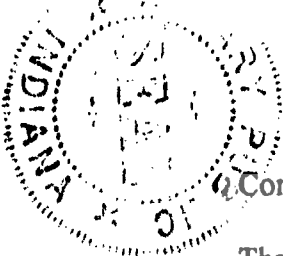


Chicago Title Insurance Company



4620001604  
STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE 2000 042996

STATE OF INDIANA )  
LAKE COUNTY )  
FILED FOR RECORD )  
2000 JUN 20 AM 9:49

①

**AFFIDAVIT OF SURVIVORSHIP** MORRIS W. CARTER  
RECORDER

Comes now Eva B. Gilman, being duly sworn upon oath, and states as follows:

That the affiant is the owner in fee simple of the following described real estate located in Lake County, more particularly described as follows:

The North 15 feet of Lot 19 and all of Lot 20 in Walnut Hill, as per plat thereof, recorded in Plat Book 23 page 60, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 1428 Park Drive, Munster, Indiana 46321

That the affiant and the decedent Brice E. Gilman were married on the 24<sup>th</sup> day of August, 1940. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Brice Gilman on the 10<sup>th</sup> day of November, 1999, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the decedent's estate was not subject to Federal Estate Tax or Indiana Inheritance Tax.

PETER BENJAMIN  
LAKE COUNTY AUDITOR

*Eva B. Gilman*  
Eva B. Gilman

Subscribed and sworn to before me, a Notary Public, this 17<sup>th</sup> day of May, 2000.

*Roberta L. Martinez*  
Roberta L. Martinez, Notary Public  
Resident of Lake Co. IN

My Commission Expires:  
5/19/01

01324

11.00  
E.P.  
CT

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. ....

268894

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Chicago Title Insurance Company

Walnut Hill  
11/19, all set 2000  
PB 23 Page 60

1 DECEASED—NAME (First, Middle, Last) <b>Brice Gilman</b>		2 SEX <b>Male</b>	3a TIME OF DEATH <b>8:45A</b>	3b DATE OF DEATH (Month, Day, Yr) <b>November 10, 1999</b>	
4 SOCIAL SECURITY NUMBER <b>381-07-7828</b>	5a AGE—Last Birthday (Years) <b>87</b>	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) <b>Sept. 11, 1912</b>	
7 BIRTHPLACE (City and State or Foreign Country) <b>Farmersville, IL</b>	8a WAS DECEDENT A US VETERAN? <b>No</b>				
8b YEAR LAST SERVED IN US ARMED FORCES? <b>None</b>		8c PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) <b>Community Hospital</b>		9b CITY TOWN OR LOCATION OF DEATH <b>Munster</b>	9c COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>	11 SURVIVING SPOUSE (If wife, give maiden name) <b>Eva Boyd</b>	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Electrical Engineer</b>	12b KIND OF BUSINESS/INDUSTRY <b>AMOCO</b>		
13a RESIDENCE—STATE <b>IN</b>	13b COUNTY <b>Lake</b>	13c CITY TOWN OR LOCATION <b>Munster</b>	13d STREET AND NUMBER <b>1428 Park Dr.</b>		
13e ZIP CODE <b>46321</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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) <b>12</b> College (1-4 or 5+) <b>5+</b>		18 FATHER'S NAME (First, Middle, Last) <b>Henry Gilman</b>			
19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Rosa Spurling</b>		20a INFORMANT'S NAME (Type, Print) <b>Eva Gilman</b>			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1428 Park Dr. Munster, IN 46321</b>		20c Relationship <b>Wife</b>			
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) <b>November 12, 1999 Regional Cremation SV</b>		21c LOCATION—City or Town, State <b>Munster, IN</b>	
22a EMBALMER'S NAME ---		22b EMBALMER'S LICENSE NO ---		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) <b>1021590</b>		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME <b>Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321</b>	
26 PART I Enter the disease, 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.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a <input checked="" type="checkbox"/> <b>HYPOTENSION AND APNEA</b>		Approximate Interval Between Onset and Death <b>10 MINUTES</b>	
b <b>METASTATIC PROSTATE CANCER</b>		c <b>15 YEARS</b>			
PART II Other significant conditions - Conditions contributing to death, but not directly related to Part I					
<b>ATRIAL Fibrillation</b>		27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>			
28a WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>---</b>			
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. <b>PETER BENJAMIN LAKE COUNTY AUDITOR</b>					
29b SIGNATURE AND TITLE OF CERTIFIER  <b>LAKE COUNTY AUDITOR</b>		29c MEDICAL LICENSE NO <b>01042940</b>		29d DATE SIGNED (Month, Day, Year) <b>Nov. 10, 1999</b>	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type, Print) <b>N. Gupta, M.D. 9250 Columbia Ave. Munster, IN 46321</b>					
31 HEALTH OFFICER'S SIGNATURE  <b>Alexander S. Hillman, M.D.</b>					
32 DATE FILED (Month, Day, Year) <b>Nov 12, 1999</b>					
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 AND THIS CERTIFIES THE ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. <b>JUN 01 2003 25</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)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

LAKE COUNTY HEALTH COMMISSIONER