

3



TICOR TITLE INSURANCE

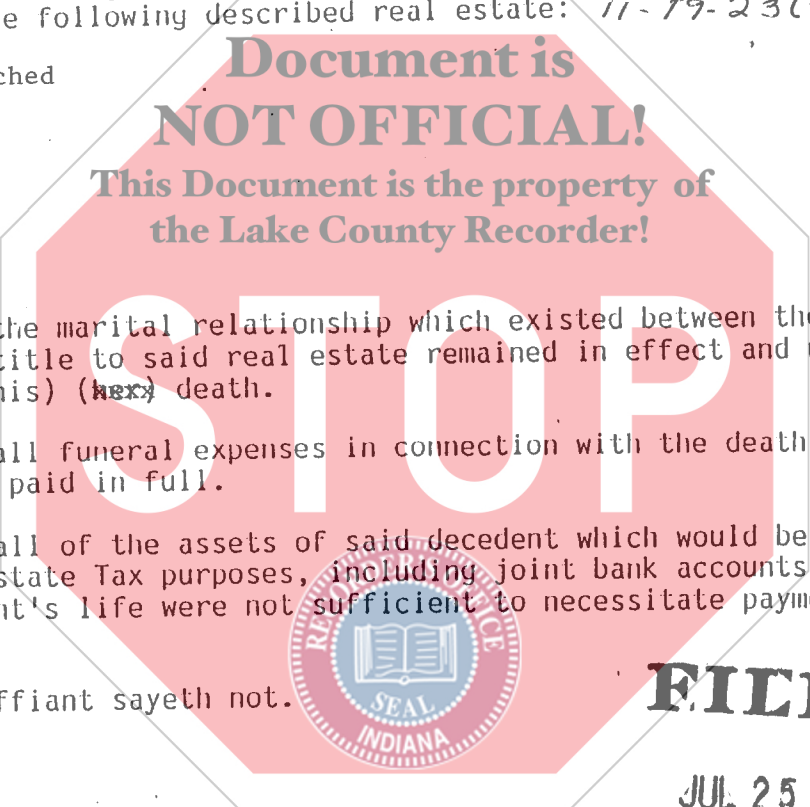
AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Charissa A. Corey, being first duly
sworn upon oath, deposes and says:

1. That Frank J. Corey died Aug 26, 1997 at Schererville, Indiana.
2. That Frank J. Corey and Charissa A. Corey were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 11-19-23(9)

see attached



3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (~~her~~) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

FILED

JUL 25 2002

Charissa A. Corey
PETER BENJAMIN
LAKE COUNTY AUDITOR

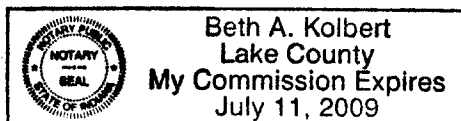
Subscribed and sworn to before me, a Notary Public, July 2nd day of July, 192002.

Beth A. Kolbert
Notary Public

Beth A. Kolbert

My Commission expires:
7/11/09

County of Residence:
Lake



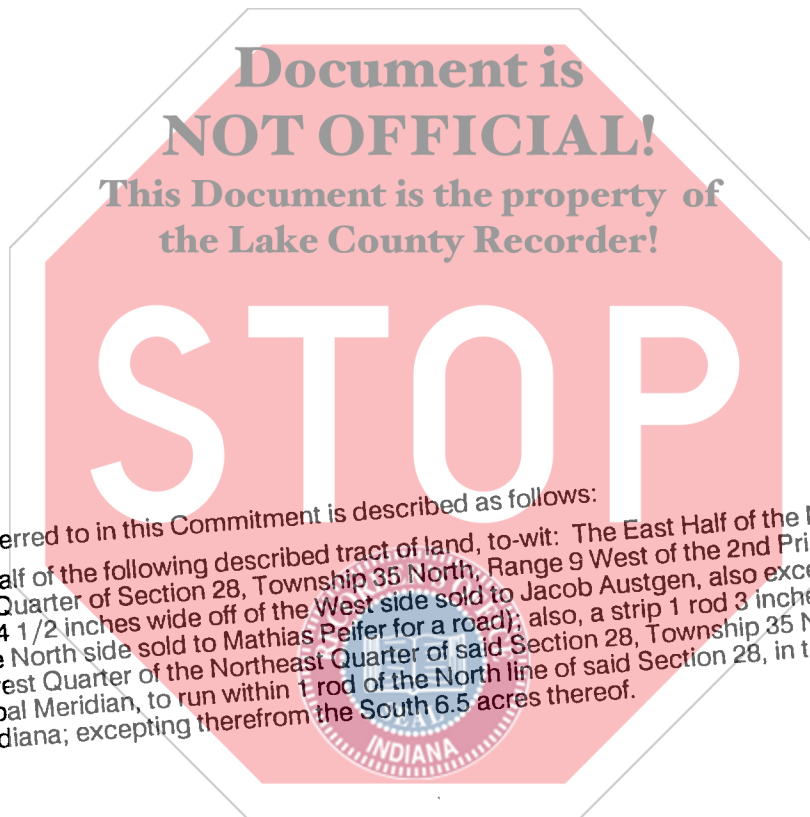
This Instrument prepared by Charissa A. Corey

