



Chicago Title Insurance Company

3

STATE OF INDIANA
COUNTY OF LAKE

SURVIVORSHIP AFFIDAVIT

2000 019101

S. S.

STATE OF INDIANA
LAKE COUNTY

2000 MAR 21 AM 10:45

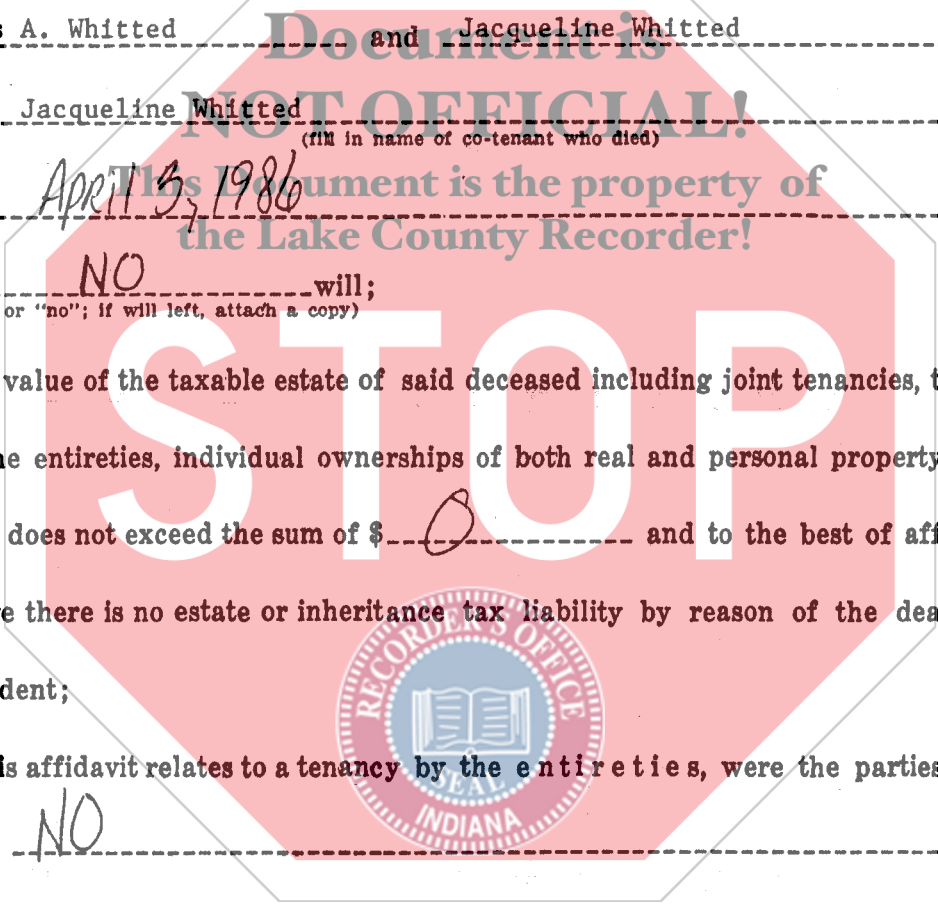
MORRIS W. CARTER
RECORDER

On this March 10, 2000 before me personally appeared _____
(insert date)

James A. Whitted

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
James A. Whitted and Jacqueline Whitted _____;
- Said Jacqueline Whitted _____
(fill in name of co-tenant who died)
died on April 3, 1986
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)
- The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 0 and to the best of affiant's knowledge there is no 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? NO
(If answer is "Yes," identify the divorce proceedings: _____);
- Affiant's relationship to the deceased was Husband _____.



LEGAL DESCRIPTION ATTACHED.

