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STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

2000 079011

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 OCT 31 AM 10:02

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AFFIDAVIT OF SURVIVORSHIP
MARGARET V. CARTER
RECORDER

Margaret L. Plugge, after being duly sworn upon her oath states as follows:

1) That Margaret V. Anderson and Margaret L. Plugge, held the following real estate in Lake County, Indiana, as joint tenants with rights of survivorship and more particularly described as:

The East 41 Feet of Lot 24 in Deerpath Townhomes to the Town of Schererville, as per plat thereof, recorded February 14, 1989 in Plat Book 65, Page 48, in the Office of the Recorder of Lake County, Indiana. Unit No. 20, Key No. 13-458-35

Commonly known as: 247 Deerpath Drive, Schererville, IN 46375

2) Margaret V. Anderson died intestate on the 1st day of September, 2000. No estate has been opened for Margaret V. Anderson nor is one contemplated nor planned to be opened. No state nor federal inheritance or estate taxes are due and owing. A certified copy of Margaret V. Anderson's death certificate is attached hereto and made a part hereof.

3) Margaret L. Plugge is the sole heir at law entitled to inherit the above described real estate.

Dated this 19 day of Oct, 2000.

Margaret L. Plugge
Margaret L. Plugge, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

FILED
OCT 30 2000
PETER BENJAMIN
LAKE COUNTY RECORDER

Before me, the undersigned, a Notary Public, in and for said County and State this 19th day of October, 2000 personally appeared Margaret L. Plugge and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

06-01-01

Resident of Porter County, Indiana

Debra L. Volk
Debra L. Volk, Notary Public

This instrument prepared by Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)769-7214 or 322-1271.

CTIC Has made an accomodation recording of the instrument. We Have made no examination of the instrument or the land affected.

02250
12/10

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO

STATE OF COLORADO
CERTIFICATE OF DEATH

STATE FILE NUMBER

#173 Bk 41 Dist 102

DECEASED		1. DECEDENT'S NAME (First, Middle, Last) Margaret Veronica ANDERSON		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) September 1, 2000
4. SOCIAL SECURITY NUMBER 335-18-4510		5a. AGE - Last Birthday (Years) 84	5b. UNDER 1 YEAR Mos. Days Hrs. Mins.	6. DATE OF BIRTH (Month, Day, Year) December 13, 1915	7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)		9b. CITY, TOWN, OR LOCATION OF DEATH Gunnison	
9c. FACILITY NAME (If not institution, give street and number) 433 Ute Lane		9d. COUNTY OF DEATH Gunnison		10. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Clerk	
10a. KIND OF BUSINESS/INDUSTRY Walgreens Cosmetics		11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed		12. SPOUSE (If wife, give maiden name) Thorvel Anderson	
13a. RESIDENCE-STATE Colorado		13b. COUNTY Gunnison		13c. CITY, TOWN, OR LOCATION Gunnison	
13d. STREET AND NUMBER 433 Ute Lane		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify) White	
13e. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13f. ZIP CODE 81230		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary or secondary (8 through 12) College (13 through 16 or 17+) 12	
PARENTS		17. FATHER'S NAME (First, Middle, Last) Christopher White		18. MOTHER'S NAME (First, Middle, Last (Maiden Name)) Elizabeth Conroy	
DISPOSITION		19. INFORMANT NAME and relationship to decedent. Roy W. Anderson, Son		20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Holy Cross Cemetery		20c. LOCATION - City or Town, State Calumet City, Illinois		21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Robert Stetson</i>	
21b. NAME AND ADDRESS OF FACILITY: LeChot Funeral Home Gunnison, Colorado		21c. ZIP: 81230		22. REGISTRAR'S SIGNATURE <i>Carol J. Garrett</i>	
22. DATE FILED (Month, Day, Year) September 6, 2000		23. TIME OF DEATH 5:00 P.M. September 1, 2000		24. DATE PRONOUNCED DEAD September 1, 2000	
25. HOUR 6:37p.		26. WAS CORONER NOTIFIED? (Yes or No) Yes		CERTIFIER	
27. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>C.J. Miller</i>		28. DATE SIGNED (Month, Day, Year) Sept. 2, 2000		29. On the basis of examination and/or investigation, my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: <i>C.J. Miller</i>	
29. DATE SIGNED (Month, Day, Year) Sept. 2, 2000		30. NAME, TITLE AND MAILING ADDRESS OF CERTIFIER, CORONER (Type/Print) C.J. Miller, Gunnison County Coroner, 315 N. Main St., Gunnison, Colorado		31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/Print)	
32. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Undetermined Manner <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		33a. DATE OF INJURY (Month, Day, Year)		33b. TIME OF INJURY	
33c. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		33d. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33e. DESCRIBE HOW INJURY OCCURRED	
34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.) PART I (a) Coronary Occlusion DUE TO OR AS A CONSEQUENCE OF (b) Arteriosclerotic Heart Disease DUE TO OR AS A CONSEQUENCE OF (c)		35. AUTOPSY (Yes or No) No		36. IF YES were findings considered in determining cause of death? YES	
PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g. alcohol abuse, obesity, smokers)		37. INTERNAL BETWEEN ONSET AND DEATH Minutes		38. INTERNAL BETWEEN ONSET AND DEATH Minutes	

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED September 8, 2000

Carol J. Garrett
CAROL J. GARRETT, PH.D.
STATE REGISTRAR

02251



Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE