

C62-18742 LD
STATE OF INDIANA)

COUNTY OF LAKE) SS: 2002 019946

2002 FEB 25 AM 9:34

RECORDER

AFFIDAVIT OF HEIRSHIP

Penny S. Keegan, being duly sworn upon her oath, deposes and says:

1. That she is the sister of Cheryl S. White, deceased, and by virtue of said family relationship is well acquainted with the personal affairs of said decedent.

2. That Cheryl S. White was a single person at the time of her death, having divorced several years ago.

3. That Cheryl S. White died intestate on October 28, 2001, domiciled in Lake County, Indiana.

4. That no administration of the estate of Cheryl S. White is pending in any court and that no proceedings therefore are contemplated by anyone to the knowledge, information or belief of this affiant.

5. That said decedent left her four (4) children surviving her as her sole heirs-at-law in accordance with the Indiana laws of descent and distribution.

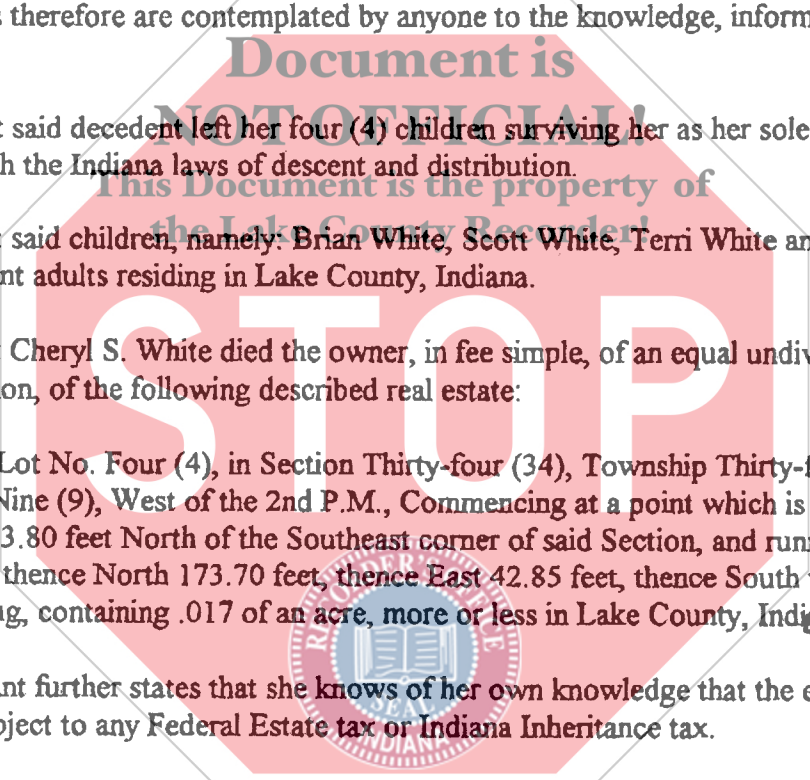
6. That said children, namely: Brian White, Scott White, Terri White and Kelli Williams are all competent adults residing in Lake County, Indiana.

7. That Cheryl S. White died the owner, in fee simple, of an equal undivided interest as a tenant in common, of the following described real estate:

Part of Lot No. Four (4), in Section Thirty-four (34), Township Thirty-four (34) North, Range Nine (9), West of the 2nd P.M., Commencing at a point which is 430.50 feet West and 1773.80 feet North of the Southeast corner of said Section, and running thence West 42 feet, thence North 173.70 feet, thence East 42.85 feet, thence South to the place of beginning, containing .017 of an acre, more or less in Lake County, Indiana.

8. Affiant further states that she knows of her own knowledge that the estate of Cheryl S. White is not subject to any Federal Estate tax or Indiana Inheritance tax.

9. That all outstanding debts and obligations of Cheryl S. White were fully paid and discharged including funeral expenses and doctor bills, and that there are no outstanding claims or obligations against said decedent.



FILED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TAXATION

FEB 25 2002

LAKE COUNTY AUDITOR

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Chicago Title Insurance Company

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10. That this affidavit is made for purposes of establishing the heirs of Cheryl S. White to the real estate interests hereinabove set forth and is further made for the purpose of inducing Chicago Title insurance to issue a title policy concerning the above described real estate without objections arising by virtue of the death of Cheryl S. White.

Further affiant sayeth not.


Penny S. Keegan

Subscribed and sworn to before me, a Notary Public, this 13 day of February, 2002.


Notary Public

My Commission Expires: _____

County of Residence: Lake

TINA BRAKLEY
Notary Public, State of Indiana
County of Lake
My Commission Expires Dec 26, 2007

This instrument prepared by: Jeffrey R. Wilk, Attorney at Law



* 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

5cc

Local No. 2422-C1

CERTIFICATE OF DEATH

State No.

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

Chicago Title Insurance Company

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) CHERYL S. WHITE				2 SEX Female		3a. TIME OF DEATH 12:27 PM		3b. DATE OF DEATH (Month, Day, Yr.) October 28, 2001	
4. *SOCIAL SECURITY NUMBER 303-50-5674		5a. AGE—Last Birthday (Years) 56	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) July 24, 1945		7. BIRTHPLACE (City and State or Foreign Co.) Indiana		
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"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) 3229 Michigan Avenue				9c. CITY, TOWN, OR LOCATION OF DEATH Hobart			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Divorced		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cook			12b. KIND OF BUSINESS/INDUSTRY Food Service		
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hobart			13d. STREET AND NUMBER 3229 Michigan Avenue		
13e. ZIP CODE 46342		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? U.S.A.	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)
18. FATHER'S NAME (First, Middle, Last) William Nolan					19. MOTHER'S NAME (First, Middle, Maiden Surname) Bernice Nelson				
20a. INFORMANT'S NAME (Type/Print) Brian D. White				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1530 W. 97th Place, Crown Point, IN 46307				20c. Relationship Son	
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) Nov 1, 2001 German Methodist Cemetery			21c. LOCATION—City or Town, State Cedar Lake IN		
22a. EMBALMER'S NAME James J. Krause				22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>				24b. LICENSE NUMBER (of Licensee) FDO1006463		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. —FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0			
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory. THIS CERTIFICATE IS THE PROPERTY OF THE INDIANA STATE DEPARTMENT OF HEALTH. COMPLETE COPY OF THE CERTIFICATE OF DEATH IS TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT. Myocardial infarction collapse Due to arteriosclerotic heart and vascular disease Approximate Interval Between Onset and Death Unknown									
26. 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)			
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. Deputy									
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Jeffrey R. Wells</i> Deputy Coroner						29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Yr.) October 30, 2001	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46001									
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best</i>									
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) October 28, 2001				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER