

First American Title Insurance Company

File No. F32434

Property Address: 2145 Rush Place

Lake Station, IN 46405

If this Affidavit is to be recorded, the legal description of said property will be attached.

ESTATE AFFIDAVIT

James R. Vogel, Affiant, states that:

1. Ida L. Vogel deceased, died on the 24th day of October, 1998;

2. Affiant is: XX the surviving spouse of the deceased, the Personal Representative/Executrix of the estate of the deceased;

3. The deceased died: XX leaving a will which has been probated; leaving a will which has not been probated; leaving no will;

4. The deceased and Affiant were married on the 30th day of Nov 1951, XX; and were never divorced. (This item applies only to the surviving spouse.)

5. XX All expenses of the last illness and funeral of the deceased have been paid;

6. XX All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;

7. XX There are no claims against the estate of the decedent.

This Affidavit is made to induce First American Title Insurance Company to issue a policy of title Insurance on the above-described real estate.

08/22/00
Date

James R. Vogel
Signature of Affiant

James R. Vogel
Printed Name of Affiant

State of Indiana, County of Porter

Subscribed and sworn to before me, this 22nd day of August, 2000

Printed Name of Notary

Linda M Andrews
Signature of Notary

My commission expires:

My County of Residence is:

LINDA M ANDREWS
Notary Public State of Indiana
Resident of Porter County
My Commission Expires Sept. 17, 2003

01889

HOLD FOR FIRST AMERICAN TITLE

2000 061556

2000 AUG 24 AM 10:30

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING

FILED

AUG 24 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

1400
AC

That part of Block 2, in Albert Reich Subdivision East Gary, Lake County, Indiana, described as follows: Beginning at a point on the West line of the said Block 2 which is 225 feet South of the Northwest corner thereof, thence East at right angles to the West line of the said Block 2, a distance of 145 feet to the East line of the said Block 2; thence South along the East line of the said Block 2 a distance of 75 feet, thence West 145 feet to the West line of said Block 2; thence North along the West line of the said Block 2, a distance of 75 feet to the place of beginning.



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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2392-48 CERTIFICATE OF DEATH State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) IDA L. VOGEL		2. SEX Female	3a. TIME OF DEATH 11:45AM	3b. DATE OF DEATH (Month Day Yr) October 24, 1998	
4. SOCIAL SECURITY NUMBER 314-30-1269	5a. AGE - Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) June 8, 1933	
7. BIRTHPLACE (City and State or Foreign Country) East Gary, Indiana	8. PLACE OF DEATH (Check only one. See instructions)				
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA			
9a. FACILITY NAME (If not institution, give street and number) ST. MARY MEDICAL CENTER		9b. CITY TOWN OR LOCATION OF DEATH Hobart		9c. COUNTY OF DEATH Lake	
10. MARRIAGE STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) JAMES VOGEL	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) HOMEMAKER		12b. KIND OF BUSINESS INDUSTRY OWN HOME	
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Lake Station	13d. STREET AND NUMBER 2145 Rush Place		
14a. ZIP CODE 48405	14b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14c. CITIZEN OF WHAT COUNTRY? USA	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) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)			
Elementary/Secondary (0-12) 12		College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) Samuel Melton		19. MOTHER'S NAME (First, Middle, Maiden Surname) Cora Vandewater			
20a. INFORMANT'S NAME (Type/Print) JAMES VOGEL		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2145 Rush Place, Lake Station, IN 48405		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) October 27, 1998 BLAKE CEMETERY		21c. LOCATION - City or Town State PORTAGE, Indiana	
22a. EMBALMER'S NAME JAMES J. KRAUSE		22b. EMBALMER'S LICENSE NO. FD01006463		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Charles D. Scherer</i>		24b. LICENSE NUMBER (of Licensee) FDO1006049	25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH19300009 Rees Funeral Home, Brady Chapel 3781 Central Avenue, Lake Station, IN 48405		
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.				Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sepsis					
a. DUE TO (OR AS A CONSEQUENCE OF) myelofibrosis					
b. DUE TO (OR AS A CONSEQUENCE OF)					
c. DUE TO (OR AS A CONSEQUENCE OF)					
d. DUE TO (OR AS A CONSEQUENCE OF)					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I COPD					
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	
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.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Charles J. Rebesco MD</i>			
29c. MEDICAL LICENSE NO. 01031652		29d. DATE SIGNED (Month Day Year) 10/27/98			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) CHARLES J. REBESCO MD, 1400 SOUTH LAKE PARK AVE, STE. 405, HOBART, IN 48342					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Hillman MD</i>				32. DATE FILED (Month Day Year) 10/27/98	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month Day Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
		34a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34d. LOCATION (Street and Number or Rural Route Number City or Town State) OCT 27 1998	
35. DATE PRONOUNCED DEAD (Month, Day, Year)		36. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc. <i>Alexander S. Hillman MD LAKE COUNTY HEALTH COMMISSIONER</i>			