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STATE OF INDIANA
LAKE COUNTY
OFFICE FOR RECORDS

99081656 **TICOR TITLE INSURANCE**

MORRIS W. CARTER
RECORDER

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

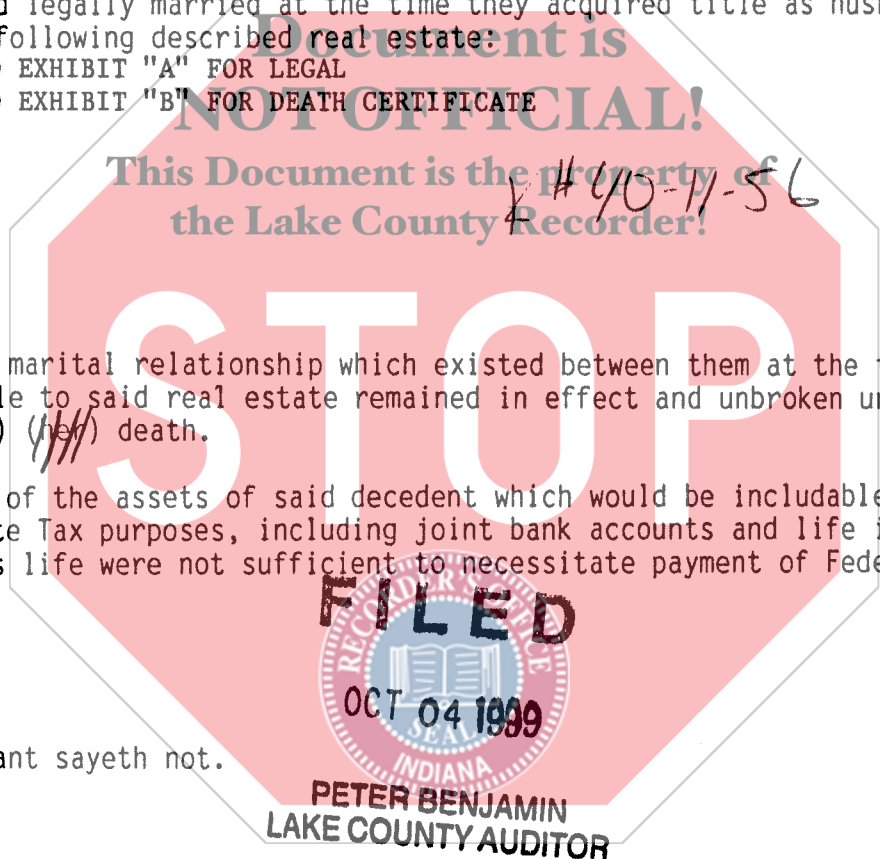
Jean
Norma Cooke

, being first duly sworn upon oath, deposes and says:

1. That Jon F. Cooke died on September 7, 1998 at Lake County, IN.

2. That Jon F. Cooke and Norma Cooke were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

SEE ATTACHED EXHIBIT "A" FOR LEGAL
SEE ATTACHED EXHIBIT "B" FOR DEATH CERTIFICATE



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~her~~ death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

99206430-440
TICOR TITLE INSURANCE
Crown Point, Indiana

Norma Jean Cooke Justice
Norma Cooke

Subscribed and sworn to before me, a Notary Public, this 30th day of September, 1997.

[Signature]
Corina John Notary Public

My Commission expires:
8-29-00

County of Residence:
Lake

This Instrument prepared by Norma Cooke B.O.O. E.P.T.

LEGAL DESCRIPTION

Part of the Southwest Quarter of the Northeast Quarter of Section 6, Township 36 North, Range 7 West of the 2nd Principal Meridian, commencing at a point 560 feet North and 1,862.9 feet West of the Southeast corner of the North Half of said Section and running thence East 150 feet, thence North 50 feet, thence West 150 feet, thence South 50 feet to the place of beginning, in the City of Gary, in Lake County, Indiana.



