

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 075147

2000 OCT 16 AM 11:45

MORRIS W. CARTER
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now LOUISE A. SCOTT, an adult, being duly sworn upon her oath, deposes and says:

1. That I reside at and am the owner in fee simple of the real estate commonly known as 963 W. 70th Place, Merrillville, IN 46410, located in Lake County, in the State of Indiana, and legally described as follows:

Lot 27A Turkey Creek Meadows, Unit No. 10, as shown in Plat Book 36, page 100,
in Lake County, Indiana.

Tax Parcel Number 08-15-0395-0027

2. That JAMES A. SCOTT and I took title to said real estate as husband and wife, by a Warranty Deed dated February 25, 1977 and recorded March 14, 1977 as Document Number 397360 in the Office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between this Affiant and JAMES A. SCOTT, her husband, continued unbroken from the time they so acquired title to said real estate until the death of JAMES A. SCOTT on November 5, 1999, as evidenced by the death certificate attached hereto, at which time this Affiant acquired title to the real estate by operation of law as surviving tenant by the entirety.

4. That the gross value of the estate of the decedent, JAMES A. SCOTT, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing thereof and the decedent's estate was not subject to State Inheritance Tax.

5. Affiant makes this affidavit to perfect the chain of title and remove any cloud of title that the death of JAMES A. SCOTT may have created and to induce the Auditor to transfer title into Affiant's name alone.

Further affiant sayeth not.

 Louise A. Scott
LOUISE A. SCOTT, AFFIANT

 10-2-00
Date

STATE OF INDIANA)
) ss: ACKNOWLEDGEMENT
COUNTY OF LAKE)

BEFORE ME, a notary public for the above County and State, personally appeared LOUISE A. SCOTT, an adult, sworn under oath, who acknowledges the execution of the above Survivorship Affidavit and affirms under the pains and penalty of perjury that the above facts are true.

WITNESS MY HAND and Notarial Seal this 2nd day of October, 2000

My Commission Expires:

TODD E. BALASH
NOTARY PUBLIC STATE OF INDIANA
Resident Of Porter County
My Commission Expires November 17, 2006

Resident of _____

 Peter Benjamin
Notary Public
LAKE COUNTY, INDIANA

Prepared by: Daniel A. Ecker, Staff Attorney for The Title Search Company, P.O. Box 780, Granger, IN 46330-0780

FILED
OCT 16 2000
01265
dit 18954
11/0
75

9000

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

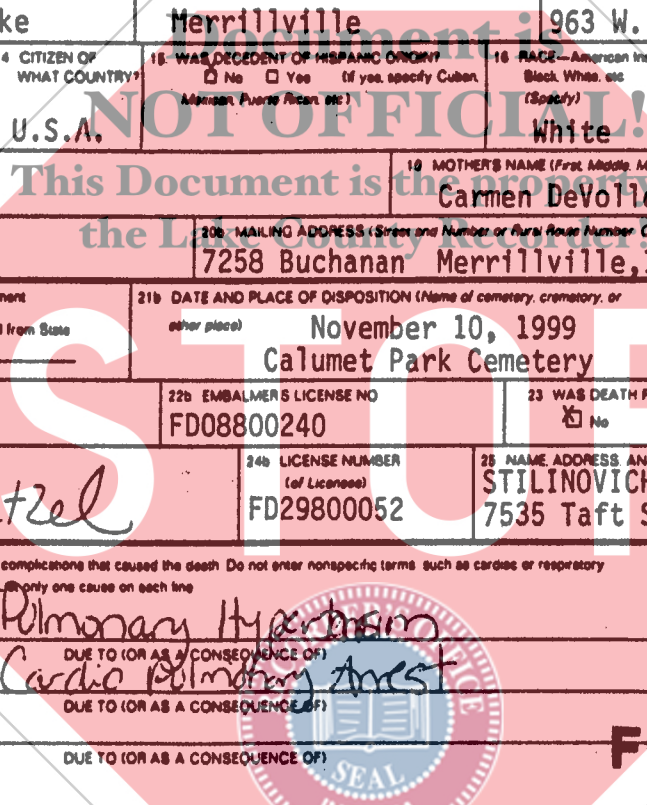
State No.

Local No. 2522-99

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last) JAMES ALAN SCOTT		2 SEX MALE	3a TIME OF DEATH 8:44 A. M.	3b DATE OF DEATH (Month Day Year) NOVEMBER 5, 1999	
4 SOCIAL SECURITY NUMBER 305-52-1146		5a AGE—Last Birthday (Years) 51	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	
6 DATE OF BIRTH (Mo. Day Yr) December 12, 1947		7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana			
8a WAS DECEDENT A U.S. VETERAN? NO	8b YEAR LAST SERVED IN U.S. ARMED FORCES? -	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital-Southlake Campus		9c CITY, TOWN OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS Married	11 SURVIVING SPOUSE (If wife, give maiden name) Louise Collins	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor		12b KIND OF BUSINESS/INDUSTRY Steel	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 963 W. 70th Place		
13e ZIP CODE 46410	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 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) 12		18 FATHER'S NAME (First Middle Last) John Scott			
19 MOTHER'S NAME (First Middle, Maiden Surname) Carmen DeVolle		20a INFORMANT'S NAME (Type/Print) James Scott			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7258 Buchanan Merrillville, IN 46410		20c Relationship Son			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 10, 1999 Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Marc Mosqueda		22b EMBALMER'S LICENSE NO. FD08800240	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>DeLise Witzel</i>		24b LICENSE NUMBER (of Licensee) FD29800052	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME STILINOVICH & WIATROLIK FH83004455 7535 Taft St. Merrillville, IN 46410		
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) Pulmonary Hypertension DUE TO (OR AS A CONSEQUENCE OF) Cardiac Pulmonary Arrest					
Conditions, if any which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF)					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27 WAS DECEDENT PREGNANT OR 60 DAYS POSTPARTUM? (Yes or no) NO		28 AS CAUSE PERFORMED? (Yes or no) NO		29b 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 stated on this certificate. <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>James M. Adams-Miller, M.D.</i>		29c MEDICAL LICENSE NO. 01042094	29d DATE SIGNED (Month Day Year) 11/10/99		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) V. Adams-Miller, M.D. 8777 Broadway Merrillville, IN 46410 219-736-5151					
31 HEALTH OFFICER'S SIGNATURE AND TITLE <i>Alexander S. Williams, M.D.</i> DATE FILED (Month Day Year) November 12, 1999					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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 (DATE TRUE AND) LET A COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.
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) NOV 12 1999			
34g DATE PRONOUNCED DEAD (Month Day Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <i>Alexander S. Williams, M.D.</i>			



FILED