

3

OFFICE OF THE
CLERK OF SUPERIOR COURT
LAKE COUNTY, INDIANA
PLAT BOOK 38, PAGE 8

2003 104925

2003 OCT -1 PM 11: 34

SURVIVORSHIP AFFIDAVIT

RECORDED
INDEXED

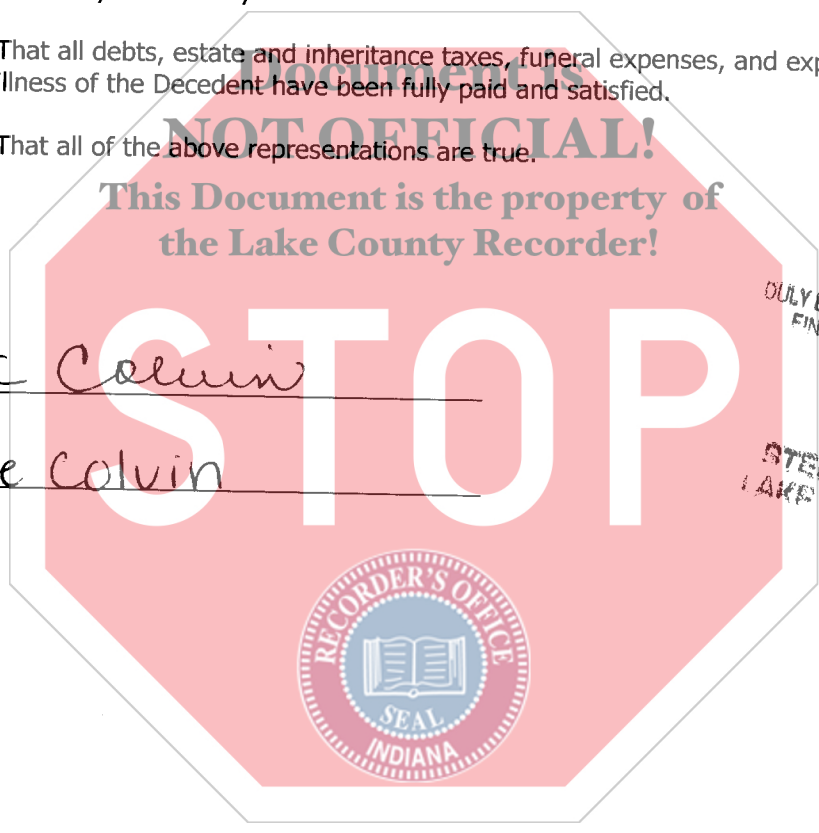
Betty Colvin ("Affiant"), being first duly sworn upon an oath, deposes and says:

- 1. That Glen D. Colvin ("the Decedent") and Affiant were husband and wife at the time they acquired title, as tenants by the entireties, to certain real estate by deed _____ in the Office of the Recorder of Lake County, Indiana, and more particularly described as follows:

Lot 30, Parcel 1 of Prairie Park Unit 5, a Subdivision in the City of East Chicago, Indiana, as shown in Plat Book 38, page 8, in Lake County, Indiana

The address of the real estate is commonly known as 216 Hovey Street, Gary, IN 46406.

- 2. That the marital relationship which existed between the Decedent and Affiant continued unbroken from the time they so acquired title to said real estate until the death of the Decedent on 8/9/97, at which time Affiant acquired title to said real estate as surviving tenant by the entirety.
- 3. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of the Decedent have been fully paid and satisfied.
- 4. That all of the above representations are true.



AFFIANT:

Betty Colvin
Signature

Bettye Colvin
Printed

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

SEP 30 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

002760

HOLD FOR FIRST AMERICAN TITLE
001927

13. DG
FA

STATE OF INDIANA }
COUNTY OF Lake }SS:
}

ACKNOWLEDGMENT

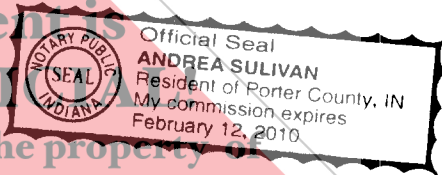
Before me the undersigned, a Notary Public in and for said County and State, personally appeared Betty Colvin who, being first duly sworn by me upon an oath, states that the facts alleged in the foregoing Survivorship Affidavit are true.

