

SURVIVORSHIP AFFIDAVIT

COMES NOW the affiant, Dwaynna P. Bowen, who being first sworn and upon his/her oath and under penalties for perjury, solemnly swears and states that :

1. He/She is the legal title owner of the real estate located at 7120 Jackson Avenue Hammond, IN 46324, more particularly described as follows, to wit:
Lots 8 and 9 in Block 5 in Resubdivision of Part of Jackson Terrace, in the City of Hammond, as per plat thereof, recorded in Plat Book 18, Page 4, in the Office of the Recorder of Lake County, Indiana
2. He/She acquired title to the afore-mentioned real estate with his/her husband/wife by Warranty Deed dated August 21, 1975, and recorded August 27, 1975 Instrument No. 314285, in the Office of the Recorder of Lake County, Indiana.
3. He/She and his/her husband/wife, John Laurence Bowen, held title by the entireties until the date of his/her death on December 31, 2000.
4. By virtue of the operation of law in the he/she is the survivor of them, the affiant should now be shown as the sole owner of the real estate.
5. The total value of my late husband's/wife's estate, including the proceeds of life insurance, and interests in jointly owned real estate, was not large enough to be subject to federal estate tax.

Affiant makes these statements to induce the appropriate governmental authorities to cause the title to the real estate to be shown in the sole name of the affiant and that all tax records be shown accordingly.

5/25/01
Date

Dwaynna Bowen
DWAYNNA P. BOWEN
(Print Name)

STATE OF INDIANA)
COUNTY OF Lake) SS:

Before me, a Notary Public, in and for said State and County, personally appeared the affiant herein, Dwaynna P. Bowen, who acknowledged the truthfulness of the contents herein.

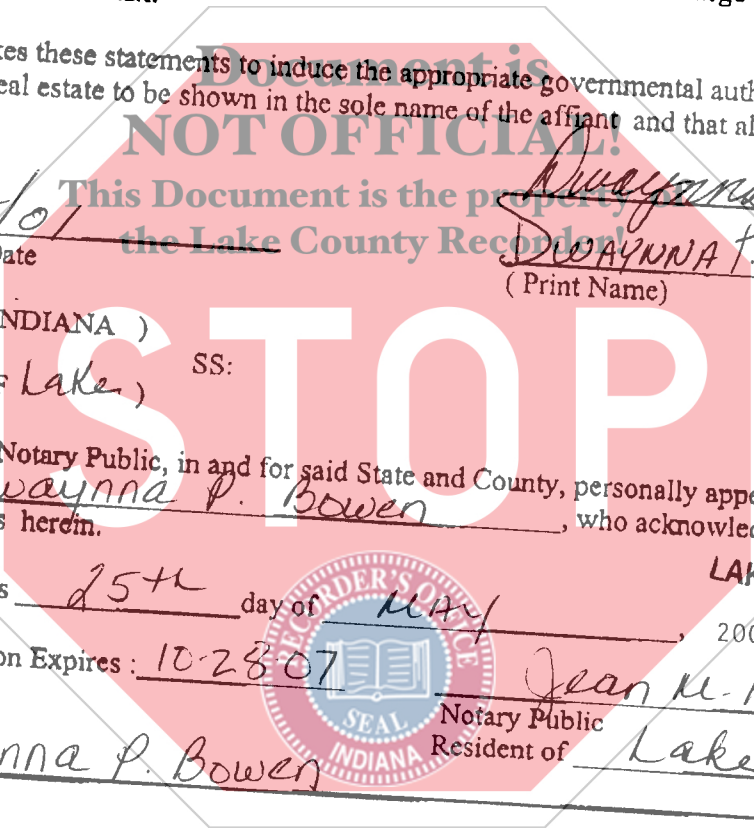
Witnessed this 25th day of MAY, 2001

My Commission Expires : 10-28-07
Jean M. Kuesera
Notary Public

Prepared By: Dwaynna P. Bowen
Resident of Lake County

000770

Bankers Title



FILED
JAN 11 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR

2965 BK

Key # 26/34-190-6

CR # 55500
12/01
AR

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 1036

CERTIFICATE OF DEATH

Jan 2, 2001 Date Issued

Franklin J. Sremuda M.D. Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) John L. Bowen		2 SEX Male	3a TIME OF DEATH 5:09 A M	3b DATE OF DEATH (Month, Day, Yr.) December 31, 2000
4 *SOCIAL SECURITY NUMBER 566-42-4718	5a AGE—Last Birthday (Years) 64	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) August 17, 1936
7a WAS DECEDENT A U.S. VETERAN? Yes	7b YEAR LAST SERVED IN U.S. ARMED FORCES? 1967	7 BIRTHPLACE (City and State or Foreign Country) Pasadena, CA		
8a FACILITY NAME (If not institution, give street and number) St. Margaret Mercy, North Campus		9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b CITY, TOWN, OR LOCATION OF DEATH Hammond		9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Dwayna P. DeGroot	12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Engineer		12b KIND OF BUSINESS/INDUSTRY Wonder Bread Co.
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Hammond	13d STREET AND NUMBER 7120 Jackson Ave.,	
13e ZIP CODE 46324	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2				
18 FATHER'S NAME (First, Middle, Last) William J. Bowen		19 MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Klann		
20a INFORMANT'S NAME (Type/Print) Dwayna Bowen		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7120 Jackson Ave., Hammond, IN 46324		20c Relationship Wife
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) January 3, 2001 Heritage Crematory		21c LOCATION—City or Town, State Portage, IN
22a EMBALMER'S NAME		22b EMBALMER'S LICENSE NO.		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Elder B. Safford</i>		24b LICENSE NUMBER (of Licensee) FD01000857		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LaHayne Funeral Home, Inc., FH19400005 6955 Southeastern Ave., Hammond, IN 4632
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.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a Vascular collapse DUE TO (OR AS A CONSEQUENCE OF)		
Conditions if any which gave rise to the immediate cause, stating the underlying cause last		b Due to arteriosclerotic heart and vascular disease DUE TO (OR AS A CONSEQUENCE OF)		
		c DUE TO (OR AS A CONSEQUENCE OF)		
		d		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				
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 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 checked="" type="checkbox"/> DEPUTY 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>[Signature]</i> Deputy		29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month, Day, Year) January 2, 2001
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307				
31 HEALTH OFFICER'S SIGNATURE <i>Franklin J. Sremuda M.D.</i>				32 DATE FILED (Month, Day, Year) January 3, 2001
33 MANNER OF DEATH <input checked="" 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		
		34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g DATE PRONOUNCED DEAD (Month, Day, Year) December 31, 2000		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		