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LAKE COUNTY
FILED FOR RECORD

2003 077042

2003 JUL 23 10:00 AM
MOBILE

Record & Return to: Robert L. Meinzer, Jr., P. O. Box 111, St. John, IN 46373

STATE OF INDIANA)
) SS: AFFIDAVIT
COUNTY OF LAKE)

WILLIE D. BURGESS, being first duly sworn upon his oath, deposes and says:

1. That Affiant is the owner of the following described real estate:

A part of the Southeast quarter of the Southwest quarter of Section 36, Township 35 North, Range 10 West of the 2nd Principal Meridian, in St. John Township, Lake County, Indiana, more particularly described as follows: Commencing at a point on the South line of said Southeast quarter of the Southwest quarter of said Section 36, which point is 1019.13 feet West of the Southeast corner of said Southwest quarter of said Section 36; thence North at right angles to said South line a distance of 685 feet to the place of beginning; thence continuing Northerly on said line 50 feet; thence East at right angles 130 feet; thence South at right angles 50 feet; thence West at right angles 130 feet to the place of beginning.

2. That Affiant formerly owned said real estate as tenants by the entireties with his wife, Marie J. Burgess.

3. That Affiant and Marie J. Burgess were married on November 29, 1962 and continued to live as married persons until August 1, 2002, when the Affiant's wife, Marie J. Burgess, died; that a copy of Marie J. Burgess' death certificate is attached hereto, made a part hereof, and marked as Exhibit A.

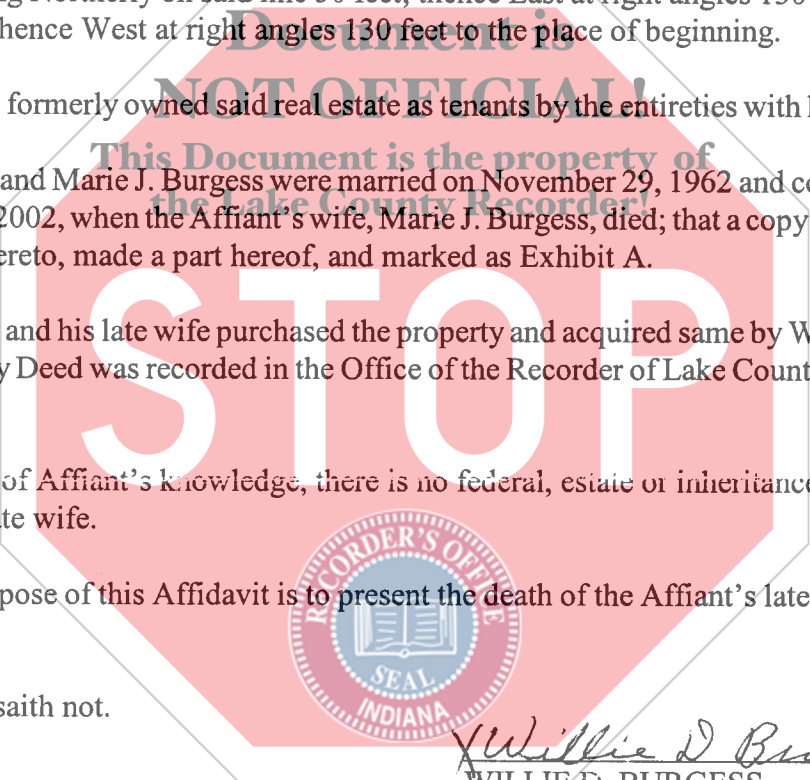
4. That Affiant and his late wife purchased the property and acquired same by Warranty Deed on February 5, 1976, which Warranty Deed was recorded in the Office of the Recorder of Lake County, Indiana on February 23, 1976.

5. To the best of Affiant's knowledge, there is no federal, estate or inheritance tax liability by reason of the death of Affiant's late wife.

6. That the purpose of this Affidavit is to present the death of the Affiant's late wife so that title is vested in the Affiant's name.

Further Affiant saith not.

Willie D Burgess
WILLIE D. BURGESS

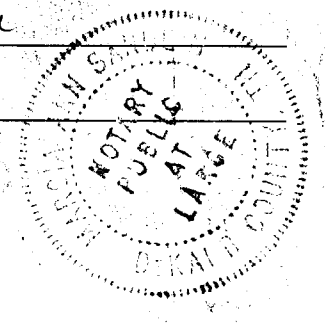


STATE OF TENNESSEE, COUNTY OF DeKALB, SS:

SUBSCRIBED AND SWORN to before me, a Notary Public, by the Affiant this 7th day of July, 2003.

