FILED

DEC 01 1997

494085 LD SAM ORLICH AUDITOR LAKE COUNTY
Chicago Title Insurance Company

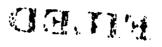
97082094

H494085

SURVIVORSHIP AFFIDAVIT

| Oı | this SEPTEMBER 29, 1997 before me personally appeared | ···• |
|----------|---|----------------------------------|
| | (insert date) MILDRED SUZANNE MEEKS | STATE LAN FILED 7 DEC |
| | THE MALE OCCUPANT PLACE | |
| to me pe | rsonally known, who being duly sworn on oath did say that: | F INDIANA COUNTY OR RECORD |
| 1. | rsonally known, who being duly sworn on oath did say that: Affiant resides at the address given below affiant's signature; | VA ORD O: 15 |
| 2. | Affiant is | of owners at a |
| | (state interest of affiant in the above premises as "owner", "son | or owner", etc.) |
| 3. | Said premises were formerly owned as joint tenants or as tenants by the | entireties by |
| | VIRGIL KEITH MEEKS and MILDRED SUZANNE MEEKS | |
| 4 | Said VIRGIL KEITH MEEKS | , |
| 4. | (fill in name of co-tenant who died) | |
| | died onMAY 25, 1997 | |
| | leavingwill; (insert "a" or "no"; if will left, attach a copy) | |
| 5. | The legal description of the premises in question is: Lot 86, Beverly Fifth Addition, in the City of Hammond, as shown 29, page 8, in Lake County, Indiana. | in Plat Book |
| 6. | Is there Federal Estate or State inheritance tax liability by reason of the d | leath of said |
| | decedent? | |
| | If yes, then estimated taxes due are \$ | |
| | The taxes due are paid or unpaid. | |

000023



्रम्भः ः

| SAM GRUCH |
|---|
| 7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? |
| (If answer is "Yes," identify the divorce proceedings: |
| 8. Affiant's relationship to the deceased was WIFE |
| Signature: Millig Sugarine Mac |
| Printed Name MILDRED SUZANNE MEEKS |
| Address: 9800 LINCOLN COURT |
| CROWN POINT, IN 46307 |
| Subscribed and sworn to before me by the affiant |
| this SEPTEMBER 29, 1997 |
| (insert date) Lustini M. Lefrit Notary Public |
| Printed Name CHRISTINE M. OLEJNIK |
| My County of Residence is: PORTER |
| In the State of INDIANA |
| My Commission Expires |
| This instrument prepared by MILDRED SUZANNE MEEKS |

INDIANA STATE BOARD OF HEALTH

Local No. 1131-92

SBH06-004

State Form 10110 (R2/3-89)

CERTIFICATE OF DEATH

State No.

