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TICOR TITLE INSURANCE

2002 075855

2002 AUG 26 10:08:52

AFFIDAVIT

LAKE COUNTY RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Alice L. Lewis, being first duly sworn upon oath, deposes and says:

1. That Richard N. Lewis died on October 4, 2002, ~~at~~ at Hobart, IN.

2. That Richard N. Lewis and Alice L. Lewis were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
Lot 3 in Block 4 in Lake George Plateau Unit No. 1, in the City of Hobart, as plat thereof, recorded in July 16, 1959 in Plat Book 33 page 43, in the Office of the Recorder of Lake County, Indiana.

Document is NOT OFFICIAL!
18-291-3(27)

This Document is the property of the Lake County Recorder!

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.

Alice L. Lewis

Alice L. Lewis

Subscribed and sworn to before me, a Notary Public, this 20th day of August, ~~18~~ 2002.

FILED

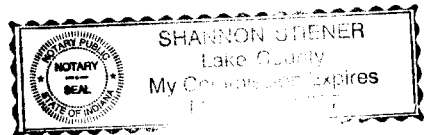
Shannon Stienner
Shannon Stienner Notary Public

My Commission expires:

AUG 23 2002

03-14-07

**PETER BENJAMIN
LAKE COUNTY AUDITOR**



County of Residence:

Lake

This Instrument prepared by Alice L. Lewis

BANKERS TITLE

17087BAK
TICOR MO

001511

117
M. J.

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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.....

6 cc
2 Net
8 total

Local No. 392400
TYPE/PRINT
IN
PERMANENT
BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1. DECEASED-NAME (First Middle Last) RICHARD N. LEWIS		2. SEX Male	3a. TIME OF DEATH 5:20AM	3b. DATE OF DEATH (Month Day Yr) October 4, 2001	
4. SOCIAL SECURITY NUMBER 485-01-8401	5a. AGE - Last Birthday (Years) 82	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo Day Yr) August 16, 1919	
7. BIRTHPLACE (City and State or Foreign Country) Belle Plaine, Iowa					
9a. PLACE OF DEATH (Check only one. See instructions)					
8a. WAS DECEASED A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES 1954	HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA		OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9b. FACILITY NAME (If not institution, give street and number) 1215 W. 10th Place			9c. CITY TOWN OR LOCATION OF DEATH Hobart	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Alice L. Falk	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Sheet Metal Worker		12b. KIND OF BUSINESS INDUSTRY Manufacturing	
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 1215 W. 10th Place	
13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) White	
17. DECEASED'S EDUCATION (Specify only highest grade completed)				17. DECEASED'S EDUCATION (Specify only highest grade completed)	
				Elementary/Secondary (0-12) 12	
				College (1-4 or 5+)	
				12	
18. FATHER'S NAME (First, Middle, Last) Benjamin F. Lewis			19. MOTHER'S NAME (First, Middle, Maiden Surname) Anita C. Stuckenbruck		
20a. INFORMANT'S NAME (Type/Print) Alice L. Lewis			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1215 W. 10th Place, Hobart, IN 46342		
			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) October 8, 2001 Calvary Crematory		21c. LOCATION - City or Town State Portage, Indiana	
22a. EMBALMER'S NAME James J. Krause		22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licenses) FDO1006463		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342	
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. cor pulmonale DUE TO (OR AS A CONSEQUENCE OF)					
b. chronic obstructive pulmonary disease 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.					
27. WAS DECEASED 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		
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> 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) and manner as stated. <input type="checkbox"/> 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 <i>Donald M. Phillips MD</i>			29c. MEDICAL LICENSE NO. 01020846	29d. DATE SIGNED (Month Day Year) October 8 2001	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 25) (Type/Print) Donald M. Phillips MD, 1356 S. Lake Park Avenue, Hobart, IN 46342					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>					
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) AUG 23 2002	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no) Yes	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) PETER BENJAMIN LAKE COUNTY AUDITOR			34f. LOCATION (Street and Number or Rural Route Number City or Town State) 001513		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.			

DECEASED

PARENTS

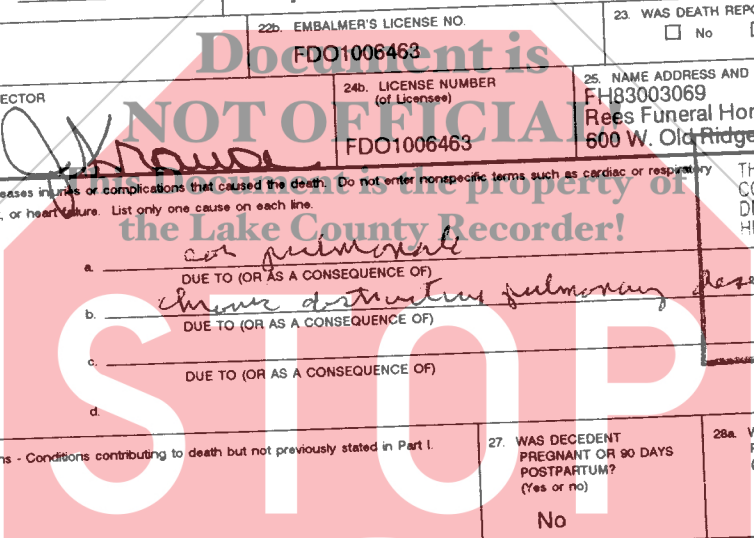
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER



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

FILED