



Chicago Title Insurance Company

**SURVIVORSHIP AFFIDAVIT**

STATE OF Indiana

COUNTY OF Lake

497849

2000 002104

S. S.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

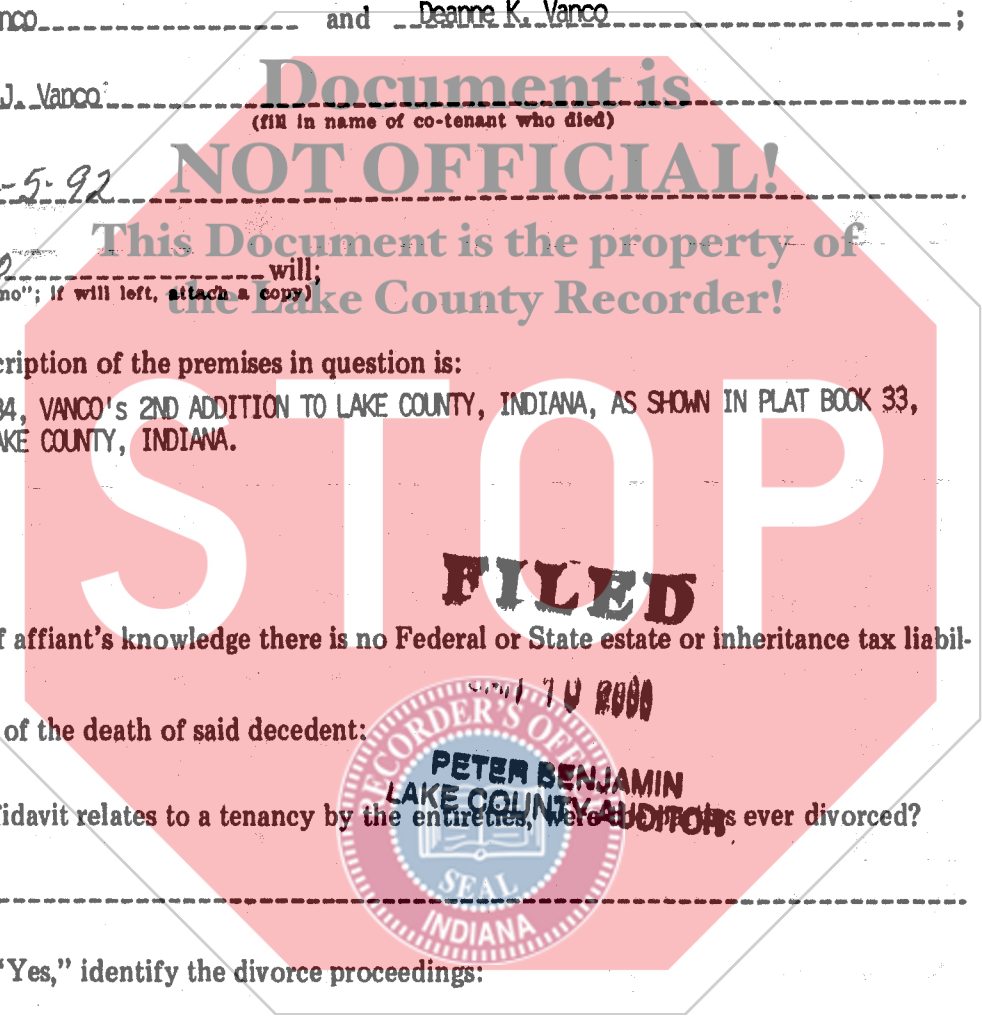
2000 JAN 11 AM 9 45

On this June 12, 1998  
(insert date)

before me personally appeared MORRIS W. CARTER  
RECORDER

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner (state interest of affiant in the above premises as "owner," "son of owner," etc.);
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Robert J. Vanco and Deanne K. Vanco;
- Said Robert J. Vanco (fill in name of co-tenant who died) died on 2-5-92 leaving no will; (insert "a" or "no"; if will left, attach a copy)
- The legal description of the premises in question is:  
LOTS 33 AND 34, VANCO'S 2ND ADDITION TO LAKE COUNTY, INDIANA, AS SHOWN IN PLAT BOOK 33, PAGE 6, IN LAKE COUNTY, INDIANA.
- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;
- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?  
N/A  
(If answer is "Yes," identify the divorce proceedings: \_\_\_\_\_);
- Affiant's relationship to the deceased was WIFE



