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**SURVIVORSHIP AFFIDAVIT**

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2002 MAY 20 AM 10: 53

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

MORRIS W. CARTER  
RECORDER

On this 12th day of April, 2002, before me personally appeared MARY R. SKINNER, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

LOT 46 IN H.R. NICHOL'S ADDITION TO LOWELL,  
AS SHOWN IN PLAT BOOK 1 PAGE 22 IN THE  
OFFICE OF THE RECORDER OF LAKE COUNTY,  
INDIANA.

2. That said premises were formerly owned as tenants by the entireties by JOHN FLOYD SKINNER and MARY R. SKINNER, husband and wife.

3. That said JOHN FLOYD SKINNER died on NOVEMBER 5, 1984, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of JOHN FLOYD SKINNER, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of JOHN FLOYD SKINNER, said parties, namely, JOHN FLOYD SKINNER and MARY R. SKINNER, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )



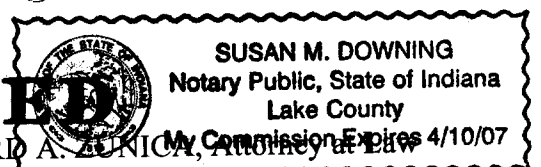
*Mary R. Skinner*  
MARY R. SKINNER  
02-10855  
INDIANA TITLE SERVICES, INC.  
Washington Street  
Lake County, Indiana 46356  
306.0100

Before me, the undersigned, a Notary Public in and for said County and State, this 12th day of April, 2002, personally appeared MARY R. SKINNER and acknowledged the execution of the foregoing affidavit.  
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

County of Residence:

*Susan M. Downing*  
Notary Public



THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNIGA, Attorney at Law  
162 Washington Street, Lowell IN 46356

APR 23 2002  
02-10855

PETER BENJAMIN  
LAKE COUNTY AUDITOR

001751

12-  
with  
8130

ONLY WITH  
FADING INK  
THIS IS A  
PERMANENT  
RECORD

For State Office Use

HEALTH DEPT. COUNTY

NOV 9 1984

*Charles Johnson*  
LICENSE No. *888*

EMBALMER'S NAME *James Love*

LANE COUNTY HEALTH COMMISSIONER'S  
FUNERAL DIRECTOR'S

FUNERAL HOME No. *427*

FUNERAL DIRECTOR'S SIGNATURE *W.A. Sheets*

LICENSE No. *2258*

Local No. *2110-84*

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1. DECEASED - NAME<br><b>John F. Skinner</b>                     |  | 2. SEX<br><b>Male</b>  |  | 3. DATE OF BIRTH<br><b>11-5-1984</b>  |  |
| 4. RACE<br><b>White</b>  |  | 5. AGE<br><b>63</b>  |  | 6. COUNTY OF BIRTH<br><b>Lake</b>   |  |
| 7. CITY/TOWN OR LOCATION OF BIRTH<br><b>Crown Point</b>          |  | 8. HOSPITAL OR OTHER INSTITUTION<br><b>St. Anthony's Hosp.</b>   |  | 9. DATE OF BIRTH IN HOSPITAL<br><b>10-1-1921</b>  |  |
| 10. STATE OF BIRTH<br><b>Indiana</b>                             |  | 11. MARRIED WITHIN MARRIED UNWIDOWED DIVORCED SEPARATED<br><b>Married</b>                                  |  | 12. MARY (McLaughlin)<br><b>Mary (McLaughlin)</b>   |  |
| 13. SOCIAL SECURITY NUMBER<br><b>031 22 3105</b>                 |  | 14. USUAL OCCUPATION<br><b>Teacher</b>   |  | 15. KIND OF BUSINESS OR INDUSTRY<br><b>Retired</b>  |  |
| 16. RESIDENT STATE<br><b>Indiana</b>                             |  | 17. CITY/TOWN OR LOCATION<br><b>Lowell</b>   |  | 18. IS RESIDENT ON A FARM?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  |
| 19. STREET AND NUMBER<br><b>100 Oak St.</b>                      |  | 20. IS DECEASED OF SPANISH DESCENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |  | 21. HUSBAND'S CITY/LIMITS<br><b>Yes</b>   |  |
| 22. FATHER'S NAME<br><b>John F. Skinner</b>                      |  | 23. MOTHER'S MARRIED NAME<br><b>Bessie Lee</b>   |  | 24. HUSBAND'S CITY/LIMITS<br><b>Yes</b>   |  |
| 25. RELATIONSHIP<br><b>Wife</b>                                  |  | 26. MARRIED ADDRESS<br><b>100 Oak St. Lowell, In. 46356</b>  |  | 27. CITY OF BIRTH<br><b>Stockwell, In.</b>  |  |
| 28. BURIAL<br><b>Burial</b>                                      |  | 29. FUNERAL HOME - NAME AND ADDRESS<br><b>Funeral Home 604 E. Comm. Ave. Lowell, In.</b>                   |  | 30. DATE OF BIRTH<br><b>11-8-1984</b>   |  |
| 31. DATE<br><b>11-8-1984</b>                                     |  | 32. DATE SIGNED<br><b>11/7/84</b>  |  | 33. HOME OF DEATH<br><b>5:35 PM</b>   |  |
| 34. NAME OF ATTENDING PHYSICIAN<br><b>Manuel B. Gabato, M.D.</b> |  | 35. ADDRESS<br><b>1240 Grant St. Crown Point, In. 46307</b>  |  | 36. DATE RECEIVED BY LOCAL HEALTH OFFICER<br><b>11-9-84</b>                                       |  |
| 37. M.D. OR D.O.<br><b>D.O.</b>                                  |  | 38. SIGNATURE OF PHYSICIAN<br><i>Manuel B. Gabato</i>  |  | 39. SIGNATURE OF LOCAL HEALTH OFFICER<br><i>W.A. Sheets</i>                                       |  |
| 40. CAUSE<br><b>Coronary Artery Disease</b>                      |  | 41. SIGNATURE OF DEATH REPORTER<br><i>Charles Johnson</i>  |  | 42. SIGNATURE OF DEATH REPORTER<br><i>James Love</i>  |  |

SBH 06-003 STATE FORM 35430  
REV 10/77

