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TICOR TITLE INSURANCE

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AFFIDAVIT

STATE OF)
) SS:
COUNTY OF)

June Cline, being first duly sworn upon oath, deposes and says:

1. That Roger L. Cline died on Sept. 12, 19 93 at Porter Memorial Hosp., Porter County.

2. That Roger L. Cline and June Cline were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 2 in Block 3 in W. L. Zimmerman's Eastgate Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 30 page 21, in the Office of the Recorder of Lake County, Indiana.

Key# 27-239-2

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~(her)~~ death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

June Cline

Subscribed and sworn to before me, a Notary Public, this 13 day of July, 19 2000.

Heather R Roy
Notary Public

My Commission expires:

June 15, 2004

County of Residence:

Butler

HEATHER ROY
Notary Public, State of Ohio
My Commission Expires June 15, 2004

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This Instrument prepared by June Cline

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THIS DOCUMENT NOT VALID UNLESS STAMPED ON REVERSE SIDE

PORTER COUNTY BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last): Roger L. Cline
2 SEX: Male
3a TIME OF DEATH: 1:0(P M
3b DATE OF DEATH (Month Day Yr): September 12, 1993
4 SOCIAL SECURITY NUMBER: 305-66-3312
5a AGE—Last Birthday (Years): 36
5b UNDER 1 YEAR (Months Days):
5c UNDER 1 DAY (Hours Minutes):
6 DATE OF BIRTH (Mo. Day. Yr): Feb. 27, 1957
7 BIRTHPLACE (City and State or Foreign Country): Hammond, Indiana
8a WAS DECEDENT A U.S. VETERAN?: NO
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number): Porter Memorial Hospital
9c CITY, TOWN OR LOCATION OF DEATH: Valparaiso
9d COUNTY OF DEATH: Porter
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife give maiden name): June Swanson
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Coal Handler
12b KIND OF BUSINESS/INDUSTRY: Utility Co.
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Highland
13d STREET AND NUMBER: 3942 Wicker
13e ZIP CODE: 46322
13f INSIDE CITY LIMITS: [ ] No [X] Yes
13g ON A FARM?: [X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): [X] No [ ] Yes
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): Otha Lee Cline
19 MOTHER'S NAME (First, Middle, Maiden Surname): Louise Ramsey

INFORMANT

20a INFORMANT'S NAME (Type/Print): June Cline
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3942 Wicker Highland, Indiana
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Entombment [ ] Removal from State [ ] Donation [ ] Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): September 15, 1993 Chapel Lawn Cemetery
21c LOCATION—City or Town, State: Schererville, Indiana
22a EMBALMER'S NAME: David Peterson
22b EMBALMER'S LICENSE NO: FDO 8601585
23 WAS DEATH REPORTED TO CORONER?: [ ] No [X] Yes
24a SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b LICENSE NUMBER (of Licensee): FDO 1014511
25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500

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.	Respiratory Collapse	Min,
DUE TO (OR AS A CONSEQUENCE OF) b.	Hepato-Renal Syndrome	2 Weeks
Conditions if any which gave rise to the immediate cause, stating the underlying cause last. DUE TO (OR AS A CONSEQUENCE OF) c.	Severe Liver Trauma	2 Weeks
d.	Multiple Trauma - Industrial Accident	2 Weeks

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): YES
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): YES

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
[X] 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

FILED

29b SIGNATURE AND TITLE OF CERTIFIER: [signature] Chief Deputy Coroner, Porter County, Indiana
29c MEDICAL LICENSE NO: JUL 2 2000
29d DATE SIGNED (Month Day Year): September 14, 1993

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): John A. Evans 517 Broadway Chesterton, IN 46304

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Dan A. Babcock MD
PETER BENJAMIN LAKE COUNTY AUDITOR
32 DATE FILED (Month Day Year): September 14, 1993

CORONER USE ONLY

33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [X] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
34a DATE OF INJURY (Month Day Year): Aug. 26, 1993
34b TIME OF INJURY: 8:15 P.M.
34c INJURY AT WORK? (Yes or no): Yes
34d DESCRIBE HOW INJURY OCCURRED: Crushing Trauma
34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): NIPSCO Property
34f LOCATION (Street and Number or Rural Route Number, City or Town, State): Wheatfield, Indiana
34g DATE PRONOUNCED DEAD (Month Day Year):
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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