Witness my hand and Notarial Seal this 23 day of Sept, 2003

Notary Public
Andrea Sullivan
Printed Name

Resident of _____ County

My Commission Expires:



This instrument was prepared by Alan V. Anderson, Attorney at Law 14177-49

After recording, return to: **First American Title Insurance Company, 27775 Diehl Road, Suite 200, Warrenville, IL 60555**



* 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.

700 & 3 FREE Vets

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 97-0554

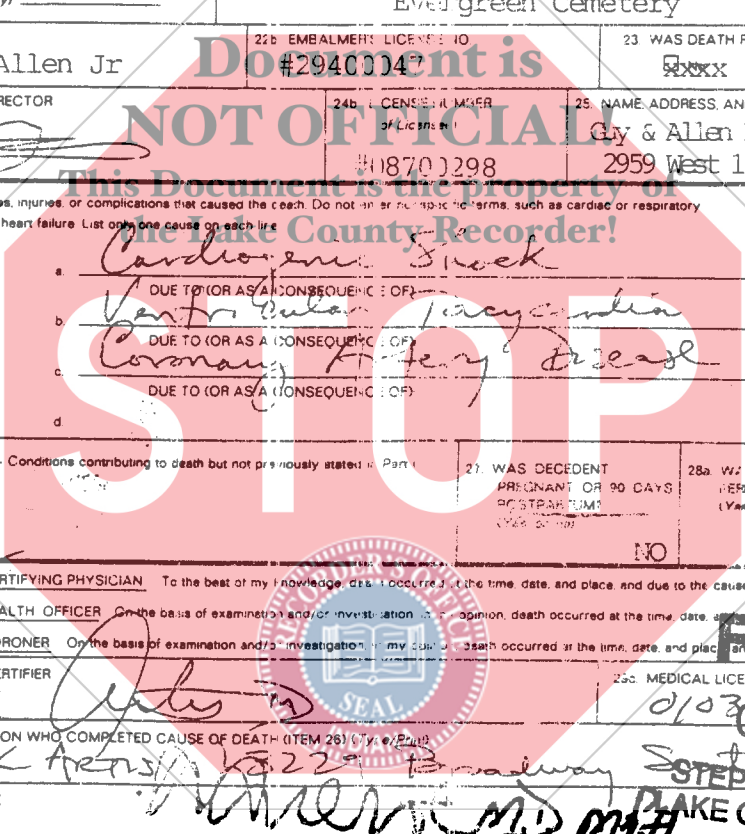
CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Glen Dale Colvin		2. SEX Male	3a. TIME OF DEATH 12:50A	3b. DATE OF DEATH (Month, Day, Yr) August 9, 1997	
4. *SOCIAL SECURITY NUMBER 313-36-8555	5a. AGE—Last Birthday (Years) 58	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) March 8, 1939	
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1962	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OCA 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) Methodist Hospital Northlake		9c. CITY, TOWN OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Betty J. Gant	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work including most of working life. Do not use "street") Mechanic		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Corp.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary	13d. STREET AND NUMBER 216 Hovey Street		
13e. ZIP CODE 46406	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> Yes (Specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) BLACK	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 2 Years			
18. FATHER'S NAME (First, Middle, Last) Nolen Colvin		19. MOTHER'S NAME (First, Middle, Maiden S... Minnie Lee Jacobs			
20a. INFORMANT'S NAME (Type, Print) Betty J. Colvin		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 216 Hovey Street Gary, Indiana 46406	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) August 15, 1997 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana	
22a. EMBALMER'S NAME Rosenwald D. Allen Jr		22b. EMBALMER'S LICENSE NO. #2940004	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER of Licensee #08701298	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Gay & Allen Funeral Directors, Inc 830J7704 2959 West 11th Avenue Gary, Indiana 46404		
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. <u>Cardiovascular Shock</u> DUE TO (OR AS A CONSEQUENCE OF) _____ b. <u>Ventricular Tachycardia</u> DUE TO (OR AS A CONSEQUENCE OF) _____ c. <u>Coronary Artery Disease</u> DUE TO (OR AS A CONSEQUENCE OF) _____ d. _____ PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		Approximate Interval Between Onset and Death			
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 (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) 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) as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER 		29c. MEDICAL LICENSE NO. 01037773	29d. DATE SIGNED (Month, Day, Year) 9/8/97		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) Andrew K. Artis, M.D. 229 Broadway Street, 154 Gary, IN 46409					
31. HEALTH OFFICER'S SIGNATURE 					
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
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 PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



FILED
OCT 7 2003
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR
AUG 8 1997

2760