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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2002 100121

2002 NOV -4 AM 11:05

MORRIS W. CARTER
RECORDER

024501613M

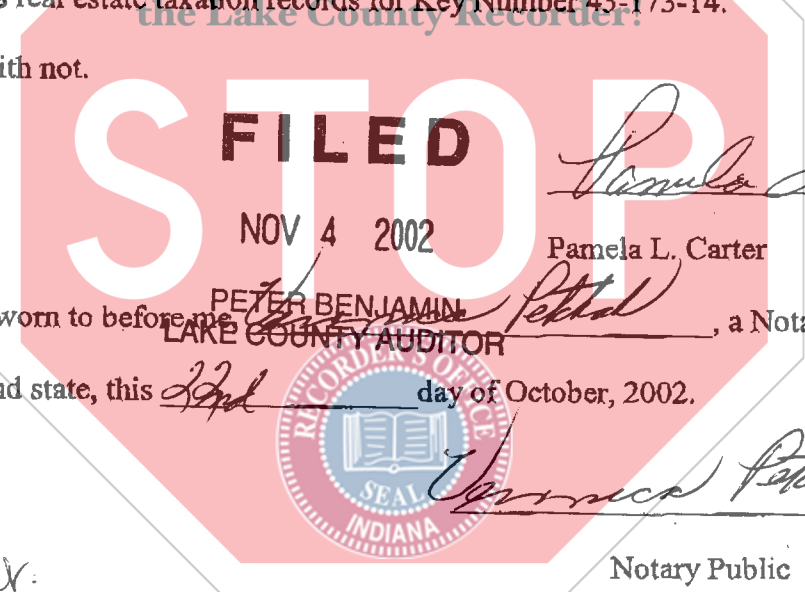
AFFIDAVIT

State of Indiana)
County of Lake) ss

Pamela L. Carter, being duly sworn upon oath, hereby affirms, the to the best of her knowledge and belief, that the following facts are true, to wit:

- 1) That the affiant is the same Pamela L. Carter named as a grantee in that certain Quitclaim Deed made by Nadine Johnson and Larry G. Hobbs (Grantors) to Nadine Johnson, Larry G. Hobbs, Joanna M. Grimes, Jessica W. Hill and Pamela L. Carter, As Joint Tenants with Right of Survivorship (Grantees), which deed was recorded in the Office of the Recorder of Lake County, Indiana on December 30, 1996 as Document No. 96085840.
- 2) That Nadine Johnson and Jessica W. Hill are deceased as evidenced by the death certificates attached hereto and denominated as Exhibits "A" and "B", respectively.
- 3) That this affidavit is made for the purpose of documenting of record the death of the aforementioned Nadine Johnson and Jessica W. Hill and to induce the Auditor of Lake County, Indiana to transfer its taxations records to the name of the affiant, Pamela L. Carter, his real estate taxation records for Key Number 43-173-14.

Further affiant saith not.



Pamela L. Carter

Pamela L. Carter

Subscribed and sworn to before me, PETER BENJAMIN, a Notary Public in
LAKE COUNTY AUDITOR
for said county and state, this 2nd day of October, 2002.

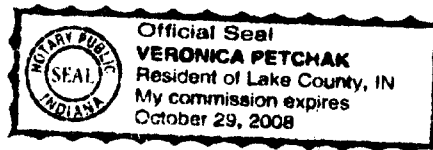
Veronica Petchak

Notary Public

000205

hold for
Stewart Title Services
of Northwest Indiana
8695 Broadway
Merrillville, IN 46410

