

3

STATE OF INDIANA  
COUNTY OF LAKE

SS: 2003 068450

2003 JUL -3 11:23

RECORDED  
INDEXED

*In Re the Matter of:*

MORTON COBRIN, deceased

**AFFIDAVIT OF SURVIVORSHIP**

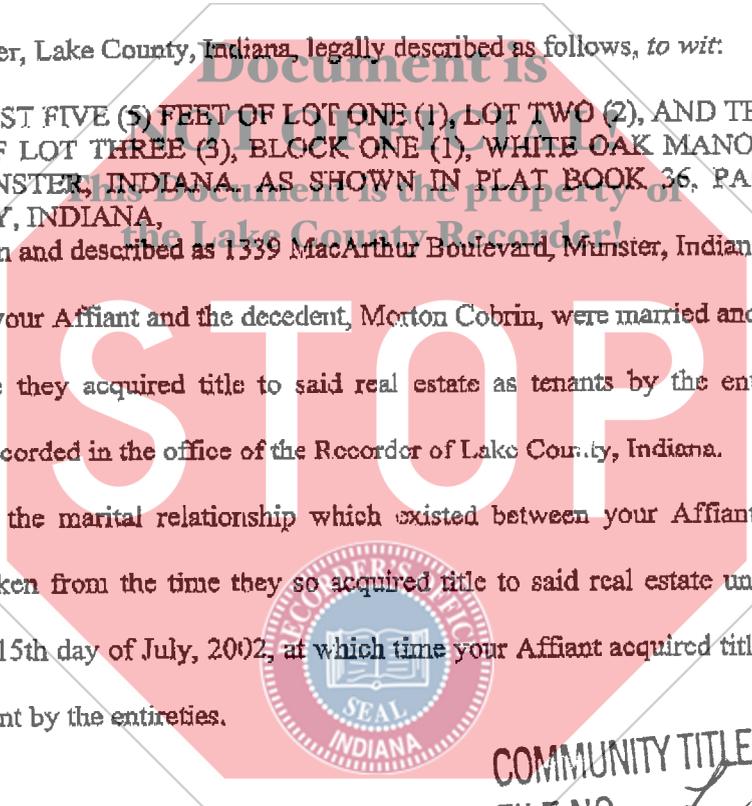
Marion Cobrin, being first duly sworn upon her oath, deposes and states:

1. That your Affiant is the owner in fee simple of the following described real estate located in Munster, Lake County, Indiana, legally described as follows, *to wit*:

THE WEST FIVE (5) FEET OF LOT ONE (1), LOT TWO (2), AND THE EAST FIVE (5) FEET OF LOT THREE (3), BLOCK ONE (1), WHITE OAK MANOR 4<sup>TH</sup> ADDITION TO MUNSTER, INDIANA, AS SHOWN IN PLAT BOOK 36, PAGE 28, IN LAKE COUNTY, INDIANA, commonly known and described as 1339 MacArthur Boulevard, Munster, Indiana 46321.

2. That your Affiant and the decedent, Morton Cobrin, were married and were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance as recorded in the office of the Recorder of Lake County, Indiana.

3. That the marital relationship which existed between your Affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of the decedent on the 15th day of July, 2002, at which time your Affiant acquired title to said real estate as surviving tenant by the entireties.



**FILED**

JUL 3 2003

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY  
FILE NO 26614

000389

13.00  
RP  
aw

4. That the gross value of the estate of the decedent, Morton Cobrin, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedents estate was not subject to Federal Estate Tax.

5. That the decedents estate was not subject to Indiana Inheritance Taxes.

FURTHER AFFLIANT SAITH NOT.

*Marion Cobrin*

MARION COBRIN, Affiant

STATE OF ILLINOIS  
COUNTY OF COOK

SS:

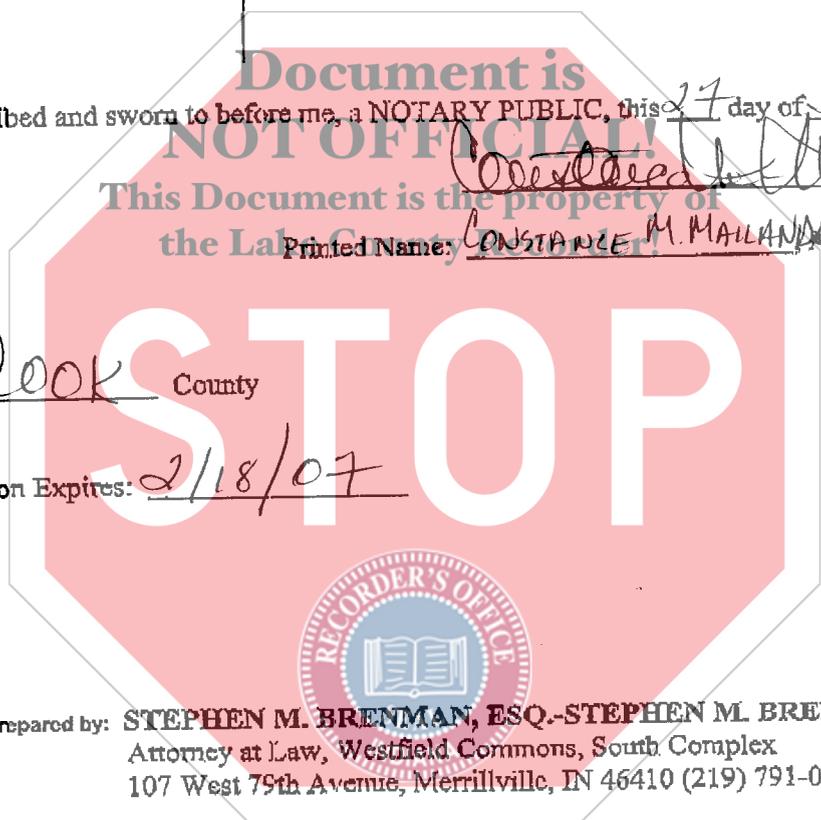


Subscribed and sworn to before me, a NOTARY PUBLIC, this 17 day of June, 2003.

**Document is NOT OFFICIAL!**  
This Document is the property of the Lab County Recorder  
Printed Name: CONSTANCE M. MAILANDER Notary Public

Resident of COOK County

My Commission Expires: 2/18/07



This instrument prepared by: **STEPHEN M. BRENNAN, ESQ.-STEPHEN M. BRENNAN, P.C.**  
Attorney at Law, Westfield Commons, South Complex  
107 West 79th Avenue, Merrillville, IN 46410 (219) 791-0000

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 1179-02

142167  
TYPE/PRINT  
IN  
PERMANENT  
LACK INK

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

1 DECEASED—NAME (First Middle Last) Morton Cobrin				2 SEX Male		3a TIME OF DEATH 7:45A		3b DATE OF DEATH (Month, Day, Yr) July 20, 2002			
4 *SOCIAL SECURITY NUMBER 108-20-6323		5a AGE—Last Birthday (Years) 74		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr) Sept. 16, 1927		7 BIRTHPLACE (City and State or Foreign Country) Brooklyn, NY	
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1951		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) Community Hospital						9c CITY, TOWN, OR LOCATION OF DEATH Munster			9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Marion Levy		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner				12b KIND OF BUSINESS/INDUSTRY Cobrin Supply			
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Munster			13d STREET AND NUMBER 1339 MacArthur Blvd.				
13e ZIP CODE 46321		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		15 WAS DECEDENT 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 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12 5+	
18 FATHER'S NAME (First, Middle, Last) Max Cobrin						19 MOTHER'S NAME (First, Middle, Maiden Surname) Rose N.A.					
20a INFORMANT'S NAME (Type/Print) Marion Cobrin				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1339 MacArthur Blvd. Munster, IN 46321				20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) July 22, 2002 Beth El Cemetery				21c LOCATION—City or Town, State Portage, IN			
22a EMBALMER'S NAME ---				22b EMBALMER'S LICENSE NO. ---		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J Burns</i>				24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321					
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 <i>Cancer of Lung</i> DUE TO (OR AS A CONSEQUENCE OF) b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d Conditions if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death 6 months	
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) ---	
29a CERTIFIER <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) 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>A. Gandhi</i>						29c MEDICAL LICENSE NO. K01029887			29d DATE SIGNED (Month, Day, Year) July 22, 2002		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) A. Gandhi, M.D. 9126 Columbia Munster, IN 46321											
31 HEALTH OFFICER'S SIGNATURE <i>Susan W Best</i>						32 DATE FILED (Month, Day, Year) JUL 23 2002			32 DATE FILED (Month, Day, Year) July 23 2002		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR 000390 JUL 23 2002			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.									

DECEDENT

RENTS

FORMANT

POSITION

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