2002 056837

2002 056837

922-3517
TICOR SO

137
m.f.
Ad



The land referred to in this Commitment is described as follows:
The West Half of the following described tract of land, to-wit: The East Half of the Northeast Quarter of the Northwest Quarter of Section 28, Township 35 North, Range 9 West of the 2nd Principal Meridian (except a strip 8 feet 4 1/2 inches wide off of the West side sold to Jacob Austgen, also except a strip 1 rod 3 inches wide off the North side sold to Mathias Peifer for a road); also, a strip 1 rod 3 inches wide off the West side of the Northwest Quarter of the Northeast Quarter of said Section 28, Township 35 North, Range 9 West of the 2nd Principal Meridian, to run within 1 rod of the North line of said Section 28, in the Town of St. John, Lake County, Indiana; excepting therefrom the South 6.5 acres thereof.

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 CERTIFICATE OF DEATH

Local No. 1788-97
200806

State No. _____

TYPE/PRINT
IN
PERMANENT
BLACK INK

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

DECEDENT

INFORMANT

RELATIONSHIP

CAUSE OF DEATH

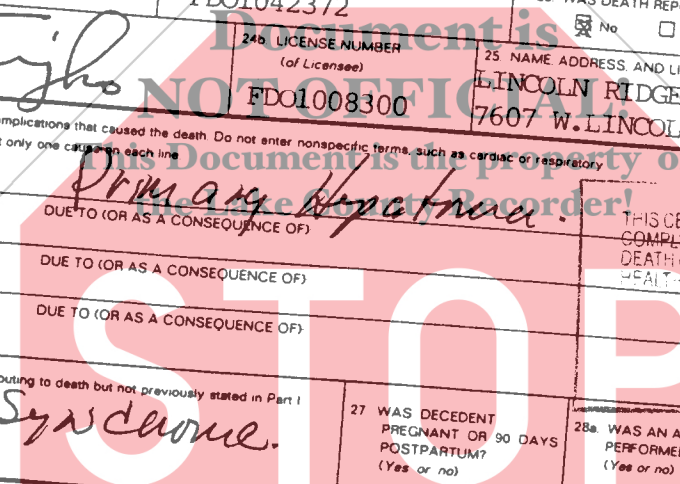
DATE

SIGNATURE

DATE

DATE

1 DECEASED—NAME (First, Middle, Last) FRANK J. COREY		2 SEX MALE	3a. TIME OF DEATH 11:36 P.M.	3b. DATE OF DEATH (Month, Day, Year) AUGUST 26, 1997
4. *SOCIAL SECURITY NUMBER 316-54-7895		5a. AGE—Last Birthday (Years) 47	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____
6a. WAS DECEDENT A U.S. VETERAN? NO	6b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE	6. DATE OF BIRTH (Mo. Day, Yr.) MARCH 5, 1950		7. BIRTHPLACE (City and State or Foreign Country) GARY, INDIANA
9b. FACILITY NAME (If not institution, give street and number) 10515 W. 85TH. ST.		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 checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		9c. CITY, TOWN, OR LOCATION OF DEATH SCHERERVILLE
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) CHARISSA ROBERTSON		9d. COUNTY OF DEATH LAKE	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) SELFEMPLOYED	
13c. ZIP CODE 46375	13d. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	12b. KIND OF BUSINESS/INDUSTRY VENDING BUSINESS	
13e. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		13d. STREET AND NUMBER 10515 W. 85TH. ST.
18. FATHER'S NAME (First, Middle, Last) FRANK COREY		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+) _____
20a. INFORMANT'S NAME (Type/Print) CHARISSA COREY		19. MOTHER'S NAME (First, Middle, Maiden Surname) FRANCIS WOOD		20c. Relationship WIFE
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) AUGUST 30, 1997 N.W. INDIANA CREMATION SERVICE		21c. LOCATION—City or Town, State CROWN POINT, INDIANA
22a. EMBALMER'S NAME CHARLES WELLS		22b. EMBALMER'S LICENSE NO. FDO1042372		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eli Tujho</i>		24b. LICENSE NUMBER (of Licensee) FDO1008300		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME LINCOLN RIDGE FUNERAL HOME 88800070 7607 W. LINCOLN HWY. CROWN POINT, IN. 463
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.				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. DUE TO (OR AS A CONSEQUENCE OF)		APPROXIMATE INTERVAL BETWEEN DEATH AND THIS CERTIFICATE 14
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF)		
		c. DUE TO (OR AS A CONSEQUENCE OF)		
		d. DUE TO (OR AS A CONSEQUENCE OF)		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Post Covid Syndrome				
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Edward [Signature] - Physician</i>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Bob Thomas, 1300 [Address]		29c. MEDICAL LICENSE NO. 00000000		29d. DATE SIGNED (Month, Day, Year) August 29, 1997
31. HEALTH OFFICER'S SIGNATURE <i>Alexander [Signature] MD</i>		32. DATE FILED (Month, Day, Year) JUL 25 2002		
33. MANNER OF DEATH <input 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 PETER BENJAMIN LAKE COUNTY AUDITOR		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) [Address]		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				



FILED