Signature: James A. Whitted

Address: 9614 CRESTWOOD
Munster, IN 46321

Subscribed and sworn to before me by the affiant
this 10th day of March, 2000
(insert date)

Lana S. Thompson
Notary Public

Lana S. Thompson
My Commission Expires September 14, 2006

FILED

MAR 21 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

13-50
TR

This instrument prepared by James A. Whitted

HOLD FOR FIRST AMERICAN TITLE

TS 6368

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Now for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- M _____
- N _____
- O _____
- P _____
- Q _____
- R _____
- S _____
- T _____
- U _____
- V _____
- W _____
- X _____
- Y _____
- Z _____

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF
DEATH ON FILE WITH THE LAKE COUNTY
HEALTH DEPT.

Disposition Permit Issued / /

Provisional Certificate
 Yes No

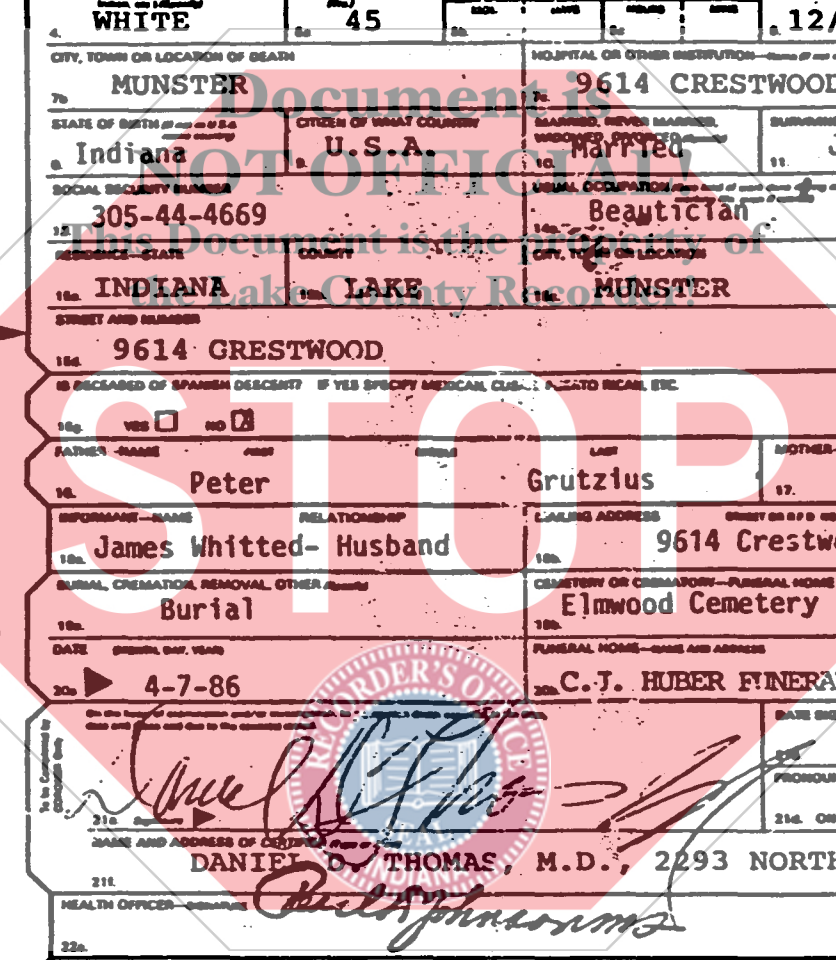
FUNERAL HOME
No. 285
FUNERAL DIRECTOR'S SIGNATURE
HENRY BLAKE
APR 8 1986
LICENSE No. 1940

