Chicago Title Insurance Company

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SURVIVORSHIP AFFIDAVIT

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STATE OF INDIANA } S. S.

COUNTY OF LAKE

2000 025989

On this 7TH DAY OF APRIL, 2000 before me personally appeared KARL G. DENNIS
(insert date)

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

1. Affiant resides at the address given below affiant's signature;

2. Affiant is Son of Owner;
(state interest of affiant in the above premises as "owner," "son of owner," etc.)

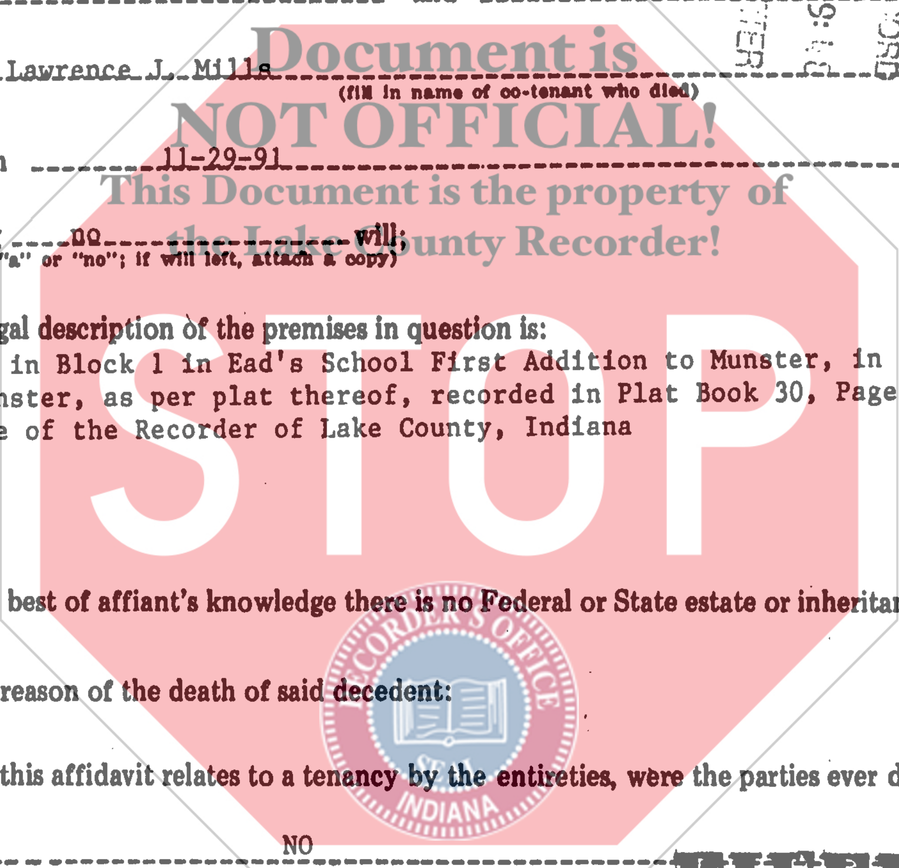
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Lawrence J. Mills and Minerva J. Mills;

4. Said Lawrence J. Mills
(fill in name of co-tenant who died)

died on 11-29-91

leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Lot 2 in Block 1 in Ead's School First Addition to Munster, in the Town of Múnster, as per plat thereof, recorded in Plat Book 30, Page 33 in the Office of the Recorder of Lake County, Indiana



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6. 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:

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
NO

(If answer is "Yes," identify the divorce proceedings:);

8. Affiant's relationship to the deceased was

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2000 APR 1 AM 9:48 MORRIS W. CARTER RECORDER

FILED APR 14 2000 PETER BENJAMIN LAKE COUNTY AUDITOR

Signature: [signature]
KARL G. DENNIS

Address: 950 Cherokee Ct.
Crown Point, In.
46307

Subscribed and sworn to before me by the affiant

this April 7th, 2000
(insert date)