| PRINT | I DECEASED-NAM | AE (FIREL MIG | idle Last) | | | | 2 SEX | | 3a Titu | AE OF DEATH | 1 | OF DEATH (M | | |
|--|--|--|--|--|--|--|--|--|--------------------------|---|---|--|--|--|
| N | VIRGI | | Κ. | ME | EEKS | | Male | | | :05A " | | 25, | | |
| NENT | 4 SOCIAL SECURIT | | 50 | AGE-Last Birthday (Years) | 5b UNDER 1 YEAR Months Days | Sc UNDER | Minutes - | | | | | • | itate or Fereign | Country |
| BLACK INK | 346-16-4 | | | 78 | | | Jan | | 4, 1 | | | | ssouri | |
| | 80 WAS DECEDENT A US VETERAN? | | 86 YEAR LAST SERVED IN U.S. ARMED FORCES? | | HOSPITAL Ingeneral | | 90 PLACE OF DEATH (Check any one | | | | | | | |
| | Yes 19 | | | | Outpetient | OTHER DOA Presidence | | | | U Other (Specify) | | | | |
| NT | 96 FACILITY NAME | (If not institute | on pres se | er and number) | | | DE CITY TOW | IN OR L | OCATION (| OF DEATH | 94 COUP | NTY OF DEA | TH | |
| ` | Community Hospital | | | Mu | | | nster | | | La | Lake | | | |
| | 10 MARITAL STATUS (Specify) | | 11 SURVIVING SPOUSE (If wife, give maiden name) | | 12s DECEDEN' | | ENT'S USUAL OF | NTS USUAL OCCUPATION (Give kind ng most of working Me. Do not use retire | | kind of work enred) | 126 KIND OF BUSINESS/INDUSTRY | | S/INDUSTRY | |
| • | Married | | Mildred Nelson | | n Machi | | inist | | | Au | | Automotive | | |
| | 134 RESIDENCE-STATE | | 136 COUNTY | | 13: CITY, TOWN OR LOCATION | | | | 13d STREET AND NUME | | | | | |
| | Indiana | | Lake | | Hammo | | | | } | | e Oak Lane | | | |
| | 130 ZIP CODE 13 | INSIDE CIT | V LIMITS | 14 CITIZEN OF WHAT COUNTRY | 15 WAS DECEDENT | OF HISPANIC Yes (If yes | ORIGINY specify Cuben | | CE—Americ ock White (| | | | TS EDUCATIO out grade comp | |
| | 1622/ 13 | ON A FAR | M7 | ,, c , | Mexican Puerto | Rican. etc.) | | | ipecity) |] [| Elementary/Se | condary (0-1 | Z) College | 1-4 or 5 + |
| | 46324 KX D vo U.S.A. | | | U.S.A. | | | | White | | | ll years | | | |
| S | 18 FATHER'S NAME | | Leeti | | | | | | | idie. Meiden Sui | meme) | | | |
| | Elzie M | | | | 144 | | Elsie | | | | | arra I a | N. Britanasahia | |
| ANT | 20: INFORMANTS Mildred | | | | 1 | | Street and Numbe Oak La | | | • | | 1 | k Relemonehip Wife | |
| | 21a METHOD OF D | | D Ereo | | 216 DATE AND PLACE | | | | | | LOCATION | | | |
| | | Cremeton | | ovel from State | other place) M | | | | , , | - ·" | | , , | | |
| | | Other (Speci | | | Chapel La | • | | ard | ens | | Schere | ervill | le, Ind | liana |
| TION :: -: | 224 EMBALMERS N | IAME: | | | 226 EMBALMER | | | | | EATH REPORTE | | | | |
| gr 16 1 1 | Charles | W. Wel | ls | | #1042 | 372 | | | | • X Ky•• | | | | |
| 152 TH 10 | 244 BIGNATURE OF FUNERAL DIRECTOR | | | | 100 | 24b LICENSE NUMBER | | 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME | | | | | | |
| | 24 BIGNATURE OF | F FUNERAL D | PECTOR | _ | 240 | | | | | | HOME FH#83002893 | | | |
| โดมีเรา | 1 ' _ | | | 1.00 | | (of Licenses) | | SOL | an fu | JNERAL | HOME 1 | FH#83(| 002893 | //22 |
| | 24 SIGNATURE OF | hen | 14 _ Ja maria | | FD succed the death. Do not o | (of Licensee) #10518 | 40 | 50L 710 | AN FU | JNERAL Lumet A | HOME 1 | FH#83(| 002893 d,Ind. | Oximete |
| Enstra i Lette | ant | hen | 14 _ Ja maria | Solon or complessions that core Lust only one cause of Carlot of C | FD succed the death. Do not o | (of Licensee) #10518 | 40 | 50L 710 | AN FU | JNERAL Lumet A | HOME 1 | FH#83(| 002893 d, Ind. | Oximete |