Local No. 726-86

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No. _____

1. DECEASED—NAME JACQUELINE F. WHITTED		SEX FEMALE		DATE OF DEATH (MONTH, DAY, YEAR) APRIL 3, 1986	
2. RACE WHITE	3. AGE—Last birthday 45	4. UNDER 1 YEAR a. <input type="checkbox"/> b. <input type="checkbox"/>	5. UNDER 1 DAY a. <input type="checkbox"/> b. <input type="checkbox"/>	6. DATE OF BIRTH (MONTH, DAY, YEAR) 12/29/1940	7. COUNTY OF DEATH LAKE
8. CITY, TOWN OR LOCATION OF DEATH MUNSTER		9. HOSPITAL OR OTHER INSTITUTION (Name of hospital, give street and number) 9614 CRESTWOOD			10. IF HOSP. OR INST. indicate ICD-9-CM code, 4th. Edition (Specify) 74
11. STATE OF BIRTH (If not in U.S.A.) Indiana	12. CITIZEN OF WHAT COUNTRY U.S.A.	13. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED Married	14. SURVIVING SPOUSE (If with, give maiden name) James Whitted		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify Year or Year 12) NO
16. SOCIAL SECURITY NUMBER 305-44-4669		17. USUAL OCCUPATION (Specify kind of work done, give title of occupation, if any) Beautician		18. KIND OF BUSINESS OR INDUSTRY Self Employed	
19. RESIDENCE—STATE INDIANA		20. COUNTY LAKE		21. CITY, TOWN OR LOCATION MUNSTER	
22. STREET AND NUMBER 9614 GRESTWOOD		23. IS RESIDENCE ON A FARM? 19a. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		24. EXCEEDS CITY LIMITS (Specify Year or Year 12) 19b. YES	
25. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEDICAL CLUB, PLEATO RICAL, ETC. 19c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
26. FATHER—NAME Peter Grutzius		27. MOTHER—MAIDEN NAME Theresa Galvin			
28. INFORMANT—NAME James Whitted—Husband		29. RELATIONSHIP Husband		30. HOME ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 9614 Crestwood Munster, Indiana 46321	
31. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		32. CEMETERY OR CREMATORY—FUNERAL HOME Elmwood Cemetery		33. LOCATION (City or Town, State) Hammond, Indiana	
34. DATE (Month, Day, Year) 4-7-86		35. FUNERAL HOME—NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) C.J. HUBER FUNERAL HOME, 722-165th, HAMMOND, IN. 46324			
36. On the basis of examination and/or investigation, the cause and mode of death is the coroner's opinion. <i>[Signature]</i>		37. DATE EXAMINED (Month, Day, Year) 4/4/86		38. HOUR OF DEATH M	
39. NAME AND ADDRESS OF CERTIFIER (Name) DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307		40. PRONOUNCED DEAD (Month, Day, Year) 4/3/86		41. PRONOUNCED DEAD (Month, Day, Year) 4:45 P.M.	
42. HEALTH OFFICER—SIGNATURE <i>[Signature]</i>		43. DATE RECEIVED BY LOCAL HEALTH OFFICER 4-8-86			
44. 23. IMMEDIATE CAUSE (Specify only one cause per line for all, all, and all) PART I a. Myocardial infarction b. DUE TO OR AS A CONSEQUENCE OF Due to severe coronary artery disease of left anterior descending artery. c. DUE TO OR AS A CONSEQUENCE OF Undetermined					
45. 24. OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to main group in PART I PART II a. Natural b. Yes					
46. ACC. SUICIDE, HOMIC. UNDET. OR FRODOG INVEST. (Specify) Natural		47. DATE OF INJURY (Month, Day, Year) 28b		48. HOUR OF INJURY M	
49. INJURY AT WORK (Specify Year or Year 12) 28c		50. PLACE OF INJURY (Specify kind of work, farm, street, factory, office building, etc. (Specify)) 28d		51. LOCATION (Street or R.F.D. No., City or Town, State) 28e	



LEGAL DESCRIPTION:

**LOT 35, IN FAIRMEADOW FIFTH ADDITION, BLOCK ONE,
IN THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED
IN PLAT BOOK 37, PAGE 79, IN THE OFFICE OF THE RECORDER
OF LAKE COUNTY, INDIANA.**

KEY# (UNIT 18) 28-261-35

