

2

STATE OF INDIANA)

COUNTY OF LAKE)

) SS:
) 98073900

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

98 SEP 18 AM 9:00

MORRIS M. GALLER
RECORDER

AFFIDAVIT OF HEIRSHIP

Comes now PATRICIA COCHRAN, being duly sworn upon her oath and states as follows:

That she is the sole surviving daughter of the decedent, THELMA G. THOMAS, deceased, who died intestate a resident of Lake County, Indiana, on the 6th day of January, 1998.

That to the best of the affiant's knowledge, said THELMA G. THOMAS left surviving the following heirs at law: PATRICIA COCHRAN, Adult Daughter. Said decedent left no other child or children, or descendants of any predeceased child or children, and that the sole survivor is a competent adult.

That the deceased died owning an undivided one-half interest in a parcel of real estate legally described as follows:

Commencing at a point 505 feet South of the Northeast corner of the Southwest fractional 1/4 of Section 13, Township 35 North, Range 10 West of the 2nd Principal Meridian; thence South 99 feet; thence West 990 feet; thence North 99 feet; thence East 990 feet, to the place of beginning, in Lake County, Indiana.

Key # 14-11-7

That the statements made in this affidavit are true and complete insofar as the affiant knows and are made for the purpose of establishing the heirship of THELMA G. THOMAS, deceased.



Patricia Cochran

PATRICIA COCHRAN

STATE OF INDIANA)

COUNTY OF LAKE)

) SS:

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared PATRICIA COCHRAN and she being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 5 day of September, 1998.

This instrument prepared by:

C. Donald Emery, III
COSTAS NORMAN & CLEMENT
2708 Calumet Ave.
Valparaiso, IN 46383
DARLENE SAYRE
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires August 23, 2000
Resident Of Lake County, Indiana

Darlene Sayre

Notary Public Signature

DARLENE SAYRE

Notary Public Name Printed

My Commission Expires: 8-23-2000

County of Residence: LAKE

001187

11.00
T1
UB

HO 221757
OH

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

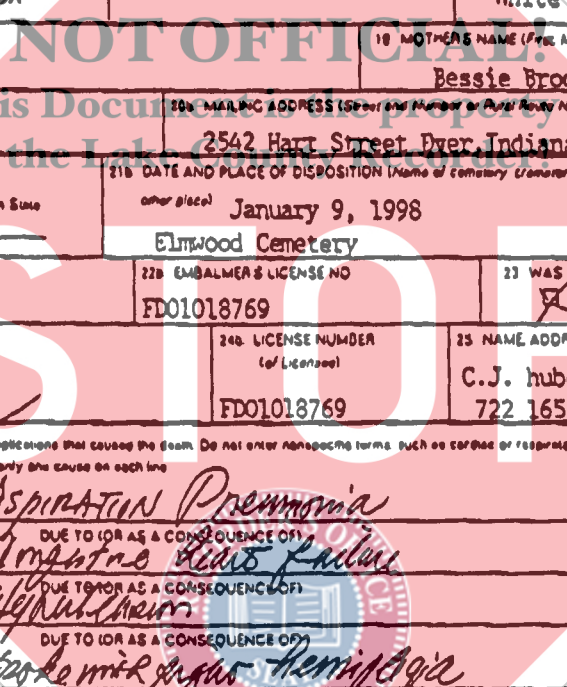
State No.

Local No. 0011-98

201815 TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-10-3

Form with fields for DECEASED NAME (Thelma Thomas), SEX (Female), TIME OF DEATH (5:55 A M), DATE OF DEATH (January 6, 1998), SOCIAL SECURITY NUMBER (400-26-0773), AGE (78), BIRTH DATE (January 1, 1920), BIRTHPLACE (London, Kentucky), FACILITY NAME (St. Margaret Mercy Hospital), CITY/TOWN (Dyer), COUNTY (Lake), MARRITAL STATUS (Widowed), SURVIVING SPOUSE (N/A), OCCUPATION (Homemaker), RESIDENCE (2542 Hart Street, Dyer, Indiana), FATHER'S NAME (Bardon Joseph Gilbert), MOTHER'S NAME (Bessie Brock), INFORMANT (Patricia Cochran), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (January 9, 1998, Elmwood Cemetery), EMBALMER'S NAME (Rod A. Ivy), SIGNATURE OF FUNERAL DIRECTOR (Rod A. Ivy), CAUSE OF DEATH (Aspiration Pneumonia, Congestive Heart Failure, Myocardial Infarction, Stroke with Right Hemiplegia), CERTIFIER (Juan Panico), HEALTH OFFICER (Alexander Delima), MANNER OF DEATH (Natural).



DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Handwritten notes: 15-11-98, 40-221857, 15-11-98