2000 055702 2000 AUG -7 Ad C.6200029527D Chicago Title Insurance Company SURVIVORSHIP AFFIDAVIT On this 8-1-00 before me personally appeared Patricia Peterson (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 Personal Representative 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 Harryn Furnifur Jr. (died 1-9-2000)
and Virginia Furnifur 4. Said Virginia Fornitor AKA Virginia M. FUNITUR (fill in name of co-tenant who died) (insert, "a" or "no"; if will left, attach a copy) 5. The legal description of the premises in question is: The south 25 feet of Lot 30 and all Lot 39 in Mary E. Woods Addition, in the Town (Now City) of Crown Point, as plat per thereof, recorded in Miscellaneous Pacord "A" page 548, in the office of the Recorder of Lake County, Indiana.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said

paid or unpaid.

E. Chicago Title Insurance Company

decedent?

The taxes due are

☐ Yes ⊠ No

If yes, then estimated taxes due are \$

FILED

23-9-94-33

AUG 4 2000

PETER BENJAMIN LAKE COUNTY AUDITOR

00409

13.0

7. Where this affidavit relates to a ten	ancy by the entireties, were the parties ever divorced?
(If answer is "Yes," identify the dive	orce proceedings:
***************************************);
8. Affiant's relationship to the decease	ed was Naughter
Do	Signature: Patricial: Letural Deument 18
NOT	Orprinted Name Patricia A. Peterson
This Document the Lake	ment is the property of Address: 211 Magnetia Drive
	Crown POINT IN 46307
Subscribed and sworn to before me by the af	fiant
this (insert date)	2)))))))))))))))))
Motary Public	Star Lugar Notary Public, State of Indiana Lake County
Printed Namestar Lugar	My Commission Exp. 6/25/07
My County of Residence is: Lake	
In the State of	WOIANA THE STATE OF THE STATE O
My Commission Expires	
This instrument prepare	ed by Patrice Pelise

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/X E

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DANUTELY BUG BUGG	ATE: The Social Security (rinis state agency in order y responsibility. Disclosure	iii INDIANA S	STATE DEPARTME	NT OF HE	ALTH		
ocal No A	will be no penalty for refus	ді.	CERTIFICATE OF D	EATH	State No).	•••••
109821	THE RECORDS IN THIS SE	ERIES ARE CONFIDENTIAL PE	ER IC 16-1-19-3				
YPÉ/PRINT	1 DECEASED-NAME (FIRE M		D ! 6	2. SEX		36 DATE OF DEATH MANA D	
IN	Virginia	M.	Furnifur	Female	4:40A _M	October 13,	
RMANENT LACK INK	338-01-8239	(Years) 80		Minutes SEP 8		Chicago, IL	, a angli cadali yi
	SA WAS DECEDENT	86 YEAR LAST SERVED IN U.S. ARMED FORCES?			XEATH (Check only one. S		
	No.	N/A	HOSPITAL D Inperent	سنست ا	_ C Nursing Home C	Other (Specify)	
	9b. FACILITY NAME (If not institut	ER/Outpettent D D			M. COUNTY OF DEATH		
CEDENT	St. Anthony Ma	edical Center		Crown Poi	nt	Lake	
	10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give meiden name)	done durin	T'S USUAL OCCUPATI	ON (Give tand of work	126. KIND OF BUSINESS/INDL	
ļ	Married	Harry Furnifu	ir Record	eron 1	10	Title Compan	у
	ise residence—state Indiana	Lake	ISE CITY, TOWN OR LOCATION		13d. STREET AND NUMB		
	130 ZIP CODE 13F INSIDE CU		Crown Point is was decedent of hispanic o	RIGIN7 16 RAC	280 S. Rid	17. DECEDENT'S ED	ICATION
	O No (B. Yee WHAT COUNTR	Y? [Z]No [] Yes (If yes, so Mexican Puerto Rican, etc.)	pecify Cuben. Blee	th White, etc.	(Specify only highest gra-	le completed
	46307 34 ON A FAI	USA I	Document is	41	iteerty	01 2	Callege (1-4 or \$ +)
RENTS	18 FATHER'S NAME (First, Made)		o I also Corre	19 MOTHERS NAME	(First, Middle, Mardon Surr	emel	
	Albert		e Lake funble 1	Hattie	order:		Link
ORMANT	201 INFORMANTS NAME (7,pm, Harry Furnifu	*	280 S. Ridge,				band
1	214 METHOD OF DISPOSITION						
	Bunel Cremetton	☐ Removel from State	216. DATE AND PLACE OF DISPOSITE	and Chamb or Cometery, I	zic	LOCATION—City or Town. Ste	•
	Densson Doher (Spec		St. Mary's Cemet	ery		rown Point, I	N.
POSITION	22a EMBALMERS NAME		226 EMBALMER'S LICENSE NO.	23		TO CORONER?	
	Ray White		FD08700086		□ No □ Yes		
	244 SIGNATURE OF FUNERAL D	MECTOR	24b LICENSE NUMBE (of Licensee)	r 25 NAM	3001253	E NUMBER OF FUNERAL HOME	
1	Tours /	Pails	FD0900001	Gei	sen Funeral	Home, Inc. Crown Point,	TN46307
9	26 PART L LEWE BET					CLOWIT LOTTICA	
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	I LA!H ON FILE WIL	H THE LAKE COUNTY	Uterino C	ancer			Onset and Dooth
USE OF	discose or condition resulting in death)	DUE TO	(OR AS A CONSEQUENCE OF)	- OE			
ATH O'	Conducte of any, while Call	15 1998 DUE TO	(OR AS A CONSEQUENCE OF)				·
J	rise to the immediate cause.						
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	cause last O law a face	er or	(OR AS A CONSEQUENCE OF)	القالم المعالم			
	Clexander	Hillian mg	E SIGN	L			
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	PART & CHANGE CONTEXANT	Hillian mg	h but not previously stated in Pari L		DAYS PERFORMED	7 AVAILABLE COMPLETIO OF DEATH?	PRIOR TO 4 OF CAUSE
	CANTE CHARGE CHIEFAND	William 775 MELECONVISCIONERS	h but not previously stated in Parit 21	PRECINANT OR 80 POSTPARTUME (Yes or go)	DAYS PERFORMED (Year or ne) NO	AVAILABLE COMPLETION OF DEATHY	PRIOR TO 4 OF CAUSE
	PART I CHARLES COUNTY HE	Stulling THE STEEL	h but not previously stated in Parit.	PRECINANT OR SO POSTPARTUME (Yea or go)	DAYS PERFORMED (Yes or no) NO nd due to the cause(s) as at	AVAILABLE COMPLETION OF DEATHY NO	PRIOR TO 4 OF CAUSE
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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1