My Commission Expires
05-01-2007
County of Residence
DEKALB

Marica Sandlin
NOTARY PUBLIC
MARICA SANDLIN
(Printed Signature)



This Instrument Prepared by:
ROBERT L. MEINZER, JR. #9132-45, Attorney at Law
9190 Wicker Avenue, P. O. Box 111, St. John, IN 46373-111
Tel: (219) 365-4321; fax 219-365-9510

FILED

JUL 23 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001594

11-
OC
OK# 23680

DeKALB COUNTY
DEPARTMENT OF HEALTH

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
SEE HANDBOOK



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE
NUMBER

DECEASED
CENSUS TRACT
PARENTS
INFORMANT
DISPOSITION
REGISTRAR
CERTIFIER
PHYSICIAN OR MEDICAL
EXAMINER EXECUTING
CERTIFICATE MUST
COMPLETE AND SIGN
MEDICAL CERTIFICATION
WITHIN 48 HOURS.
SEE INSTRUCTIONS
ON OTHER SIDE
CAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) Marie Joyce Burgess		2. SEX Female	3. DATE OF DEATH (Month, Day, Year) August 1, 2002
4. SOCIAL SECURITY NUMBER (of Decedent) 355-34-6642		5a. AGE-LAST BIRTHDAY (Years) 60	5b. UNDER 1 YEAR MO. DAYS HOURS MIN.
6. DATE OF BIRTH (Month, Day, Year) Feb. 15, 1942		7. BIRTHPLACE (City and State or Foreign Country) Evergreen Park, Ill.	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No			
9. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA 4 <input type="checkbox"/> Nursing Home 5 <input checked="" type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 1570 Wolf Creek Rd		9c. CITY, TOWN, OR LOCATION OF DEATH Silver Point	
9d. COUNTY OF DEATH Dekalb		10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married	
11. SURVIVING SPOUSE (If wife, give maiden name) Willie D. Burgess		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker	
12b. KIND OF BUSINESS/INDUSTRY Domestic		13a. RESIDENCE-STATE Tn	
13b. COUNTY Dekalb		13c. CITY, TOWN OR LOCATION Silver Point	
13d. STREET AND NUMBER OR RURAL LOCATION 1570 Wolf Creek Rd.		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
15. RACE-American Indian, Black, White, etc. (Specify) White		16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12	
17. FATHER'S NAME (First, Middle, Last) Edward Henry Sumner		18. MOTHER'S NAME (First, Middle, Maiden Surname) Virginia Crask Sumner	
19a. INFORMANT'S NAME (Type/Print) Willie D. Burgess		19b. RELATIONSHIP TO DECEASED Husband	
19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1570 Wolf Creek Rd. Silver Point, Tn 38582		20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)	
20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Stewart Cemetery		20c. LOCATION-City or Town, State Cookeville, Tn	
21a. SIGNATURE OF FUNERAL DIRECTOR Samuel Mainord		21b. LICENSE NUMBER OF FUNERAL DIRECTOR 4519	
21c. SIGNATURE OF EMBALMER Samuel Mainord		21d. LICENSE NUMBER OF EMBALMER 4518	
22a. NAME AND ADDRESS OF FUNERAL HOME Dyer Funeral Home 798 S. Willow Ave Cookeville, Tn 38501		22b. LICENSE NUMBER OF FUNERAL HOME 801	
23. REGISTRAR'S SIGNATURE <i>Barbara J. Miller</i>		24. DATE FILED (Month, Day, Year) August 6, 2002	
25a. SIGNATURE AND TITLE OF PHYSICIAN <i>Dana Thompson</i> County Recorder		25b. LICENSE NUMBER 022044	
25c. DATE SIGNED (Month, Day, Year) 8/6/02		26. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER 26b. LICENSE NUMBER 26c. DATE SIGNED (Month, Day, Year)	
27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dana Thompson, M.D., 250 25th Ave. S. Suite 410, Nashville, Tn.			
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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. Pancreatic Cancer DUE TO (OR AS A CONSEQUENCE OF): Approximate Interval Between Onset and Death 2 months b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.			
29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
30. MANNER OF DEATH 1 <input checked="" type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year) 31b. TIME OF INJURY 31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	
31d. DESCRIBE HOW INJURY OCCURRED		31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)	
31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

PH-1659 (REV. 6/99)

BIRTH NO.

RDA 1399

This is to certify that the above is a true and correct copy of the record filed with the TENNESSEE DEPARTMENT OF HEALTH, VITAL RECORDS, by the local Health Department. This is valid only when the SEAL of the issuing LOCAL HEALTH DEPARTMENT is affixed.

SEAL

REGISTRAR

EXHIBIT A

Barbara J. Miller