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STATE OF INDIANA
FILED JULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER.

97075030

97 NOV - 11 1997

MORRIS W. WALTER
SAM ORLICH
AUDITOR LAKE COUNTY

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now LORRAINE SUTTON, being duly sworn upon her oath,
and states as follows:

That the Affiant is the owner in fee simple of the following
described real estate located in Lake County, Indiana, more
particularly described as follows:

Lot 4 except the West 10 feet by paralled lines
thereof W. 15 ft. Lot 5 in Block 1, Sunshine
Addition in Hammond, Lake County, Indiana.
Key No: 36-476-25

Commonly known as 3312 Orchard Drive, Hammond, Indiana.

That the decedent IRENE R. HENRY, and the Affiant acquired
title as joint tenants with right of survivorship to said real
estate by deed of conveyance on the 5th day of September, 1985,
and recorded in the Office of the Lake County Recorder.

That the decedent and the Affiant jointly held title to said
real estate until the death of IRENE R. HENRY, on the 8th day of
November, 1996, at which time this Affiant acquired title to the
real estate as the surviving joint tenant pursuant to property
law. A certified copy of the Death Certificate of IRENE R. HENRY
is attached hereto, and marked as Exhibit "A."

That the gross value of the estate of the decedent as
determined for the purpose of Federal Estate Taxes, was less than


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LAKE COUNTY, IN: 8767-45
COOK COUNTY, IL: 54227

001884

13.00
22
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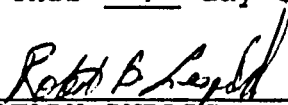
the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes.


LORRAINE SUTTON, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, this 29th day of
SEPTEMBER, 1997.


NOTARY PUBLIC, ROBERT B. LEOPOLD

County of Residence: Lake

My Commission Expires:

10-10-97

✓
ROBERT B. LEOPOLD
Attorney at Law
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This Document Not Valid Unless
 Stamped on Reverse Side and
 Embossed With Raised Seal of
 Porter County

PORTER COUNTY
 CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT
 155 Indiana Ave.
 Suite 104
 Valparaiso, IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT
 IN
 PERMANENT
 BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
 DEATH

CERTIFIER

HEALTH
 OFFICER

1 DECEASED—NAME (First Middle Last) IRENE R. HENRY		2 SEX Female	3a TIME OF DEATH 10:00 AM	3b DATE OF DEATH (Month Day Yr) November 8, 1996
4 SOCIAL SECURITY NUMBER 305-20-1481	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo. Day Yr) August 31, 1915
7 BIRTHPLACE (City and State or Foreign Country) Iola, KS	8a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a WAS DECEDENT A U.S. VETERAN? No	9b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9c FACILITY NAME (If not institution, give street and number) Porter Memorial Hospital		
10 MARRITAL STATUS (Specify) Widowed		11 SURVIVING SPOUSE (If wife, give maiden name) None	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife	12b KIND OF BUSINESS/INDUSTRY Home
13a RESIDENCE—STATE IN	13b COUNTY Pulaski	13c CITY TOWN OR LOCATION Medaryville	13d STREET AND NUMBER Rrt.1 Box 268	
13e ZIP CODE 47957	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) Elementary/Secondary (8-12) 11 College (1-4 or 8+)		18 FATHER'S NAME (First Middle Last) LeRoy Rogers		
19 MOTHER'S NAME (First Middle Maiden Surname) Mary Jones		20a INFORMANT'S NAME (Type/Print) Lorraine Sutton		
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rrt.1 Box 278, Medaryville, IN 47957		20c Relationship Daughter		
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) November 12, 1996 Elmwood Cemetery		21c LOCATION—City or Town, State Hammond, IN
22a EMBALMER'S NAME James W. Gholston		22b EMBALMER'S LICENSE NO. 1004194	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) 1045362	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME 3002869 Vicki Huber Funeral Home 7051 Kennedy Ave., Hammond, IN 46323	
26 PART I Enter the diseases, 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. Approximate Interval Between Onset and Death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) Likely Metastatic Malignancy DUE TO (OR AS A CONSEQUENCE OF) History Breast Cancer Oct 31 1997 DUE TO (OR AS A CONSEQUENCE OF) Left pleural effusion DUE TO (OR AS A CONSEQUENCE OF) Left Atrial Enlargement				
CONDITIONS, if any, which gave rise to the immediate cause, stating the underlying cause last Left pleural effusion				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Left pleural effusion				
27 WAS DECEDENT PREGNANT OR POSTPARTUM? (Yes or no) NO		28 WAS AN AUTOPSY PERFORMED? NO		29 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
30a 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				
30b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		30c MEDICAL LICENSE NO. 07030566	30d DATE SIGNED (Month Day Year) 11/11/96	
31 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Douglas A. Mazurek, M.D., 1101 E. Glendale Blvd., Valparaiso, IN 46383				
31a HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				31b DATE FILED (Month Day Year) November 12, 1996
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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. 001885		

FILED

**SAM ORLICH
 AUDITOR LAKE COUNTY**