Affix seal



15-
7/11
V11031

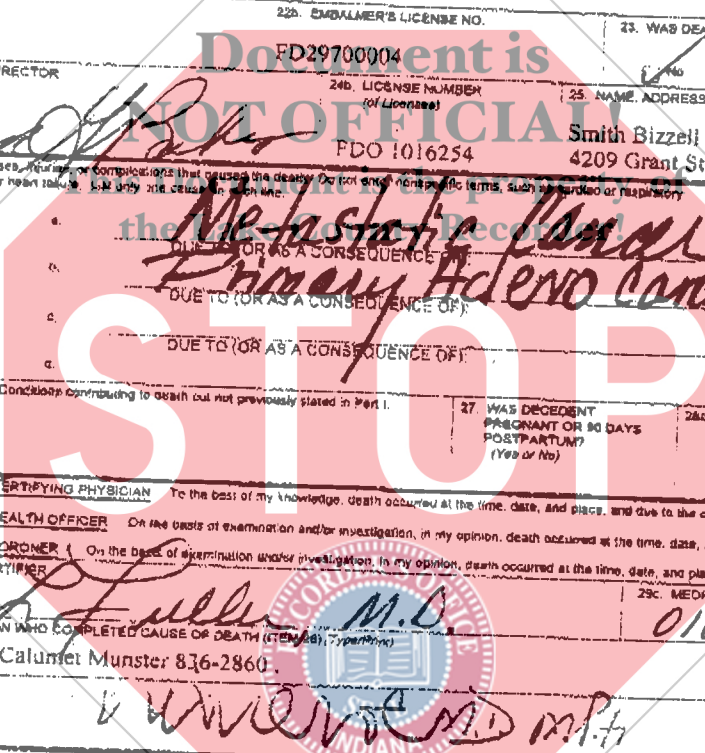
ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Exhibit 'A'

TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3. 1. DECEDENT-NAME (First, Middle, Last) Nadine Frances Johnson 2. SEX Female 3a. TIME OF DEATH 11:51 P M 3b. DATE OF DEATH (Month, Day, Year) November 11, 1998 4. SOCIAL SECURITY NUMBER 409-34-6261 5a. AGE-Last Birthday (Years) 68 5b. UNDER 1 YEAR 5c. UNDER 1 DAY 6. DATE OF BIRTH (Mo, Day, Yr) May 12, 1930 7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana 8a. WAS DECEDENT A U.S. VETERAN? No 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: Inpatient, ER/Outpatient, DCA; OTHER: Nursing home, Residence, Other (Specify) 9b. CITY, TOWN, OR LOCATION OF DEATH Gary 9c. COUNTY OF DEATH Lake 10. MARITAL STATUS (Specify) Widowed 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) Seamstress 12b. KIND OF BUSINESS/INDUSTRY (Specify) Clothing Factory 13a. RESIDENCE-STATE Indiana 13b. COUNTY Lake 13c. CITY, TOWN, OR LOCATION Gary 13d. STREET AND NUMBER 1044 Morton Street 14. ZIP CODE 46404 15. INSIDE CITY LIMITS No Yes 16. CITIZEN OF WHAT COUNTRY? U.S.A. 17. WAS DECEDENT OF HISPANIC ORIGIN? No Yes 18. RACE-American Indian, Black, White, etc. (Specify) Afro-American 17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) College (1-4 or 5+) 18. FATHER'S NAME (First, Middle, Last) Ernest Hobbs 19. MOTHER'S NAME (First, Middle, Maiden Surname) Cleo Robertson 20a. INFORMANT'S NAME (Type/Print) Joanna Grimes 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1044 Morton Street Gary, Indiana 46404 20c. Relationship: Daughter 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) November 16, 1998 Evergreen Memorial Park 21c. LOCATION-City or Town, State Hubart, IN 22. EMBALMER'S NAME Eddie Bulerin-Govain 22b. EMBALMER'S LICENSE NO. FD29700004 23. WAS DEATH REPORTED TO CORONER? 24. SIGNATURE OF FUNERAL DIRECTOR 24b. LICENSE NUMBER (of Licensee) PDO 1016254 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408 26. PART I: Enter the disease, injuries, or complications that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause in each line. a. Metastatic Adeno Carcinoma of Lung to Brain b. Primary Adeno Carcinoma Right Lung c. d. e. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last. 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) 29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN, HEALTH OFFICER, CORONER 29b. SIGNATURE AND TITLE OF CERTIFIER Barbara Fuller M.D. 29c. MEDICAL LICENSE NO. 01034701 29d. DATE SIGNED (Month, Day, Year) 11/17/98 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28), (Type/print) Dr. Barbara Fuller 9305 Calumet Munster 836-2860 31. HEALTH OFFICER'S SIGNATURE 32. DATE FILED (Month, Day, Year) NOV 19 1998 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 PROMULGATED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT (Yes or No) If yes specify driver, passenger, pedestrian, etc.



