

3

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:
) 2000 050618

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 JUL 18 PM 2:25

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

VANESSA R. COOPER, being of legal age and duly sworn upon her oath, deposes and states as follows:

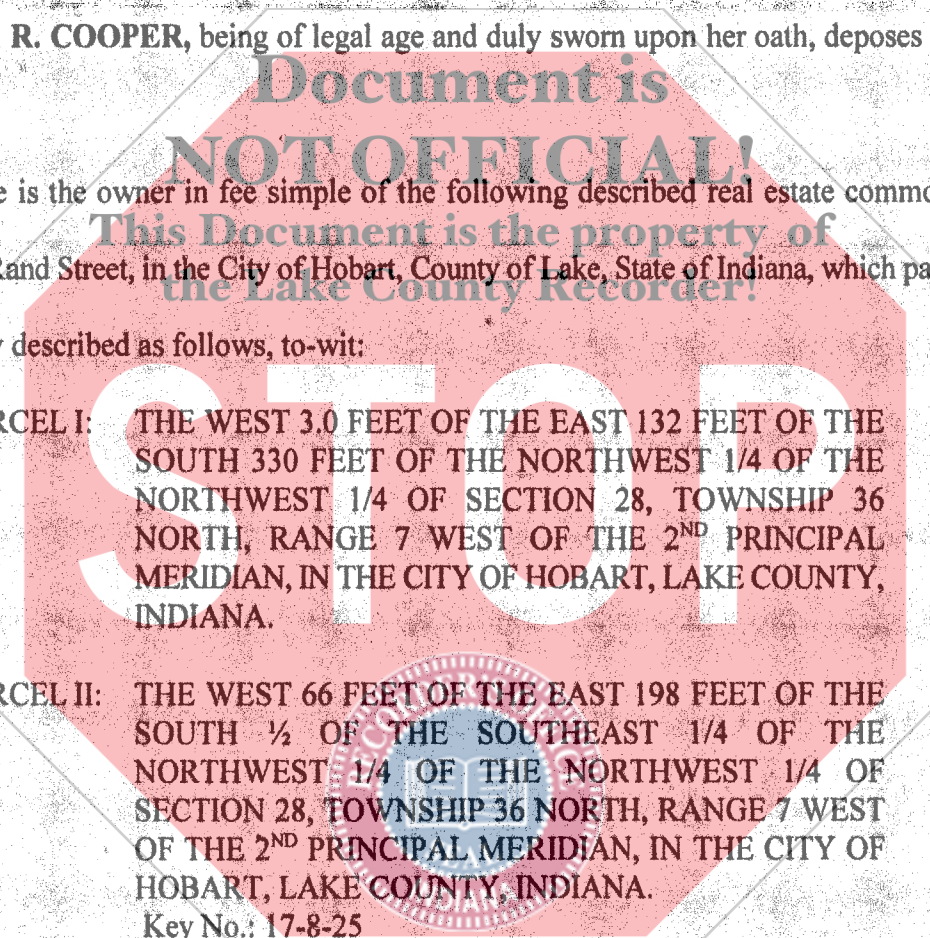
1. That she is the owner in fee simple of the following described real estate commonly known as 1906 E. Rand Street, in the City of Hobart, County of Lake, State of Indiana, which parcel is more particularly described as follows, to-wit:

PARCEL I: THE WEST 3.0 FEET OF THE EAST 132 FEET OF THE SOUTH 330 FEET OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 28, TOWNSHIP 36 NORTH, RANGE 7 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN THE CITY OF HOBART, LAKE COUNTY, INDIANA.

PARCEL II: THE WEST 66 FEET OF THE EAST 198 FEET OF THE SOUTH 1/2 OF THE SOUTHEAST 1/4 OF THE NORTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 28, TOWNSHIP 36 NORTH, RANGE 7 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN THE CITY OF HOBART, LAKE COUNTY, INDIANA.
Key No.: 17-8-25

2. The Affiant further states that Vanessa R. Cooper and Aaron L. Cooper, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by Deed of Conveyance dated the 18th day of September, 1997, and recorded on the 23rd day of September, 1997, as document number 1424 in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between Vanessa R. Cooper and Aaron L. Cooper continued unbroken from the time they so acquired title to the real estate.



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR RECORD

FILED

JUL 18 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR
PETER BENJAMIN
LAKE COUNTY AUDITOR

00998

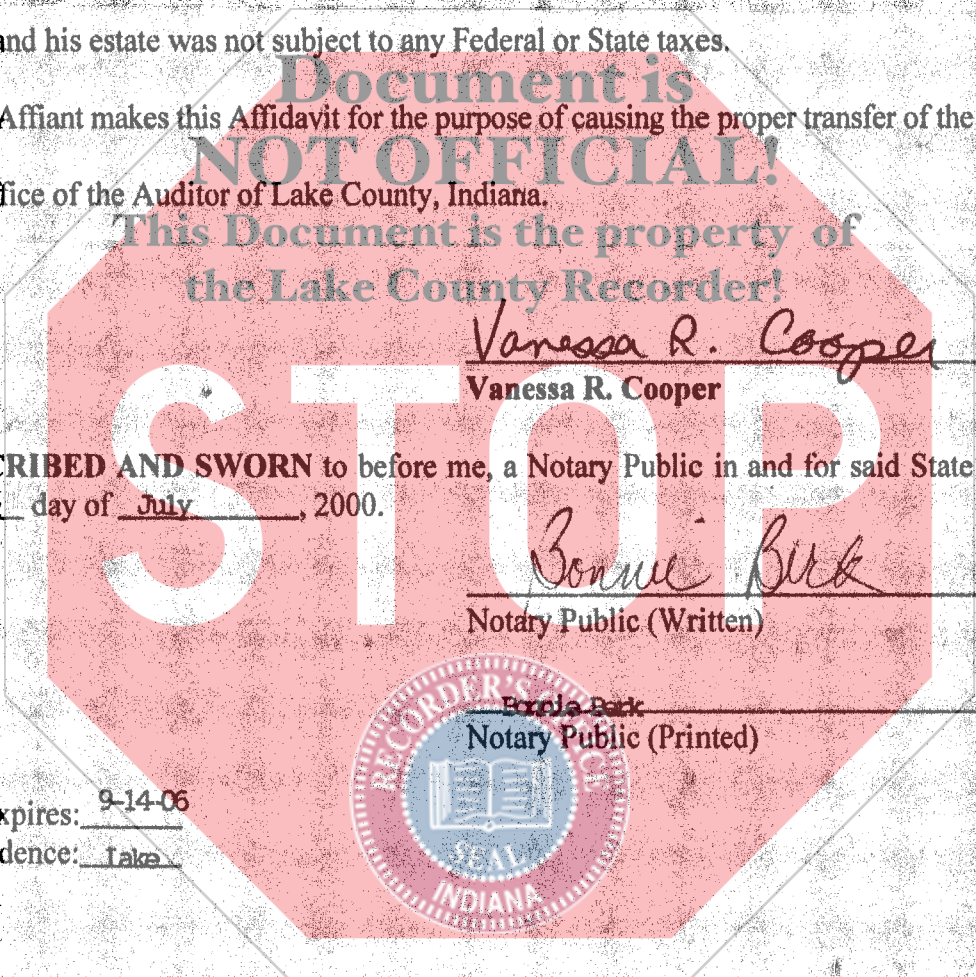
13⁰⁰
AC

ck. 2077

Aaron L. Cooper on the 30th day of November, 1999, at which time this Affiant, acquired title to said real estate as the surviving tenant by the entireties. The Affiant attaches hereto a copy of the Death Certificate of Aaron L. Cooper marked as Exhibit "A".

4. That no administration has been held upon the estate of Aaron L. Cooper and none is contemplated, and his estate was not subject to any Federal or State taxes.

5. The Affiant makes this Affidavit for the purpose of causing the proper transfer of the real estate in the Office of the Auditor of Lake County, Indiana.



Vanessa R. Cooper
Vanessa R. Cooper

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said State and County, this 12 day of July, 2000.

Bonnie Berk
Notary Public (Written)

Bonnie Berk
Notary Public (Printed)

Commission Expires: 9-14-06
County of Residence: Lake

This instrument prepared by: Frank J. Koprcina, Attorney at Law, 105 E. 61st Avenue, Ste E. Merrillville, Indiana 46410, (219) 985-9999

PERMANENT CERTIFICATE

TEMPORARY CERTIFICATE

REGISTRATION DISTRICT NO. 22.0

REGISTERED NUMBER 5305

STATE OF ILLINOIS
MEDICAL EXAMINER'S - CORONER'S
CERTIFICATE OF DEATH

STATE FILE NUMBER

Type or Print in PERMANENT INK See Coroner's or Funeral Directors Handbook for INSTRUCTIONS

DECEASED

B

C

D

E

PARENTS

1

2

3

4

5

CAUSE

N

P

H.G.

RIF

LINK

CERTIFIER

DISPOSITION

DECEASED NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH DAY YEAR)
1 Aaron L. Cooper 2 Male 3 November 30, 1999

COUNTY OF DEATH AGE LAST BIRTHDAY (YRS) UNDER 1 YEAR UNDER 1 DAY DATE OF BIRTH (MONTH DAY YEAR)
4 DuPage 5a 40 5b 5c May 29, 1959

CITY TOWN TWP. OR ROAD DISTRICT NUMBER HOSPITAL OR OTHER INSTITUTION NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) HOSP. OR INST. INDICATE D O A OR EMER. INPATIENT (SPECIFY)
7a Downers Grove 7b Good Samaritan Hospital 7c Inpt.

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) WAS DECEASED EVER IN U.S. ARMED FORCES? (YES/NO)
7 Gary, IN 8a Married 8b Vanessa Gregory 8c No

SOCIAL SECURITY NUMBER USUAL OCCUPATION KIND OF BUSINESS OR INDUSTRY EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED) (Emergency Secondary (0-12) College (13-16))
10 308-74-0473 11a Truck Driver 11b Transportation 12

RESIDENCE (STREET AND NUMBER) CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY COUNTY (YES/NO)
13a 1906 E. Rand St. 13b Hobart 13c Yes 13d Lake

STATE ZIP CODE RACE (WHITE, BLACK, AMERICAN INDIAN, OR SPECIFY) OF HISPANIC ORIGIN? (SPECIFY NO OR YES - IF YES, SPECIFY CUBAN, MEXICAN, PUERTO RICAN, OR)
13e IN 13f 46342 14a White 14b UNO YES SPECIFY

FATHER NAME FIRST MIDDLE LAST (MAIDEN) LAST MOTHER NAME FIRST MIDDLE (MAIDEN) LAST
15 Luther L. Cooper 16 Lillian J. Talbot

INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP)
17a Vanessa Cooper 17b Wife 17c 1906 Rand St., Hobart, IN 46342

18. PART I Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APPROXIMATE DURATION IN TWO COLUMNS (MONTHS/DAYS)

Immediate Cause (Final disease or condition resulting in death) (a) MULTIPLE TRAUMATIC INJURIES (chest, back, abdomen) 2 1/2 hours

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST (b) DRIVER OF A SEMI-TRACTOR TRAILER TRUCK WHICH ROLLED OVER 2 1/2 hours

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. AUTOPSY (YES/NO) WERE AUTOPSY FINDINGS AVAILABLE AFTER COMPLETION OF CAUSE OF DEATH? (YES/NO)
19a Yes 19b Yes

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY MENTIONED IN PART I OR PART II (ITEM 1b))
20a Accident 20b 11/30/99 20c 7:58 AM 20d Driver: Semi-tractor trailer

INJURY AT WORK (YES/NO) PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.) (SPECIFY) LOCATION (CITY OR TOWN OR TWP. OR ROAD DIST. NO. COUNTY, STATE) IF FEMALE, WAS THERE A PREGNANCY (PAST THREE MONTHS)?
20e Yes 20f Roadway 20g Anderson Rd., IL 20h Campton Twp., Kane Co., IL 20i YES [] NO []

I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE AND AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT THE DECEDENT WAS PROUNOUNCED DEAD ON
21a November 30, 1999 21b November 30, 1999 21c 10:07 AM

CORONER'S - MEDICAL EXAMINER'S SIGNATURE DATE SIGNED (MONTH, DAY, YEAR)
22a Richard R. Ballinger, Chief Deputy 22b January 27, 1999

CORONER'S PHYSICIAN'S NAME (Type or Print) DATE SIGNED (MONTH, DAY, YEAR)
23a Jeff Harkey, M.D. (Forensic Pathologist) 23b January 27, 1999

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY NAME LOCATION CITY OR TOWN STATE DATE (MONTH, DAY, YEAR)
24a Burial 24b Graceland 24c Valparaiso, IN 24d 12/4/99

FUNERAL HOME NAME STREET AND NUMBER (OR R.F.D.) CITY OR TOWN STATE ZIP
25a Mrazek & Russ Funeral Service, 3601 W. Diversey, Chicago, IL 60647

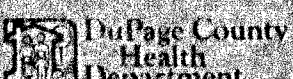
FUNERAL DIRECTOR'S SIGNATURE FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER
25b Michael Russ 25c 034-014579

LOCAL REGISTRAR'S SIGNATURE DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)
26a [Signature] 26b JAN 28 2000

VI1202 (Rev. 5-99)

Illinois Department of Public Health - Division of Vital Records

(BASED ON 1969 U.S. STANDARD CERTIFICATE)



111 South County Park Road
Whitton, Illinois 60157

This is to certify that this is a true and correct copy of the official record filed with the Illinois Department of Public Health.

[Signature]

Local Registrar

Not valid without the embossed seal of DuPage County Health Department