| รักมีข้า 1 - | MAMEDIATE CAUSE decease for complete on complete on complete on complete on conditions. If only, and | Prior the dead proof, shock, of Chief | of injuried in heart feet | | FD succed the death. Do not o | (of Licensee) #10518 | 40 | 50L 710 | AN FU | JNERAL Lumet A | HOME 1 | FH#83(| 002893 d, Ind. | eximate rel Between |
| CALL OF JA | ant in FARTLE | Pierre the description of the de | o murios results for the second secon | CHANGE TO | suced the deeth. Do not of the sech time to the sec | (of Licensee) #10518 meer nonepecthic | 40 | 50L 710 | AN FU | JNERAL Lumet A | HOME 1 | FH#83(| 002893 d, Ind. | oximate rel Between |
| CALL OF JA | MARDIATE CAUSE decease or condition resulting in death? Conditions, if any, serings to the immediate | Pierre the description of the de | e injuried to the injuried to | Charles Due to | FD succed the death. Do not o | (of Licensee) #10518 meer nonepecthic | 40 | 50L 710 | AN FU | JNERAL Lumet A | HOME 1 | FH#83(| 002893 d, Ind. | eximate |
| CALL OF JA | MAREDIATE CAUSE decease or condition resulting fit decease. If only, set rise to the immediate essing the underlying opuse test. | Pierre the description of the de | A improved to the control to the con | DUE TO | EUMANTON AS A CONSEQUENCOR AS A CONSEQUEN | (of Licensee) #10518 meer nonepachic (CFOP) | s serms. such se c | SOL 710 | AN FU | JNERAL Lumet A | HOME I | ### ### ############################## | 002893 d,Ind. Appr Inter Ones | eximate ral Between it and Death |
| CALL OF JA | 26 PART I. II december 26 PART I. II december 27 companies of companies of companies of companies of the immediate gasing the underlying | Pierre the description of the de | A improved to the control to the con | DUE TO | suced the deeth. Do not of the sech time to the sec | (of Licensee) #10518 meer nonepachic (CFOP) | 27. WAS DEC PREGNAM POSTPAR (Yes or n | SOL 710 cardiac o | AN FU | INERAL Lumet A | HOME I | 286 WERA | O02893 d, Ind. Apprinter Ones E AUTOPSY FI LABLE PRIOR PLETION OF C EATH? (Yes or | oximate nal Between st and Death NDINGS TO AUSE |
| CALL OF JA | DART I BART I BART I CAUSE decease or committee or commit | from the meets of the state of | a married to the control of the cont | CHANGE TO DUE TO DUE TO | ED Bused the death. Do not on each line COR AS A CONSEQUENT COR AS A CONSEQUENT COR AS A CONSEQUENT BUT NOT PROVIDED STATES. | (of Licensee) #10518 mer nonepachi (CFOP) (CFOP) (CFOP) (CFOP) (In Part I | 27. WAS DEC PREGNAN POSTPAR (Yes or n | SOL 710 cardiac of the cardiac of t | AN FU | JNERAL Lumet A | HOME I | 286 WERA | O02893 d, Ind. Apprinter One E AUTOPBY FI PALETION OF C | oximate nal Between st and Death NDINGS TO AUSE |
| CALL OF JA | MAREDIATE CAUSE decease or condition resulting fit decease. If only, set rise to the immediate essing the underlying opuse test. | from the condition of t | To more form | DUE TO DUE TO OMAN G PHYSICIAN To the | Bused the deeth. Do not on each time COM AS A CONSCOURT COM AS A CONSEQUENT COM AS A CONSEQUENT But not previously stated best of my knowledge. S | (of Licensee) #10518 meer nonepecha (OFOF) LICE OF) LICE OF) | 27. WAS DEC PREGNAN POSTPAR (Yes or n N(| SOL 710 Conduct of Conduction Cond | AN FU | INERAL Lumet A Zee WAS AN A PERFORM (Year or no) the coupo(a) as | HOME I | PH#83(BIRMOTIC | Appliner One | oximate nal Between st and Death NDINGS TO AUSE |
| CALL OF JA | MAMEDIATE CAUSE disease or condition resulting in death. Conditions, if any, witness to the immediate gating the underlying ocuse test. PART II Other segret. PART II Other segret. 28c CERTIFIER | Profit short of Charita | CENTIFYINGEALTH C | DUE TO | Bused the deeth. Do not on each line on each line COR AS A CONSEQUEN COR AS A CONSEQUEN COR AS A CONSEQUEN DUE not previously stated best of my knowledge of of examination and/or invited | (of Licensee) #10518 meer nonapachic (CE OF) ICE OF) ICE OF) | 27. WAS DEC PREGNAM POSTPAR (Yes or n opinion, deeth or opinion, deeth or opinion, deeth or | SOL 710 Cardiac of Car | AN FU | INERAL Lumet A 28a WAS AN A PERFORM (Year or no) the couce(s) as iote, and place, a | AUTOPSVED? | 28b WEN AVAIL COM OF O | Apprinter Ones | oximate rel Between st and Deeth NDINGS FO AUSE |
| CALL OF JA | MART II Other separate (Chock enty ent) | from the most of the same course | A mort feel feel feel feel feel feel feel fee | DUE TO | Bused the deeth. Do not on each time COM AS A CONSCOURT COM AS A CONSEQUENT COM AS A CONSEQUENT But not previously stated best of my knowledge. S | (of Licensee) #10518 meer nonapachic (CE OF) ICE OF) ICE OF) | 27. WAS DEC PREGNAM POSTPAR (Yes or n opinion, deeth or opinion, deeth or opinion, deeth or | SOL 710 Cardec of Cardec | AN FU | INERAL Lumet A 28a WAS AN A PERFORM (Year or no) the couce(s) as iote, and place, a | AUTOPSY NO stated and due to the course (a) | 28b WER AVAI AVAI COF D | Apprinter Ones | oximate rel Between it and Death it and Deat |
| CALL OF JA | MART II Other separate Cart II Other separate Cart III Other separate III Other separate Cart II Other separa | from the most of the same course | CENTIFYINGEALTH C | DUE TO | Bused the deeth. Do not on each line on each line COR AS A CONSEQUEN COR AS A CONSEQUEN COR AS A CONSEQUEN DUE not previously stated best of my knowledge of of examination and/or invited | (of Licensee) #10518 meer nonapachic (CE OF) ICE OF) ICE OF) | 27. WAS DEC PREGNAM POSTPAR (Yes or n opinion, deeth or opinion, deeth or opinion, deeth or | SOL 710 Cardec of Cardec | AN FU | INERAL Lumet A 28a WAS AN A PERFORMI (Yes or nel 28h cause(a) as into and place a | AUTOPSY NO stated and due to the course (a) | 28b WERN AVAIL COMM OF D | Apprinter Ones E AUTOPSY FI LABLE PRIOR EATHY (Ver er NO | Oximate nel Between it and Deeth nel Between i |
| CASTA CONTRACTOR CASTA CONTRACTOR CASTA CA | MART II Other separate (Chock enty ent) | There is a market of the state | CONONER CONONE | DUE TO DUE TO | Bused the deeth. Do not on each line on each line COR AS A CONSEQUEN COR AS A CONSEQUEN COR AS A CONSEQUEN DUE not previously stated best of my knowledge of of examination and/or invited | (of Licensee) #10518 mer nonepectric (CEOF) Lice OF) Lice OF) Lin Part I Lice OF) | 27. WAS DEC PREGNAM POSTPAR (Yes or n opinion, deeth or opinion, deeth or opinion, deeth or | SOL 710 Cardiac of Ca | AN FU | JNERAL Lumet A PERFORM (Yes or no) the cause(s) as and place, and place, and due CALLICENSEN | AUTOPSY ED? NO stated. and due to the course(s) io. | 28b WERN AVAIL COMM OF D | E AUTOPSY FI LABLE PRIOR PLETION OF C EATH? (Yes or NO SIGNED (Mon 26, 1 | oximate not between the and Deetle not between the and Deetle not between the and Deetle not between the and between the and between the angle not between |
| CASTA CONTRACTOR CASTA CONTRACTOR CASTA CA | DATE MAMEDIATE CAUSE disease or condition reaching in death reaching in death rate to the immediate stating the underlying deute test. PART II Other signal Course test. PART II Other signal Course test. 20c CERTIFIER (Check only are) 20c SIGNATURE A. 30 NAME AND AD | There was and the same cause of the same cause o | CERTIFYIN TEALTH COORDINER | DUE TO DU | ED Bused the death. Do not on each line in e | (of Licensee) #10518 mer nonepectric (CEOF) Lice OF) Lice OF) Lin Part I Lice OF) | 27. WAS DEC PRECNAN POSTPAR (Yes or n operion deeth occurred | SOL 710 Cardiac of Ca | AN FU | JNERAL Lumet A PERFORM (Yes or no) the cause(s) as and place, and place, and due CALLICENSEN | AUTOPSY ED? NO stated. and due to the course(s) io. | 286 WEN AVAIL COM OF O | E AUTOPSY FI LABLE PRIOR PLETION OF C EATH? (Yes or NO SIGNED (Mon 26, 1 | NDINGS ND |
| OF JAMES OF | MAREDIATE CAUSE decease as condition reaching in death? Conditions. If any, with rise to the immediate assing the underlying ocuse test. PART II Other segment ocuse test. PART II Other segment ocuse test. 20c CERTIFIER (Check only onle) 20c SIGNATURE A DOTA I DOTA I | Treet the energy of the property of the proper | CERTIFYIN TEALTH COORDINER | DUE TO DUE TO | ED Bused the death. Do not on each line COR AS A CONSEQUENT COR AS A C | (of Licensee) #10518 meer nonepecths (CE OF) In Part I eath occurred a sessession, in my opinion (Type/Print) Calum (Calum (Calum) (Calum (Calum) (Calum (Calum) (Calum (Calum) (Calum (Calum) (Calum (Calum) (Calum | 27. WAS DEC PRECHAM POSTPAR (Yes or n N) and the bime date. a common deeth or deeth occurred the Ave | SOL 710 Cardec of Cardec | AN FU | JNERAL Lumet A PERFORM (Yes or no) the cause(s) as and place, and place, and due CALLICENSEN | AUTOPSY NO stated and due to the core the course(s) i.a | 28b WERACOM DATE MAY | E AUTOPSY FI LABLE PRIOR E AUTOPSY FI LABLE PRIOR EATH? (Yes er NO total SIGNED (Monta) 26, 1 | NDINGS ND |
| OF JAMES OF | MAREDIATE CAUSE disease or condition resulting in death. Conditions, if any, with rise to the immediate gating the underlying obuse test. PART II Other segred Constitute (Check only and) 200 SIGNATURE A DOTA 31 HEALTH OFFICE | Treet the energy of the property of the proper | CERTIFYIN TEALTH COORDINER | DUE TO | ED Bused the death. Do not on sech line COR AS A CONSCOURT COR A | (of Licensee) #10518 meer nonepecthe (CEOF) ICEOF) ICEOF) ICEOF) ICEOF I | 27. WAS DEC PRECNAM POSTPAR (Yes or n opinion deeth occurred M J | SOL 710 Cardec of Cardec | AN FU | INERAL Lumet A PERFORMI (Yes or nel she cause(s) as see, and place, and place, and due CALLICENSEN T, Ind: | AUTOPSY NO stated and due to the core the course(s) i.a | 28b WERACOM DATE MAY | E AUTOPSY FI LABLE PRIOR E AUTOPSY FI LABLE PRIOR EATH? (Yes er NO total SIGNED (Monta) 26, 1 | NDINGS ND |
| OF JAMES OF | B PART I. BMAEDIATE CAUSE disease or condense recording in death. Conditions, if any, wines to the immediate gating the underlying ocuse last. PART II Other signal. PART II Other signal. PART II Other signal. 20c CERTIFIER (Check only one) 20c BIONATUSE A. JO NAME AND AD DOTA I. 31 HEALTH OFFICE. | Incor the deed of the state of the same of | CENTIFYIN TESON WITH FAUTH COMONER | DUE TO TO THE BESSE OF COMPLETED CAUS DIETO TO THE BESSE OF COMPLETED CAUS DECLARATE ITM. DELLA COMPLETED CAUS DELLA CO | ED Bused the death. Do not on sech line COR AS A CONSCOURT COR A | (of Licensee) #10518 meer nonepecthe (CEOF) ICEOF) ICEOF) ICEOF) ICEOF I | 27. WAS DEC PRECHAM POSTPAR (Yes or n N) and the bime date. a common deeth or deeth occurred the Ave | SOL 710 Cardec of Cardec | AN FU | INERAL Lumet A PERFORMI (Yes or nel she cause(s) as see, and place, and place, and due CALLICENSEN T, Ind: | AUTOPSY NO stated and due to the core the course(s) i.a | 28b WERACOM DATE MAY | E AUTOPSY FI LABLE PRIOR E AUTOPSY FI LABLE PRIOR EATH? (Yes er NO total SIGNED (Monta) 26, 1 | NDINGS ND |
| OF JACE OF | B PART I. BMAEDIATE CAUSE disease or condesso ar condesso ar condesso reading in death. Conditions. If any, wings to the immediate gating the underlying ocuse last. PART II Other signal. PART II Other signal. PART II Other signal. 20c CERTIFIER (Check only one) 20c SIGNATUSE A. JO NAME AND AD. DOTI 8 1 31 HEALTH OFFICE 33 MANNER OF DE. Natural. | Incor the description of the property of the p | CONTRACTOR OF THE PROPERTY OF | DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO Brie contributing to death COMPLETED CAUS DICTORNAL CHARACTER AND DATE OF INJU. CHARACTER DISTRICT SHE PLACE OF INJ. SHE PLACE OF INJ. | Bused the desth. Do not on sech line IOR AS A CONSCOURT IOR AS A CONSEQUENT IOR AS A CONSE | (of Licensee) #10518 meer nonepecthe (CE OF) In Part I seth occurred a seth occurred a seth occurred a control occurred a seth occurred a control occurred a seth occurred a | 27. WAS DEC PREGNAM POSTPAM (Yes or no) | SOL 710 Coordec of Co | AN FU | INERAL Lumet A PERFORMI (Yes or nel she cause(s) as see, and place, and place, and due CALLICENSEN T, Ind: | AUTOPSV ED? NO essed. nd due to the council. i.a.n.a. | 286 WEN AVAIL COMPORED STATE OF DESCRIPTION OF DESC | E AUTOPSY FILABLE PRIOR E AUTOPSY FILABLE PRIOR E AUTOPSY FILABLE PRIOR One E AUTOPSY FILABLE PRIOR NO TOTAL THE D (Month, E THE D (MO | no Dey, Yeart |
| OF JAMES OF | B PART I. BMAEDIATE CAUSE disease or condesso ar condesso ar condesso reading in death. Conditions. If any, wings to the immediate gating the underlying ocuse last. PART II Other signal. PART II Other signal. PART II Other signal. 20c CERTIFIER (Check only one) 20c SIGNATUSE A. JO NAME AND AD. DOTI 8 1 31 HEALTH OFFICE 33 MANNER OF DE. Natural. | Incor the deed of the state of the same of | Centre vin HEALTH COMONER FAU | DUE TO DUE TO | Bused the desth. Do not on sech line IOR AS A CONSCOURT IOR AS A CONSEQUENT IOR AS A CONSE | (of Licensee) #10518 meer nonepecthe (CE OF) In Part I seth occurred a seth occurred a seth occurred a control occurred a seth occurred a control occurred a seth occurred a | 27. WAS DEC PREGNAM POSTPAM (Yes or no) | SOL 710 Coordec of Co | AN FU | The cause(s) as into end place, and due cause(s) as into end place, and due call LICENSE No. 1 Ind: | AUTOPSV ED? NO essed. nd due to the council. i.a.n.a. | 286 WEN AVAIL COMPORED STATE OF DESCRIPTION OF DESC | E AUTOPSY FILABLE PRIOR E AUTOPSY FILABLE PRIOR E AUTOPSY FILABLE PRIOR One E AUTOPSY FILABLE PRIOR NO TOTAL THE D (Month, E THE D (MO | no Dey, Yeart |

DEA CERT/PO 1