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FA# 06021951

LEGAL DESCRIPTION:

Parcel 1: Part of the South 1/2 of the fractional Northwest 1/4 of Section 13, Township 35 North, Range 10 West of the 2nd Principal Meridian, in Lake County, Indiana, described as: Commencing at a point 322 feet North of and 931.5 feet East of the Southwest corner of the Northwest 1/4 of Section 13, Township 35 North, Range 10 West of the 2nd Principal Meridian; thence North 175 feet; thence East 180 feet; thence South 175 feet; thence West 180 feet to the place of beginning, excepting the West 60 feet thereof, by parallel lines.



First American Title Insurance Company

Parcel 2: The East 125 feet of the West 215 feet of the following described tract: Part of the South 1/2 of the fractional Northwest 1/4 of Section 13, Township 35 North, Range 10 West of the 2nd Principal Meridian, in Lake County, Indiana, described as: Commencing at a point which is 497 feet North of a point which is 991 feet West of the center of Section 13, Township 35 North, Range 10 West of the 2nd Principal Meridian; thence 150 feet North; thence 620 feet East to the center of Hart Street; thence Southeasterly in the center line of hart Street to a point which is 497 feet North and 290.5 feet West of the center of Section 13, Township 35 North, Range 10 West of the 2nd Principal Meridian; thence West to the place of beginning.

PROPERTY ADDRESS:

135 Berens Street, Dyer, IN 463411

2002 010387

ESTATE AFFIDAVIT

LINDA S HANKS, Affiant, states that:

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1. MARK B HANKS, deceased, died on the 30<sup>th</sup> day of October 2001;
2. Affiant is:  the surviving spouse of the deceased,  the Personal Representative/Executor-trix of the estate of the deceased;
3. The deceased died:  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 16<sup>th</sup> day of June 1974, and were never divorced. (This item applies only to the surviving spouse.)
5.  All expenses of the last illness and funeral of the deceased have been paid;
6.  All State Inheritance Taxes and Federal Estate Taxes attributable to the deceased and his/her estate have been paid;
7.  There have been 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.

Date JAN 23 2002

Linda S. Hanks  
Signature of Affiant

Linda S. Hanks  
Printed Name of Affiant

State of Indiana, County of LAKE

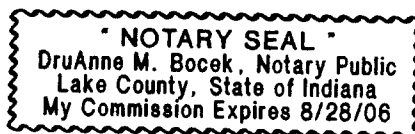
Subscribed and sworn to before me, this 23 day of JANUARY, 2002.

Printed Name of Notary

DruAnne M. Bocek  
Signature of Notary

My Commission expires:

My County of Residence is:



06021951

JAN 30 2002

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HOLD FOR FIRST AMERICAN TITLE

001841

12-1  
M. H.  
FX

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY  
CERTIFICATE OF DEATH

PORTER COUNTY  
HEALTH DEPARTMENT  
155 Indiana Ave Suite 104  
Valparaiso IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF  
DEATH

CERTIFIER

HEALTH  
OFFICER

1. DECEASED—NAME (First, Middle, Last) Mark Bernard Hanks				2. SEX Male		3a. TIME OF DEATH 1:35A M		3b. DATE OF DEATH (Month, Day, Year) October 3, 2001	
4. *SOCIAL SECURITY NUMBER 312-68-6536		5a. AGE—Last Birthday (Years) 44		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) June 9, 1957	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8a. WAS DECEDENT A U.S. VETERAN? No							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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"/> Residence <input checked="" type="checkbox"/> Other (Specify) Roadway				9b. FACILITY NAME (If not institution, give street and number) Jones Road & 650 W.			
9c. CITY, TOWN, OR LOCATION OF DEATH Union Twp.				9d. COUNTY OF DEATH Porter					
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Linda Wilsbach		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Body Shop Manager			12b. KIND OF BUSINESS/INDUSTRY Car Repair		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Dyer			13d. STREET AND NUMBER 135 Berens St		
13e. ZIP CODE 46311		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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12			18. FATHER'S NAME (First, Middle, Last) Edward Hanks		19. MOTHER'S NAME (First, Middle, Maiden Surname) Peggy Todd		
20a. INFORMANT'S NAME (Type/Print) Linda Hanks				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 135 Berens St Dyer, Indiana 46311				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) October 8, 2001 Chapel Lawn Memorial Gardens				21c. LOCATION—City or Town, State Scherverville, Indiana		
22a. EMBALMER'S NAME Marc J. Mosqueda			22b. EMBALMER'S LICENSE NO. FDO 8800240		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mullany</i>			24b. LICENSE NUMBER (of Licensee) FDO 1007176		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Homes Inc 1920 Hart St Dyer, Indiana 46311 FH83001504				
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. Cerebral tissue injury DUE TO (OR AS A CONSEQUENCE OF): b. Multiple skull fractures DUE TO (OR AS A CONSEQUENCE OF): c. Blunt force trauma DUE TO (OR AS A CONSEQUENCE OF): d. Automobile crash Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last 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) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes			Approximate Interval Between Onset and Death	
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"/> 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>M. L. Moeller</i> Chief Deputy Coroner Porter County						29c. MEDICAL LICENSE NO. COR 0000002		29d. DATE SIGNED (Month, Day, Year) October 4, 2001	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Martin L. Moeller, 155 Indiana Avenue, Valparaiso, IN 46383									
31. HEALTH OFFICER'S SIGNATURE <i>Gary A. Babcock MD</i>						32. DATE FILED (Month, Day, Year) October 5, 2001			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" 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) OCT 03, 2001		34b. TIME OF INJURY 01:35AM	34c. INJURY AT WORK? (Yes or no) No	34. DESCRIBE HOW INJURY OCCURRED Single-vehicle, pickup truck, rollover crash			
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Roadway				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) Jones Road & 650 W. Union Twp., Indiana					
34g. DATE PRONOUNCED DEAD (Month, Day, Year) October 3, 2001			34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. Yes, Driver 06021951 HOLD FOR FIRST AMERICAN TITLE						