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Chicago Title Insurance Company

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SURVIVORSHIP AFFIDAVIT

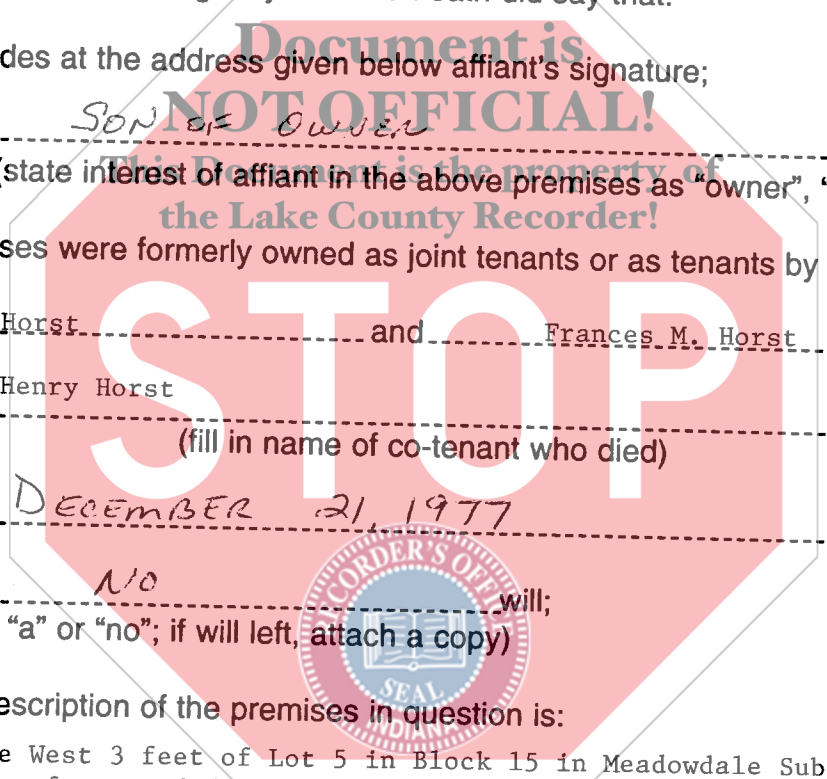
On this 3rd of May, 2002 before me personally appeared Thomas A. Horst
(insert date)

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is SON OF OWNER
(state interest of affiant in the above premises as "owner", "son of owner", etc.);
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Henry Horst and Frances M. Horst;
- Said Henry Horst
(fill in name of co-tenant who died)
died on DECEMBER 21, 1977
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Lot 6 and the West 3 feet of Lot 5 in Block 15 in Meadowdale Subidivision, as per plat thereof, recorded in Plat Book 31, page 52, in the Office of the Recorder of Lake County, Indiana.

- Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? Yes No
If yes, then estimated taxes due are \$ _____
The taxes due are paid or unpaid.



FILED
MAY 07 2002
PETER BENJAMIN
LAKE COUNTY AUDITOR
BD
1300
CT
000540

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

No

(If answer is "Yes," identify the divorce proceedings:

.....);

8. Affiant's relationship to the deceased was Step

Signature: Thomas A. Horst

Printed Name Thomas A. Horst

Address:

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me by the affiant

this 3rd day of May, 2002

(insert date)

Andrea A. Widlowski

Notary Public

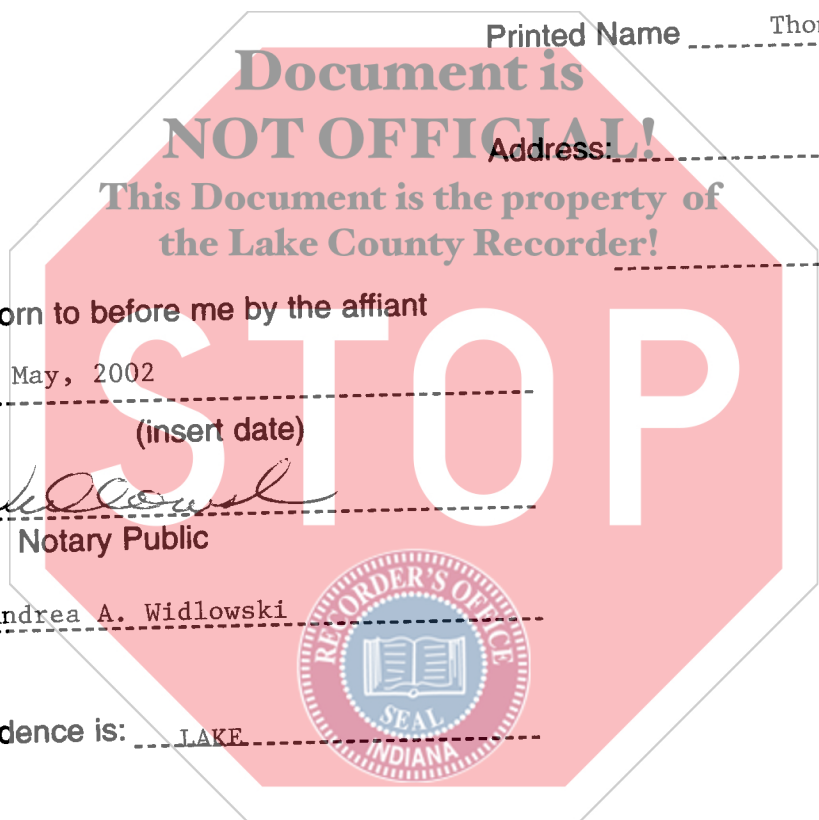
Printed Name Andrea A. Widlowski

My County of Residence is: LAKE

In the State of INDIANA

My Commission Expires 9/17/09

This instrument prepared by Thomas A. Horst



TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THIS CERTIFICATE OF DEATH
ON FILE WITH THE LAKE COUNTY HEALTH DEPT

Disposition Permit Issued /	Provisional Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMBALMER'S NAME J. Krause LICENSE No. 646

FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S LICENSE No. 2012

FUNERAL HOME No. 306

LAKE COUNTY HEALTH COMMISSION

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

Local No. 1655-79

PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED - NAME **HENRY P. HORST** FIRST MIDDLE LAST

AGE - LAST BIRTHDAY (YEARS) 74 UNDER 1 YEAR MONTHS DAYS UNDER 1 DAY HOURS MIN.

DATE OF BIRTH (MONTH, DAY, YEAR) 11-26-1903

SEX Male DATE OF DEATH (MONTH, DAY, YEAR) 12-24-1977

DECEASED 7a. Monster CITY, TOWN, OR LOCATION OF DEATH

7b. Monster INSIDE CITY LIMITS (SPECIFY YES OR NO)

8. Indiana STATE OF BIRTH (IF NOT IN U.S.A.)

9. U.S.A. CITIZEN OF WHAT COUNTRY

10. NEVER MARRIED SURVIVING SPOUSE (IF DECEASED, GIVE SURVIVOR'S NAME AND ADDRESS)

11. Trances K. Wolfman MARRIED TO (IF DECEASED, GIVE SURVIVOR'S NAME AND ADDRESS)

12. 312-05-2711A SOCIAL SECURITY NUMBER

13. Plumber USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)

13a. Construction KIND OF BUSINESS OR INDUSTRY

13b. Construction TOWNSHIP

13c. Plumber CITY, TOWN OR LOCATION

14. Indiana RESIDENCE STATE

14a. 921 W. 50th Avenue STREET AND NUMBER

14b. Monster CITY, TOWN OR LOCATION

14c. U.S.A. RESIDENCE ON X TAB? YES NO

14d. YES WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES OF SERVICE)

14e. YES RACE

PARENTS

15. Joseph Herst (deceased) FATHER - FIRST MIDDLE LAST

16. Magdalena Volk (deceased) MOTHER - MAIDEN NAME FIRST MIDDLE LAST

17a. Frances Horst DEATH WAS CAUSED BY: 17b. wife RELATIONSHIP

17c. 921 W. 50th Ave. MAILING ADDRESS (STREET OR R.F.D. NO., CITY, STATE, ZIP)

17d. Monster CITY, TOWN OR LOCATION

18. 1 year IMMEDIATE CAUSE

19. 1 year APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

CAUSE

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A), STATING THE UNDERLYING CAUSE LAST

(a) 1 year

(b) 1 year

(c) 1 year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)

19a. 1 year

19b. 1 year

19c. 1 year

DATE & TIME OF DEATH: 20 DECEMBER 21 1977 9 P.M.

PHYSICIAN'S NAME (TYPE OR PRINT): Donald M. Phillips, M.D.

LAST IN ATTENDANCE: Donald M. Phillips, M.D.

MAILING ADDRESS - PHYSICIAN: 1356 S. Lake Park, Hobart, Indiana 46312

STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP

DISPOSITION

21. Burial BURIAL, CREMATION, REMOVAL

22. Calumet Park Cemetery CEMETERY, CREMATORY, FUNERAL HOME (SPECIFY)

23. Funeral Home, Inc., 500 FUNERAL HOME - NAME AND ADDRESS (STREET OR R.F.D. NO., CITY, STATE, ZIP)

HEALTH OFFICER'S SIGNATURE: [Signature]

DATE: 12-24-1977

SBH-06-003

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