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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2002 JUL 10 AM 9:36
MORRIS W. CARTER
RECORDER

Chicago Title Insurance Company

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 5th day of July, 2002, before me personally appeared Jane L. Rouge
(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 OWNER;
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
LAWRENCE R. ROUGE and JANE L. ROUGE;

4. Said Lawrence Raymond Rouge
(fill in name of co-tenant who died)

died on October 11, 2001

leaving _____ will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Lot 19, Shady Lawn, in the City of Crown Point, as per plat thereof,
recorded in Plat book 32 page 12, in the Office of the Recorder of Lake
County, Indiana.

6. 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

JUL 9 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

000558

13.00
MY
CT

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:

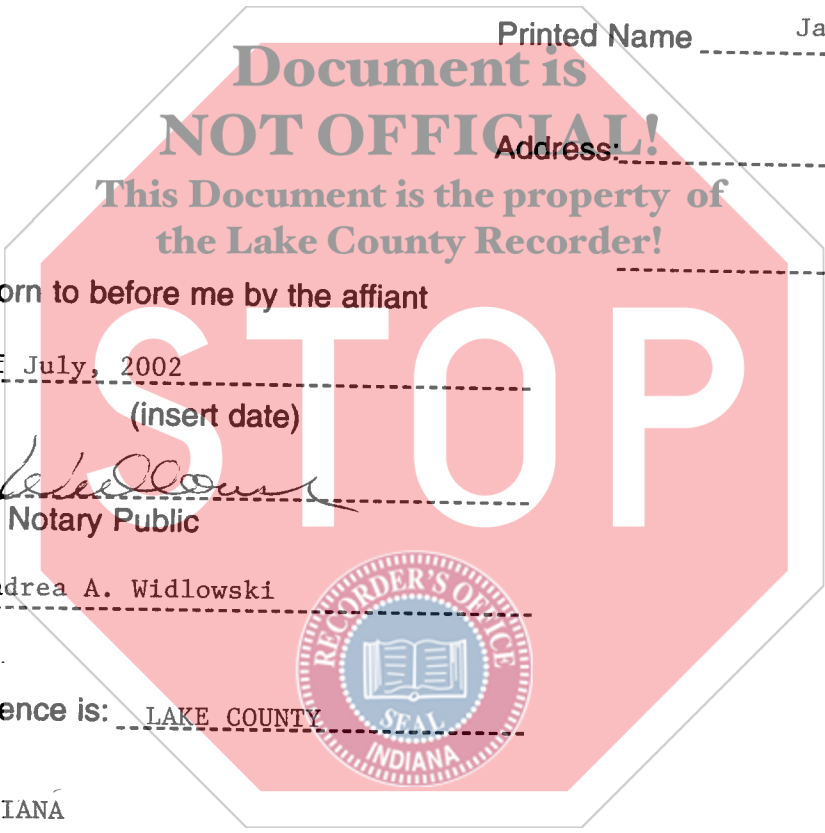
.....);

8. Affiant's relationship to the deceased was WIFE

Signature: Jane L. Rouge

Printed Name Jane L. Rouge

Address:



Subscribed and sworn to before me by the affiant

this 5th day of July, 2002
(insert date)

Andrea A. Widlowski
Notary Public

Printed Name Andrea A. Widlowski

My County of Residence is: LAKE COUNTY

In the State of INDIANA

My Commission Expires 9/17/09

This instrument prepared by Jane L. Rouge

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

CERTIFICATE OF DEATH

Date Issued: Oct 25, 2001; Hammond Health Commissioner

Local No. 777; 526834

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

Form with fields for: 1 DECEASED-NAME, 2 SEX, 3a TIME OF DEATH, 3b DATE OF DEATH, 4 SOCIAL SECURITY NUMBER, 5a AGE, 5b UNDER 1 YEAR, 5c UNDER 1 DAY, 6 DATE OF BIRTH, 7 BIRTHPLACE, 8a WAS DECEDENT A U.S. VETERAN?, 8b YEAR LAST SERVED IN U.S. ARMED FORCES?, 9a PLACE OF DEATH, 9b FACILITY NAME, 9c CITY/TOWN OR LOCATION OF DEATH, 9d COUNTY OF DEATH, 10 MARITAL STATUS, 11 SURVIVING SPOUSE, 12a DECEASED'S USUAL OCCUPATION, 12b KIND OF BUSINESS/INDUSTRY, 13a RESIDENCE-STATE, 13b COUNTY, 13c CITY/TOWN OR LOCATION, 13d STREET AND NUMBER, 13e ZIP CODE, 13f INSIDE CITY LIMITS, 14 CITIZEN OF WHAT COUNTRY?, 15 WAS DECEDENT OF HISPANIC ORIGIN?, 16 RACE, 17 DECEASED'S EDUCATION, 18 FATHER'S NAME, 19 MOTHER'S NAME, 20a INFORMANT'S NAME, 20b MAILING ADDRESS, 20c Relationship, 21a METHOD OF DISPOSITION, 21b DATE AND PLACE OF DISPOSITION, 21c LOCATION, 22a EMBALMER'S NAME, 22b EMBALMER'S LICENSE NO., 23 WAS DEATH REPORTED TO CORONER?, 24a SIGNATURE OF FUNERAL DIRECTOR, 24b LICENSE NUMBER, 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME, 26 PART I: Enter the diseases, injuries, or complications that caused the death, 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM?, 28a WAS AN AUTOPSY PERFORMED?, 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?, 29a CERTIFIER, 29b SIGNATURE AND TITLE OF CERTIFIER, 29c MEDICAL LICENSE NO., 29d DATE SIGNED, 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, 31 HEALTH OFFICER'S SIGNATURE, 32 DATE FILED, 33 MANNER OF DEATH, 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED, 34e PLACE OF INJURY, 34f LOCATION, 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT?

