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SURVIVORSHIP AFFIDAVIT

On this 20th day of June, 2000, before me personally appeared Robert Penman, to me personally known, who being duly sworn upon his oath did say that:

1. I make these representations upon personal knowledge and belief.

2. I reside at 25 Hopedale Street, Apartment 105, Hopedale, Massachusetts.

3. I married Kathryn E. Penman on November 19, 1936, and was not divorced from Kathryn E. Penman, and remained married Kathryn E. Penman until her death on February 24, 1992.

4. I, Robert Penman, am the surviving spouse of Kathryn E. Penman.

5. While married to each other, my wife, Kathryn E. Penman, and I acquired the following described real property located in Lake County, Indiana, to wit:

East 32 ft. of Lot 21 and Lot 22, Block 2, Hollywood Manor Subdivision in the Town of Munster, Lake County, Indiana, recorded in Plat Book 19 page 26, in the office of the Key # 28-61-22 Recorder of Lake County, Indiana
Commonly known as:

241 Beacon Place
Munster, IN

which we continued to own until the death of Kathryn E. Penman.

FILED

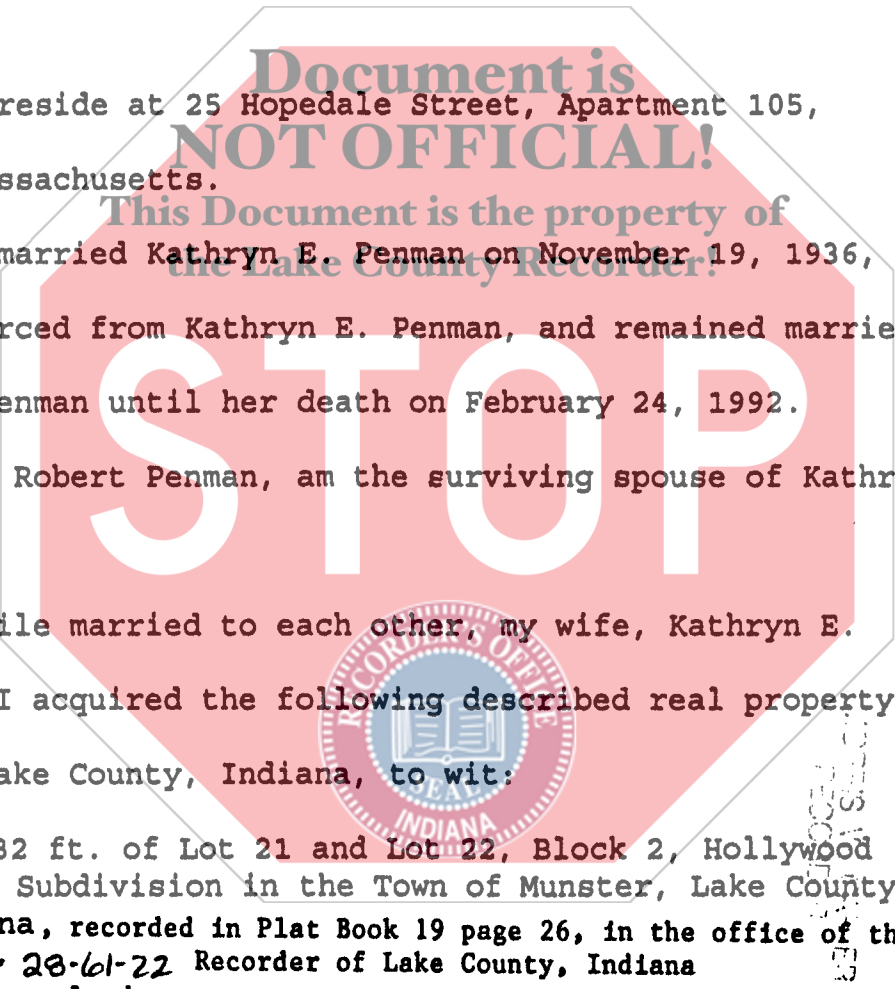
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SEP 6 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

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STATE OF INDIANA
LAKE COUNTY
FILED

16.00
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6. That all funeral expenses in connection with the death of decedent have been paid in full.

7. 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.

8. That all of the assets of said decedent which would be includable for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of Indiana Inheritance Tax.

