4

Affidavit of Heirship

16411K02

I, Jerome H. Coppage, do hereby make the following statements:

1) That Orville H. Coppage and Irene M. Coppage as Husband and Wife did take title to the following real estate:

Lot Numbered 23 and 24 in Block 22 as shown on the recorded plat of Manufacturer's Addition to Hammond recorded in Plat Book 2 page 24 in the Office of the Recorder of Lake County, Indiana.

2) That Irene M. Coppage died on JUNE 19, 1993, having been married continuously up until the date of her death.

3) That Orville H. Coppage died on October 21, 2001, a copy of his death certificate is attached hereto.

4) That the probation of the estate of Orville H. Coppage is not contemplated.

5) That at his death Orville H. Coppage left as his sole and only heirs his two sons: Jerome H. Coppage and David A. Coppage.

6) That as the only heirs at law of Orville H. Coppage, Jerome H. Coppage and David A. Coppage are the titleholders of the real estate described in paragraph 1. above.

Further Affiant sayeth not

Jerome H. Coppage

HOLD FOR MERIDIAN TITLE CORP

2002 063035

2002 JUL 12 PM 12:46

MORRIS W. CARTER RECORDER

LAKE CO. IN. FILED FOR REC. COR.

FILED

JUL 11 2002

PETER BENJAMIN
LAKE COUNTY AUDITOR

16 mft M1

000739

State of Indiana, County of St. Joseph ss:

Before me the undersigned, a Notary Public in and for said County and State, personally appeared the within named Jerome H. Coppage who acknowledged the execution of the forgoing Document and who, having been duly sworn, stated that the representations therein contained are true.

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 1 day of July, 2002.

This Instrument was prepared by: Edward W. Hardig, Jr., Attorney at Law
202 S. Michigan Street, Suite 1000
South Bend, IN 46601
cln

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

Local No. 539

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

SJUN 25, 1993 Date Issued — Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
IRENE	MARIE	COPPAGE	Female	12:50P M	June 19, 1993

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR Months / Days	5c UNDER 1 DAY Hours / Minutes	6 DATE OF BIRTH (Mo, Day, Yr)	7 BIRTHPLACE (City and State or Foreign Country)
311-18-3412	71			March 16, 1922	Hammond, Indiana

8a WAS DECEDENT A U.S. VETERAN?	8b YEAR LAST SERVED IN U.S. ARMED FORCES?	9a PLACE OF DEATH (Check only one. See instructions.)
No	N/A	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b FACILITY NAME (If not institution, give street and number)	9c CITY, TOWN, OR LOCATION OF DEATH	9d COUNTY OF DEATH
6848 Illinois Avenue	Hammond	Lake

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Orville H. Coppage	Bottler	Pepsi-Cola Bottlers

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Hammond	6848 Illinois Avenue

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc (Specify)	17 DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46323	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	12	

PARENTS

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
John Ziobrowski	Katheria

INFORMANT

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Mr. Orville H. Coppage	6848 Illinois Ave., Hammond, IN 46323	Husband

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	June 22, 1993 Chapel Lawn Memorial Gardens	Schererville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
George J. Johnson	0890006	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Charles D. Scheuer, Jr.	1006049	VIRGIL HUBER Funeral Home-3002869 7051 Kennedy, Hammond, IN 46323

USE OF ATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a	Pneumonia	
DUE TO (OR AS A CONSEQUENCE OF) b	For advanced cancerous	4 years
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last — DUE TO (OR AS A CONSEQUENCE OF) c	the right lung.	
DUE TO (OR AS A CONSEQUENCE OF) d		

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)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
No	N/A	N/A

TIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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	29c MEDICAL LICENSE NO	29d DATE SIGNED (Month, Day, Year)
Arthur M. Branco MD	20253	JUNE 25. 1993

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
DR. ARTHUR M. BRANCO, M. D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321

LTH ICER

31 HEALTH OFFICER'S SIGNATURE — 32 DATE FILED (Month, Day, Year)

IONER ONLY

33 MANNER OF DEATH	34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R3 / 3-92) DEATHCER/PD 1

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal. *

Local No. 750

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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

Oct. 3, 2001 — Date Issued

Franklin D. Sprenda — Hammond Health Commissione

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED--NAME (First Middle Last): Orville Hubert Coppage

2. SEX: Male

3a. TIME OF DEATH: 9:45AM

3b. DATE OF DEATH (Month Day Yr): October 1, 2001

4. SOCIAL SECURITY NUMBER: 305-12-9676

5a. AGE - Last Birthday (Years): 81

5b. UNDER 1 YEAR Months Days:

5c. UNDER 1 DAY Hours Minutes:

6. DATE OF BIRTH (Mo Day Yr): January 12, 1920

7. BIRTHPLACE (City and State or Foreign Country): Fordsville, KY

8a. WAS DECEDENT A U.S. VETERAN?: Yes

8b. YEAR LAST SERVED IN U.S. ARMED FORCES: 1945

9a. PLACE OF DEATH (Check only one. See Instructions): ☐ HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; ☐ OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number): 6848 Illinois Avenue

9c. CITY TOWN OR LOCATION OF DEATH: Hammond

9d. COUNTY OF DEATH: Lake

10. MARITAL STATUS (Specify): Widowed

11. SURVIVING SPOUSE (If wife, give maiden name): None

12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Custodian

12b. KIND OF BUSINESS INDUSTRY: Building Maintenance

13a. RESIDENCE - STATE: Indiana

13b. COUNTY: Lake

13c. CITY TOWN OR LOCATION: Hammond

13d. STREET AND NUMBER: 6848 Illinois Avenue

13e. ZIP CODE: 46323

13f. INSIDE CITY LIMITS ☐ No ☒ Yes

13g. ON A FARM? ☒ No ☐ Yes

14. CITIZEN OF WHAT COUNTRY?: USA

15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)

16. RACE - American Indian Black, White, etc. (Specify): White

17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last): Roy Coppage

19. MOTHER'S NAME (First, Middle, Maiden Surname): Eliza Whitten

INFORMANT

20a. INFORMANT'S NAME (Type/Print): David Coppage

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 8058 South Columbia Avenue, Munster, IN 46321

20c. Relationship: Son

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place): October 4, 2001 Chapel Lawn Memorial Gardens

21c. LOCATION - City or Town State: Schererville, Indiana

22a. EMBALMER'S NAME: George J. Johnson

22b. EMBALMER'S LICENSE NO: FDE8900006

23. WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR: George J. Johnson

24b. LICENSE NUMBER (of Licensee): FDE8900006

25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: FH19900009 Virgil Huber Funeral Home 7051 Kennedy Av., Hammond, IN 46323

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	(END) STAGE RENAL FAILURE	
DUE TO (OR AS A CONSEQUENCE OF) b.		
Conditions if any which gave rise to the immediate cause stating the underlying cause last: DUE TO (OR AS A CONSEQUENCE OF) c.		
DUE TO (OR AS A CONSEQUENCE OF) d.		

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): No

CERTIFIER

29a. CERTIFIER (Check only one): ☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. ☐ 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. ☐ 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: [signature]

29c. MEDICAL LICENSE NO: 01048722

29d. DATE SIGNED (Month Day Year): 10/3/4 (October 4)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Dr. Robert Chen, 7905 CALUMET AVE, Munster, IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Sprenda M.D.

32. DATE FILED (Month Day Year): October 3, 2001

33. MANNER OF DEATH: ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

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):

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.