Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

6210018746 LO

STATE OF Indiana
COUNTY OF Lake } S. S.

2000 042993

On this 6/13/00 (Insert date) before me personally appeared Dennis Graney

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 ______ (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 Margery Ann Graney and Thomas Graney;
4. Said Margery Ann Graney (fill in name of co-tenant who died) died on 10/16/98 leaving A will; (insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is: The North 20 feet of Lot 34, all of Lot 35, and the South 10 feet of Lot 36 in Block 7, Baldwin Addition to Gary in the City of Hammond as per plat thereof recorded plat Book 10 pg 35 * in the office of the Recorder of Lake County, Indiana.
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: N/A);

8. Affiant's relationship to the deceased was ______

Signature: [signature]
Address: 1505 Tiffany Court Lowell In 46356

Subscribed and sworn to before me by the affiant this 6/13/00 (Insert date)

[signature] Notary Public

My Commission Expires ______

Shirley R. Kasper
Notary Public, State of Indiana
Lake County
My Commission Exp. 07/31/2000

This instrument prepared by Dennis Graney

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD
2000 JUN 20 AM 9:4?
MORRIS W. CARTER RECORDER

FILED
JUN 19 2000
PETER BENJAMIN
LAKE COUNTY AUDITOR

01322

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 777

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

St Oct. 9, 1998 Date Issued — Franklin D. Greneda M.D. Hammond Health Commissioner

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED–NAME (First Middle Last): Margery Ann Greaney
2. SEX: Female
3a. TIME OF DEATH: 10:25AM
3b. DATE OF DEATH (Month Day Yr): October 6, 1998
4. SOCIAL SECURITY NUMBER: 304-64-8377
5a. AGE - Last Birthday (Years): 74
5b. UNDER 1 YEAR Months Days:
5c. UNDER 1 DAY Hours Minutes:
6. DATE OF BIRTH (Mo Day Yr): April 28, 1924
7. BIRTHPLACE (City and State or Foreign Country): Poplar Bluff, Missouri
8a. WAS DECEDENT A U.S. VETERAN?: No
8b. YEAR LAST SERVED IN U.S. ARMED FORCES: N/A
8c. PLACE OF DEATH (Check only one See Instructions): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence
9b. FACILITY NAME (If not institution, give street and number): 6629 Illinois Ave.
9c. CITY TOWN OR LOCATION OF DEATH: Hammond
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Thomas Patrick Greaney
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Bookkeeper
12b. KIND OF BUSINESS INDUSTRY: Clerical
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY TOWN OR LOCATION: Hammond
13d. STREET AND NUMBER: 6629 Illinois Ave.
13e. ZIP CODE: 46323
13f. INSIDE CITY LIMITS ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Harry Holland
19. MOTHER'S NAME (First, Middle, Maiden Surname): Lilly Despain

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Thomas Patrick Greaney
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6629 Illinois Ave., Hammond, Indiana 46323
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify) _____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): October 10, 1998 St. John Cemetery
21c. LOCATION - City or Town State: Hammond, Indiana
22a. EMBALMER'S NAME: James W. Gholston
22b. EMBALMER'S LICENSE NO.: FDE1004194
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Leroy A. Johnson
24b. LICENSE NUMBER (of Licensee): FDE8900006
25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: 3002869 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	Metastatic Breast CANCER	
DUE TO (OR AS A CONSEQUENCE OF) b.	Multiple Myeloma	4 years
Conditions if any which gave rise to the immediate cause stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF) c.		
d.		

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

CERTIFIER

29a. CERTIFIER (Check only one):
☒ 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: G. Jano M.D.
29c. MEDICAL LICENSE NO: 0104056
29d. DATE SIGNED (Month Day Year): 10-7-98 October

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): G. Jano M.D., 7905 Calumet Avenue, Hammond, IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Greneda M.D.
32. DATE FILED (Month Day Year): October 8, 1998

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
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 PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.:

Copy

SDH06-004 State Form 10110-04 (R4 / 3-93) DEATHCER/PD 1