9. I make this affidavit with respect to the above-described real estate, and do so understanding that grantees and title companies will rely hereon with respect to the entireties and survivorship interest of Robert Penman in the real estate.


Robert Penman
ROBERT PENMAN

STATE OF MASSACHUSETTS)
) SS:
COUNTY OF WORCHESTER)



SUBSCRIBED and SWORN to before me, a Notary Public, by Robert Penman, this 20th day of June, 2000.

Claire D. Burns

CLAIRE D. BURNS, Notary Public

My Commission Expires: 9/13/02
County of Residence: Worcester

THIS INSTRUMENT PREPARED BY: Andrew J. Fetsch (Attorney No. 6817-45), Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, IN 46320



INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

Local No. 0448-42

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

USE OF
DEATH

CERTIFIER

HEALTH
OFFICER

CORONER
USE ONLY

1 DECEASED—NAME (First, Middle, Last) Kathryn E. Penman		2 SEX Female		3a TIME OF DEATH 6:32 p.m.		3b DATE OF DEATH (Month, Day, Year) February 24, 1992	
4 SOCIAL SECURITY NUMBER 332-12-4847		5a AGE—Last Birthday (Year) 73		5b UNDER 1 YEAR Months Days Hours None None None		5c UNDER 1 DAY Hours Minutes Seconds None None None	
6a WAS DECEDENT A U.S. VETERAN? No		6b YEAR LAST SERVED IN U.S. ARMED FORCES? None		6c PLACE OF DEATH (Check only one. See instructions.) Superior, Wisconsin			
7a FACILITY NAME (If not resident, give street and number) Community Hospital				7b CITY TOWN OR LOCATION OF DEATH Munster		7c COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If none, give maiden name) Robert Penman		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 Munster		13d STREET AND NUMBER 241 Beacon Place	
13e ZIP CODE 46321		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	
16 FATHER'S NAME (First, Middle, Last) Richard Hagstrom		17 MOTHER'S NAME (First, Middle, Last) Mabel Guggedahl		18 RACE—American Indian, Black, White, etc. (Specify) White		19 DECEDENT'S EDUCATION (Specify any highest grade completed) 12 Yrs	
20a INFORMANT'S NAME (Type/Print) Robert Penman				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 241 Beacon Pl., Munster, Indiana 46321			
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) February 27, 1992 Calumet Park Cemetery		21c LOCATION—City or Town, State, Zip Code Merrillville, Indiana			
22a EMBALMER'S NAME Kevin W. Kish		22b EMBALMER'S LICENSE NO. 1021590		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Kevin W. Kish</i>		24b LICENSE NUMBER (of Licensee) 1021590		24c NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home 8415 Calumet Ave Munster, Indiana 46321			
25 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. Cerebral Hemorrhage Generalized arteriosclerosis HEALTH DEPT DEC 16 1994							
26 PART II. Other significant conditions (of the decedent) not previously stated in Part I. Alexander S. Williams, M.D. LAKE COUNTY HEALTH COMMISSIONER							
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A			
29a SIGNATURE AND TITLE OF CERTIFIER <i>John Lanman, M.D.</i>		29b MEDICAL LICENSE NO. 1F203		29c DATE SIGNED (Month, Day, Year) 3/10/92			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26 (Type/Print) Dr. John Lanman, 716 Seberger Dr., Munster, Indiana 46321							
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>						32 DATE FILED (Month, Day, Year) March 10, 1992	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a DATE OF INJURY (Month, Day, Year) DEC 28 1994		34b TIME OF INJURY, NATURE OF INJURY, OCCASION, AND CIRCUMSTANCES OF INJURY OCCURRED FINAL ACCEPTANCE FOR TRANSFER.			
34c DATE PRONOUNCED DEAD (Month, Day, Year)		34d MOTOR VEHICLE ACCIDENT? (Yes or No) No Alexander S. Williams, M.D. AUDITOR LAKE COUNTY					

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LAKE COUNTY HEALTH DEPT. REC'D
MARIANA G. COBBY
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Hollywood Manor
E 3294 Kotzli & Kotzli
Both in Block 2
Key # 25-61-22
Unit # 18

3608-004 State Form 10110 (R2/3-89) DEACERT/PO 1
Bickman, Kelly & Smith atty 5920 Holmes Ave HM 46320-2425