STATE OF COLORADO

STATE OF COLORADO CERTIFICATE OF DEATH

STATE FILE NUMBER

725

AMENDED

Exhibit B

DECEASED
FATHERS
MARRIAGES
CERTIFIERS
CAUSE OF DEATH

1. DECEDENT'S NAME (Print, Middle, Last)
Jessica W. Hill

2. SEX
Female

3. DATE OF DEATH (Month, Day, Year)
February 17, 1999

4. SOCIAL SECURITY NUMBER
308-66-7013

5a. AGE - Last Birthday (Year)
45

5b. UNDER 1 YEAR
Mo. Days

5c. UNDER 1 DAY
Hrs. Mins.

6. DATE OF BIRTH (Month, Day, Year)
May 30, 1953

7. BIRTHPLACE (City and State or Foreign Country)
Gary, IN

8. WAS DECEDENT EVER IN U.S. ARMY FORCES?
 Yes No

9a. PLACE OF DEATH (Check only one)
 HOSPITAL Inpatient ER/Outpatient DCA Other (Specify)

9b. FACILITY NAME (If not in hospital, give street and number)
St. Joseph Hospital

9c. CITY, TOWN, OR LOCATION OF DEATH
Denver

9d. COUNTY OF DEATH
Denver

10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use railway)
None

10b. KIND OF BUSINESS/INDUSTRY
Displaced

11. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify))
Married

12. SPOUSE (If wife, give maiden name)
John Hanns

13a. RESIDENCE - STATE 13b. COUNTY
CO Denver

13c. CITY, TOWN, OR LOCATION
Denver

13d. STREET AND NUMBER
3437 Monroe Street

13e. ZIP CODE
80205

14. HAS DECEDENT EVER BEEN MARRIED TO AN AMERICAN INDIAN?
 Yes No

15. RACE
White

16. DECEDENT'S EDUCATION (Specify only highest grade completed: Elementary or secondary 9 through 12; College (13 through 16 or 17+))
12

17. FATHER'S NAME (Print, Middle, Last)
Jesse W. Irving

18. INFORMANT NAME and relationship to decedent.
John Hanns Husband

19. METHOD OF DISPOSITION
 Burial Cremation Donation Other (Specify)

20. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Alvin ...

21. NAME AND ADDRESS OF FACILITY
Robart, IN

22. SIGNATURE OF REGISTRAR
Thomas E. Henry

23. DATE FILED (Month, Day, Year)
MAR 5 1999

24. TIME OF DEATH
5:58PM

25. DATE AND HOURS OF DEATH
February 17 1999 5:58PM

26. TO BE COMPLETED ONLY BY CORONER OR PHYSICIAN
Signature
Thomas E. Henry

27. TO BE COMPLETED BY CORONER
Signature
Thomas E. Henry

28. DATE SIGNED (Month, Day, Year)
February 17 1999

29. CORONER, DENVER COUNTY, CO.
Deputy Coroner

30. NAME, TITLE AND MAILING ADDRESS OF CERTIFYING CORONER (Type/print)
Thomas E. Henry, M.D., Denver Coroner, 660 Hancock St., Denver, CO ZIP 80204

31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type/print)

32. MANNER OF DEATH
 Natural Pending Investigation Accident Suicide Homicide Undetermined Manner

33a. DATE OF INJURY (Month, Day, Year)

33b. TIME OF INJURY

33c. INJURY AT WORK?
 Yes No

33d. DESCRIBE HOW INJURY OCCURRED

34. PLACE OF INJURY: At home, farm, hotel, factory, office, building, etc. (Specify)

35. LOCATION (Street and Number or Rural Route Number, City, County, State)

36. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)

37. CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST (d)

38. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in PART I (e.g., alcohol abuse, obesity, aneurysm)

39. AUTOPSY (Yes or No)
Yes

40. IF YES were findings considered in determining cause of death?
Yes

34. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). Do not enter mode of dying, e.g. Cardiac or Respiratory Arrest)

(a) **CONGESTIVE HEART FAILURE**

(b) **RHEUMATIC MITRAL VALVE DISEASE**

(c) **ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE**

NOT CERTIFIED
1876
This Document is the property of the Lake County Recorder!

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

16-264793

DATE ISSUED **MAR 16 1999**

John Hanns
LOCAL REGISTRAR



Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASE NO. 024501613

EXHIBIT A - LEGAL DESCRIPTION

Lots 14 and 15, Block 21, Gary Heights Subdivision, in the City of Gary, as shown in Plat Book 20, page 13, in the Office of the Recorder of Lake County, Indiana.

