

AFFIDAVIT

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

SS 2002 015304

2002 FEB 12 AM 10:41

MORRIS W. CARTER  
RECORDER

Lorraine A. Peppin, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, James H. Peppin, died (~~without leaving a will~~) (leaving a will) on December 3, 1991 at Our Lady of Mercy Hospital, Dyer, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife to the following described real estate:

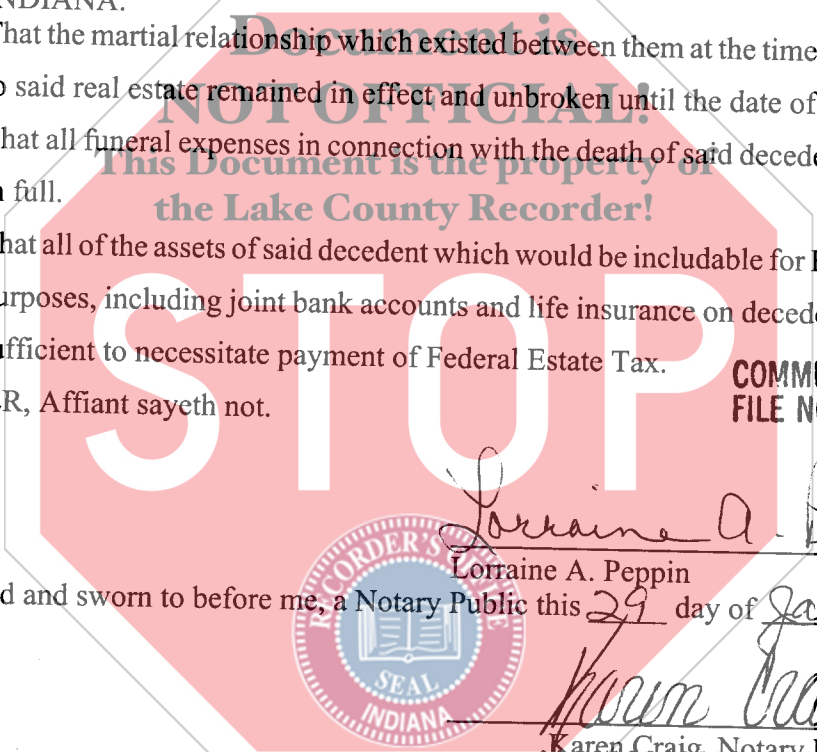
PART OF THE NORTH 1/2 OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE 2<sup>ND</sup> P.M., DESCRIBED AS FOLLOWS:

THE SOUTH 75 FEET OF THE NORTH 435 FEET OF THE EAST 207.275 FEET OF W. 707.27 FEET OF THAT PART OF THE WEST 1/2 OF THE NORTHEAST 1/4 AND THE NORTH 1320 FEET OF THE EAST 7.70 ACRES OF THE NORTHWEST 1/4, ALL LYING NORTH OF THE RIGHT-OF-WAY OF THE JOLIET AND NORTHERN INDIANA RAILROAD, IN LAKE COUNTY, INDIANA.

3. That the martial relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. 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.

FURTHER, Affiant sayeth not.

COMMUNITY TITLE COMPANY  
FILE NO L 22776

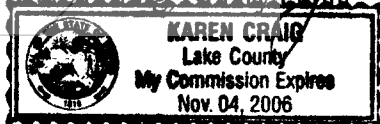


*Lorraine A. Peppin*  
Lorraine A. Peppin

Subscribed and sworn to before me, a Notary Public this 29 day of Jan., 2002.

*Karen Craig*  
Karen Craig, Notary Public

My Commission Expires: \_\_\_\_\_  
County of Residence: \_\_\_\_\_



This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45. No legal opinion given or rendered.

**FILED**

FEB 7 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

000454

*12/27/01*  
*PK*

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 3056-91

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First, Middle, Last) James Harold Peppin				2 SEX Male		3a TIME OF DEATH 8:40 A M		3b DATE OF DEATH (Month, Day, Yr.) December 3, 1991	
4 SOCIAL SECURITY NUMBER 332-28-2969		5a AGE—Last Birthday (Years) 54		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) December 26, 1936	
7 BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois		8a WAS DECEDENT A U.S. VETERAN? Yes							
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1959		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA 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) Our Lady Of Mercy Hospital				9c CITY, TOWN, OR LOCATION OF DEATH Dyer			9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Lorraine Walters		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 Co		
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Dyer			13d STREET AND NUMBER 1330 Magnolia		
13e ZIP CODE 46311		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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 (11-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Harold Peppin				19 MOTHER'S NAME (First, Middle, Maiden Surname) Lucille Gerard			
20a INFORMANT'S NAME (Type/Print) Lorraine Peppin				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1330 Magnolia Dyer, Indiana 46311				20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <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) December 6, 1991 Chapel Lawn Memorial Gardens				21c LOCATION—City or Town, State Scherverville, Indiana	
22a EMBALMER'S NAME Edward F. Mullaney				22b EMBALMER'S LICENSE NO FDO 1007176		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mullaney</i>				24b LICENSE NUMBER (of Licensee) FDO 1006015		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Gardens 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. <i>Acute myocardial infarction</i> b. <i>Atherosclerotic heart disease</i> c. <i>MI</i> d. 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) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input checked="" type="checkbox"/>			
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, 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 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>William M.D.</i>				29c MEDICAL LICENSE NO 01026031		29d DATE SIGNED (Month, Day, Year) December 4, 1991			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) ILWOONG W. CHANG, M.D. 9030 COLUMBIA MUNSTER, IND. 46321									
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>									
32 DATE FILED (Month, Day, Year) December 5, 1991									
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 DISCLOSE 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) FEB 7 2002 PETER BENJAMIN LAKE COUNTY AUDITOR 000455							
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no)					