Exhibit "B"
INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

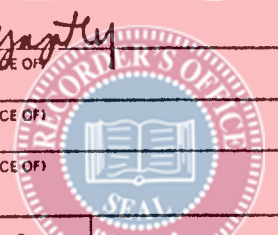
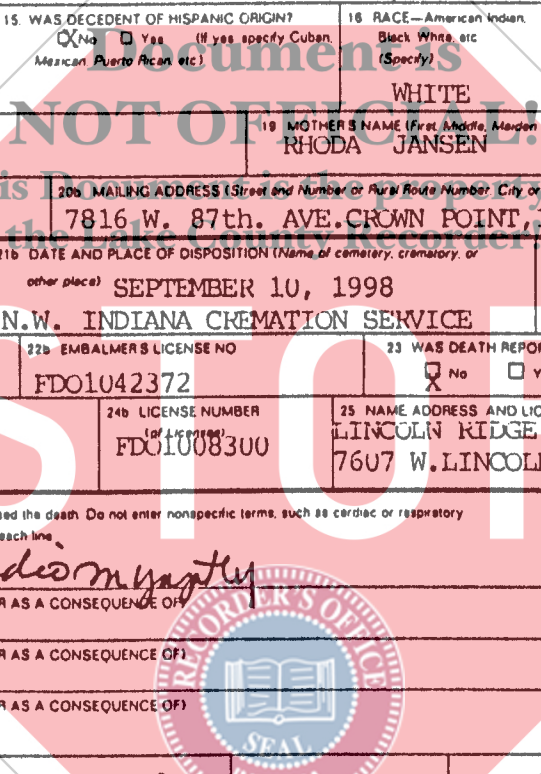
State No.

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

File No. **2-008-98**

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

1. DECEASED—NAME (First, Middle, Last) JON F. COOKE		2. SEX MALE	3a. TIME OF DEATH 9:25A M	3b. DATE OF DEATH (Month, Day, Yr) SEPTEMBER 7, 1998	
4. *SOCIAL SECURITY NUMBER 310-32-3562	5a. AGE—Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) JANUARY 17, 1933	
7. BIRTHPLACE (City and State or Foreign Country) HOBART, INDIANA		8a. WAS DECEDENT A U.S. VETERAN? YES			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953		9. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) ST. MARY HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH HOBART	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) NORMA JEAN SEBERGER	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SELFEMPLOYED	12b. KIND OF BUSINESS/INDUSTRY BUILDING CONSTRUCTION		
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION CROWN POINT	13d. STREET AND NUMBER 7816 W. 87th. AVE.		
13e. ZIP CODE 46307	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) 1+ College (1-4 or 5+) 1+		18. FATHER'S NAME (First, Middle, Last) HOWARD COOKE			
19. MOTHER'S NAME (First, Middle, Maiden Surname) RHODA JANSEN		20a. INFORMANT'S NAME (Type/Print) NORMA JEAN COOKE			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7816 W. 87th. AVE. CROWN POINT, IN. 46307		20c. Relationship WIFE			
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) SEPTEMBER 10, 1998 N.W. INDIANA CREMATION SERVICE		21c. LOCATION—City or Town, State CROWN POINT, INDIANA	
22a. EMBALMER'S NAME CHARLES WELLS		22b. EMBALMER'S LICENSE NO. FDO1042372	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Trujillo</i>		24b. LICENSE NUMBER (of Licensee) FDO1008300	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 46307		
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. cardio myopathy		Approximate Interval Between Onset and Death			
IMMEDIATE CAUSE (Final disease or condition resulting in death) cardio myopathy		DUE TO (OR AS A CONSEQUENCE OF)			
Conditions if any, which give rise to the immediate cause stating the underlying cause last SEP 10 1998		DUE TO (OR AS A CONSEQUENCE OF)			
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Alexander D. Williams MD LAKE COUNTY HEALTH COMMISSIONER</i>		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No)	28a. WAS AN AUTOPSY PERFORMED? (Yes or No)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
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 <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		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Nazzal Obaid MD</i>			
29c. MEDICAL LICENSE NO. 01028410		29d. DATE SIGNED (Month, Day, Year) 9-9-98			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) NAZZAL OBAID M.D., 8895 BROADWAY MERRILLVILLE, IN 46410					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander D. Williams MD</i>			32. DATE FILED (Month, Day, Year) September 10, 1998		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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 PROHOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



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