[signature]
Brenda Sohovich Notary Public

My Commission Expires 12-28-06

00871

This instrument prepared by Karl G. Dennis

12.00

04/05/00 11:12 FAX 2198368944 EUGENE FEINGOLD 003

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 305-1-91 State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. Deceased—Name (First, Middle, Last): LAWRENCE MILLS
2. Sex: MALE
3a. Time of Death: 5:06AM
3b. Date of Death: NOVEMBER 29, 1991
4. Social Security Number: 307-01-2421
5a. Age—Last Birthday (Years): 83
6. Date of Birth: Aug. 6,1908
7. Birthplace: Hammond,IN
8a. Was Decedent a U.S. Veteran? No
8b. Year last served in U.S. Armed Forces? No
9a. Place of Death: Hospital: Inpatient
9b. Facility Name: THE COMMUNITY HOSPITAL
9c. City, Town, or Location of Death: MUNSTER
9d. County of Death: LAKE
10. Marital Status: Married
11. Surviving Spouse: Minerva Evans
12a. Decedent's Usual Occupation: Self-Employed
12b. Kind of Business/Industry: Sewer Cleaning Bus.
13a. Residence—State: IN
13b. County: Lake
13c. City, Town, or Location: Munster
13d. Street and Number: 8209 Jackson St.
13e. Zip Code: 46321
13f. Inside City Limits: Yes
13g. On a Farm? No
14. Citizen of what country: U.S.A.
15. Was decedent of Hispanic origin? No
16. Race: White
17. Decedent's Education (Elementary/Secondary): 8

PARENTS

18. Father's Name: Ernest L. Mills
19. Mother's Name: Anna Hepp

INFORMANT

20a. Informant's Name: Minerva Mills
20b. Mailing Address: 8209 Jackson St. Munster,IN 46321
20c. Relationship: Wife

DISPOSITION

21a. Method of Disposition: Burial
21b. Date and Place of Disposition: December 2,1991 Ridgelawn Cemetery
21c. Location: Gary,IN
22a. Embalmer's Name: James Porras
22b. Embalmer's License No.: 1045964
23. Was death reported to coroner? No
24. Signature of Funeral Director: [signature]
24a. License Number (of Licensee): 1045184
25. Name, Address, and License Number of Funeral Home: Burns-Kish Funeral Home#3004968 8415 Calumet Munster,IN 46321

CAUSE OF DEATH

26. Part I. Enter the diseases, injuries, or complications that caused the death.
a. Cardiopulmonary arrest
Due to (or as a consequence of): b. GI Bleeding - Cardiac Dysrhythmias
Due to (or as a consequence of):
Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

27. Was decedent pregnant or 90 days postpartum? No
28a. Was an autopsy performed? No
28b. Were autopsy findings available prior to completion of cause of death? N/A

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

Alexander S. Williams, MD
LAKE COUNTY HEALTH COMMISSIONER

CERTIFIER

29a. Certifier: [X] Certifying Physician — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] 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.
[ ] 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: [signature]
29c. Medical License No.: 29360
29d. Date Signed: DECEMBER 3, 1991
30. Name and Address of Person who Completed Cause of Death (Item 26): MOHAMED KRAD, M.D. 1849 N. CLINE AVE. GRIFFITH, INDIANA 46319

HEALTH OFFICER

31. Health Officer's Signature: Alexander S. Williams MD
32. Date Filed: Dec. 1, 1991

CORONER USE ONLY

33. Manner of Death: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a. Date of Injury:
34b. Time of Injury:
34c. Injury at Work?
34d. Describe how injury occurred:
34e. Place of Injury:
34f. Location:
34g. Date Pronounced Dead:
34h. Motor Vehicle Accident?

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LAKE COUNTY RECORDER'S OFFICE SEAL INDIANA

SBH06-004 State Form 10110 (R2/3-89)

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