Signature: Deanne K. Vanco  
DEANNE K. VANCO  
Address: 13120 LINDBERG ST., CEDAR LAKE, IN 46303

Subscribed and sworn to before me by the affiant

this June 12, 1998  
(insert date)

Patricia A. Kulavick  
Notary Public KULAVICK Res: Lake

My Commission Expires 8/27/00

This instrument prepared by TRACY VISCHAL

00312

12.00  
ex

Chicago Title Insurance Company

INDIANA STATE BOARD OF HEALTH

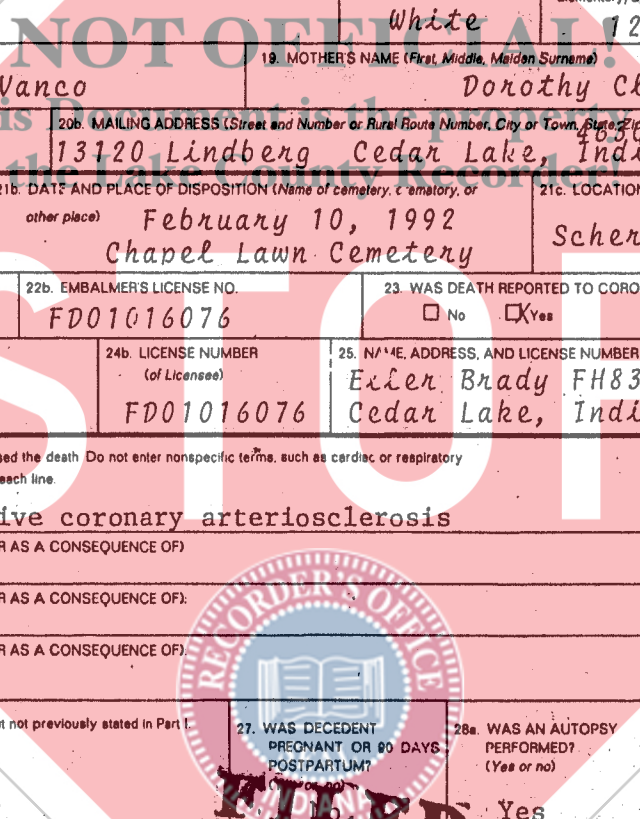
CERTIFICATE OF DEATH

Local No. 0331-92

State No. ....

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>Robert John Vanco Jr.</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>6:37 A<sub>M</sub></b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>February 5, 1992</b>	
4. SOCIAL SECURITY NUMBER <b>303-48-1679</b>	5a. AGE—Last Birthday (Years) <b>45</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>Oct. 24, 1946</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		8c. PLACE OF DEATH (Check only one. See instructions.)			
9b. FACILITY NAME (If not institution, give street and number) <b>13120 Lindberg</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Cedar Lake</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Deanne Kiefer</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Machinist</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Inland Steel Mills</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Cedar Lake</b>	13d. STREET AND NUMBER <b>13120 Lindberg</b>		
13e. ZIP CODE <b>46303</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) <b>Robert James Vanco</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Dorothy Clifford</b>		20a. INFORMANT'S NAME (Type/Print) <b>Deanne Vanco</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>13120 Lindberg Cedar Lake, Indiana 46303</b>		20c. Relationship <b>Wife</b>			
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) <b>February 10, 1992 Chapel Lawn Cemetery</b>		21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>	
22a. EMBALMER'S NAME <b>Fred Oparka</b>		22b. EMBALMER'S LICENSE NO. <b>FD01016076</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Fred Oparka</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01016076</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Exler Brady FH83000825 Cedar Lake, Indiana 46303</b>		
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. <b>Occlusive coronary arteriosclerosis</b>				Approximate Interval Between Onset and Death <b>Unknown</b>	
26 PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? <b>Yes</b>		28a. WAS AN AUTOPSY PERFORMED? <b>Yes</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>	
29. CERTIFIER (Check only one) <input 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 checked="" 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>Daniel D. Thomas</i> <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>		29c. MEDICAL LICENSE NO. <b>16120</b>	29d. DATE SIGNED (Month, Day, Year) <b>February 17, 1992</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (If Health Officer, give name and address) <b>Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>				32. DATE FILED (Month, Day, Year) <b>Feb. 11, 1992</b>	
33. MANNER OF DEATH <input checked="" 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 AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED <b>00318</b>
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) <b>February 5, 1992</b>		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



DECEDENT

PARENTS

INFORMANT

DISPOSITION

THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF THE ORIGINAL FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY