb 27, 1997 Calvary Crematory		21c. LOCATION - City or Town State Portage, Indiana		
22a. EMBALMER'S NAME James J. Krause		22b. EMBALMER'S LICENSE NO. FDO1006483		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) FDO1006483		24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342		
25. PART I. Enter the disease, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Carcinoma of Lung Recurrent						Approximate Interval Between Onset and Death < 24-
IMMEDIATE CAUSE: From disease or condition resulting in death Carcinoma of Lung Recurrent						APR 22 1997
Conditions if any which did not contribute to the immediate cause causing the underlying cause.						
DUE TO (OR AS A CONSEQUENCE OF)						
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. S/P multiple CVA cerebral						
26a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28. WAS AN AUTOPSY PERFORMED? (Yes or no) No		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29b. MEDICAL LICENSE NO. 01035695		29c. DATE SIGNED (Month Day Year) 2-26-97
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) J.P. Sanghvi MD, 8127 Merrillville Road, Merrillville, IN 46410						
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month Day Year) February 26, 1997
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year)		34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)			34f. LOCATION (Street and Number or Rural Route Number City or Town State)	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. 001236			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER