

FA 202/49 HOLD FOR FIRST AMERICAN TITLE

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD **FILED**

97083402

97 DEC -5 AM 10:38 DEC 05 1997

ESTATE AFFIDAVIT

MORRIS W. CARTER

SAM ORLICH
AUDITOR LAKE COUNTY

Name Of Title Company: FIRST AMERICAN TITLE INSURANCE COMPANY

Title Company File No. FA22249

Property Address: 212 Minter Drive, Griffith, IN 46319

If this affidavit is to be recorded, the legal description of said property is attached hereto.

COMES NOW the undersigned Affiant and states as follows:

1. LORRAINE D. READY, deceased, died on the 21st Day, of January, 1997;
2. Affiant is a Personal Co-Administrator of the estate of the deceased;
3. The deceased died leaving a will which has been probated, under pending Estate No. 45D02-9703-EU-54;
4. All expenses of the last illness and funeral of the deceased have been paid;
5. All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and deceased's estate have been paid (or ample estate funds have been set aside for payment of the same);
6. There are no claims pending against the estate of the decedent which have not been paid (or ample estate funds have been set aside for payment of same if any unpaid claims exist);

This Estate Affidavit is made and executed by Affiant to induce the captioned Title Insurance Company to issue a policy of title insurance on the above-described real estate.

November 25, 1997
Date

Kenneth J. Ready
Signature of Affiant

KENNETH J. READY
Printed Name of Affiant

231 Minter Drive, Griffith, IN 46319
Address

STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, this 25th Day of November, 1997, personally appeared KENNETH J. READY known to me to be the person who executed the foregoing Estate Affidavit in multiple copies and acknowledged under oath that he executed the same freely and voluntarily for the uses and purposes therein mentioned and that all of the information therein contained is true.

In Confirmation, I execute my signature and affix my Official Notarial Seal.

Beth A. Kolbert
BETH A. KOLBERT
Notary Public

My Commission Expires: 07/11/01

My County of Residence: LAKE

cd\probate\title.aff

000398

11.00
me
7/1

pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2279-95

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) David Ready		2. SEX Male	3a. TIME OF DEATH 9:40 P.M.	3b. DATE OF DEATH (Month, Day, Yr.) October 7, 1995	
4. SOCIAL SECURITY NUMBER 345-07-6392	5a. AGE—Last Birthday (Years) 88	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) May 17, 1907	
7. BIRTHPLACE (City and State or Foreign Country) Donora, PA.	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.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) Meridian Nursing Home		9b. CITY, TOWN OR LOCATION OF DEATH Dyer	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Loraine Adelsperger	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Office Manager	12b. KIND OF BUSINESS/INDUSTRY Tractor Equipment		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Griffith	13d. STREET AND NUMBER 212 Minter		
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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 (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) John Ready			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Harris			20a. INFORMANT'S NAME (Type/Print) Loraine Ready		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 212 Minter Dr. Griffith, IN 46319		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) October 11, 1995 Chapel Lawn Cemetery		21c. LOCATION—City or Town, State Schererville, Indiana	
22a. EMBALMER'S NAME David R. Peterson		22b. EMBALMER'S LICENSE NO. FDO8601585		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) FDO1014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home FH83007500 9039 Kleinman Rd. Highland, IN 46322	
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)		a. Organic brain syndrome DUE TO (OR AS A CONSEQUENCE OF)			
Conditions if any, which gave rise to the immediate cause, stating the underlying cause last		b. Neuronal DUE TO (OR AS A CONSEQUENCE OF)			
		c. DEC 05 1997 DUE TO (OR AS A CONSEQUENCE OF)			
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH. HEALTH DEPT. OCT 10 1995					
PART II Other significant conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A	28a. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
29a. 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. <i>Alexander S. Williams, MD</i>		<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.			
29b. SIGNATURE AND TITLE OF CERTIFIER, IN COMMISSIONER'S OFFICE <i>Alexander S. Williams, MD</i>		29c. MEDICAL LICENSE NO. 0109251	29d. DATE SIGNED (Month, Day, Year) 10-9-95		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Fred Adler, MD - 800 MacArthur Blvd - Munster, IN 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i> 32. DATE SIGNED (Month, Day, Year) October 10, 1995					
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 INVOLVED (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. 000395			