

3

DECEASED JOINT TENANT AFFIDAVIT

State of Indiana )  
County of Newton ) SS

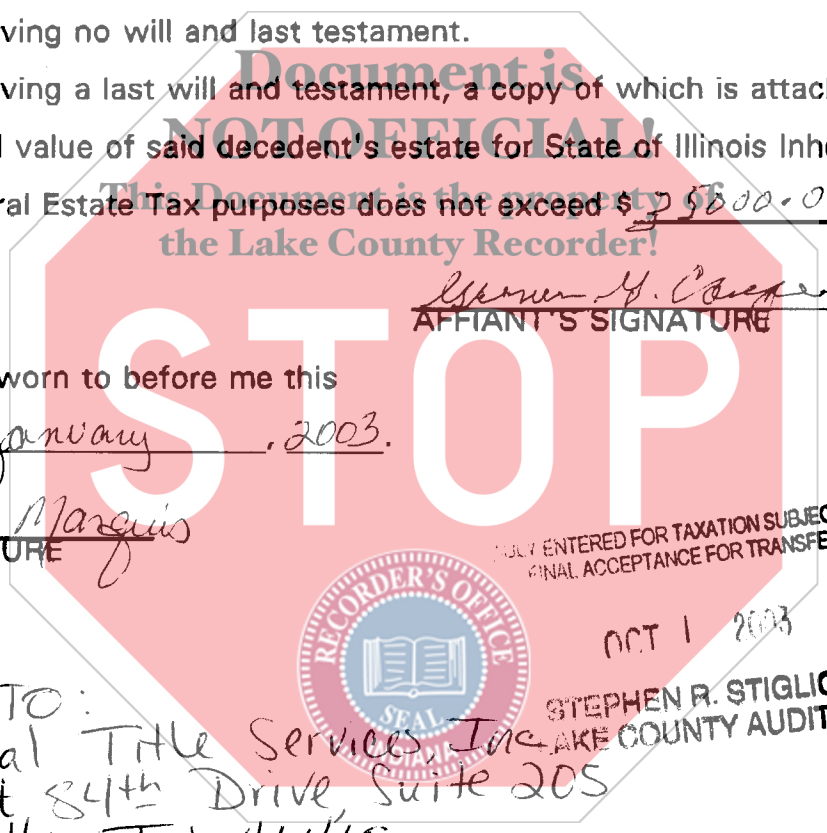
Date: 01/27/2003

File # 03000070

2003 10 07 2003-10-07 11:25

GROVER GALE CONGER, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: 14621 BRYAN ST CEDAR LAKE, IN 46303-8880
2. That he/she was acquainted with MARY JOSEPHINE CONGER who died on 7-31-02, as evidence by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:  
 leaving no will and last testament.  
 leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 25000.00.



Grover G. Conger  
AFFIANT'S SIGNATURE

Subscribed and sworn to before me this 27 day of January, 2003.

Jennifer M. Marguis  
NOTARY SIGNATURE



FILED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

OCT 1 2003

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

→ Return TO:  
Residential Title Services, Inc.  
233 East 84th Drive, Suite 205  
Merrillville, IN 46410

000131

14-DG  
CK# 5184  
RTS

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

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 178502

State No. \_\_\_\_\_

ALL RECORDS IN THIS SERIES ARE CONFIDENTIAL PER ICG 16-1-19-3

|  |   |  |  |  |   |  |
|--|---|--|--|--|---|--|
| TYPE-PRINT<br>IN<br>PERMANENT<br>BLACK INK | 1. DECEASED NAME (First Middle Last)<br>Mary Josephine Conger   |  | 2. SEX<br>Female   | 3a. TIME OF DEATH<br>10:50AM   | 3b. DATE OF DEATH (Mo Day Year)<br>July 31, 2002  |  |
|  | 4. SOCIAL SECURITY NUMBER<br>312 14 2210  |  | 5a. AGE - Last Birthday (Years)<br>81  | 5b. UNDER 1 YEAR<br>Months Days  | 5c. UNDER 1 DAY<br>Hours Minutes  |  |
| DECEDENT                                   | 6. DATE OF BIRTH (Mo Day Year)<br>Jan 4, 1921   | 7. BIRTHPLACE (City and State or Foreign Country)<br>Unionville, IA                        |  |  |   |  |
|  | 8. WAS DECEDENT A U.S. VETERAN?<br>No   | 9. YEAR LAST SERVED IN U.S. ARMED FORCES<br>N/A  | 10. PLACE OF DEATH (Check only one. See instructions)<br>HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> ODA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence |  |   |  |
| PATIENTS<br>INFORMANT                      | 11. FACILITY NAME (If not institution give street and number)<br>14621 Bryan St.  |  | 12. CITY/TOWN OR LOCATION OF DEATH<br>Cedar Lake   | 13. COUNTY OF DEATH<br>Lake  |   |  |
|  | 14. MARITAL STATUS (Specify)<br>Married   | 11. SURVIVING SPOUSE (If wife, give maiden name)<br>Grover Conger                          | 17a. DECEDENT'S USUAL OCCUPATION (Give kind of work, specify making most of working life. Do not use retired)<br>Homemaker   |  | 17b. KIND OF BUSINESS INDUSTRY<br>Own Home  |  |
| DISPOSITION                                | 13a. RESIDENCE STATE<br>IN  | 13b. COUNTY<br>Lake  | 13c. CITY/TOWN OR LOCATION<br>Cedar Lake   | 13d. STREET AND NUMBER<br>14621 Bryan St.  |   |  |
|  | 14. ZIP CODE<br>46303   | 14. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | 14. CITIZEN OF WHAT COUNTRY?<br>USA  | 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 (Specify) <input type="checkbox"/> Black <input type="checkbox"/> White <input checked="" type="checkbox"/> Other (Specify) <input type="checkbox"/> White |  |
| DISPOSITION                                | 18. FATHER'S NAME (First, Middle, Last)<br>Carl Whisler   |  | 19. MOTHER'S NAME (First, Middle, Maiden Surname)<br>Mabel Gertrude  |  |   |  |
|  | 20a. INFORMANT'S NAME (Type in full)<br>Grover Conger   |  | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)<br>14621 Bryan St., Cedar Lake, IN 46303   |  | 20c. Relationship<br>Husband  |  |
| DISPOSITION                                | 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)<br>Entombment   |  | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place)<br>Aug 2, 2002<br>Chapel Lawn Memorial Gardens   |  | 21c. LOCATION (City or Town, State)<br>Schererville, IN   |  |
|  | 22a. EMPLOYER'S NAME<br>Fred T. Opas  |  | 22b. EMPLOYER LICENSE NO.<br>FD01016076  | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes   |   |  |
| CAUSE OF DEATH                             | 24. SIGNATURE OF FUNERAL DIRECTOR<br>Fred T. Opas   |  | 24b. LICENSE NUMBER (of Licensee)<br>FD01016076  | 24c. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME<br>Elder Brady Funeral Home<br>8510 Lake Shore DR., Cedar Lake, IN 46303 9279                          |   |  |
|  | 25. PART I: Enter the immediate causes of death in order of sequence that caused the death. Do not enter non-injury causes such as cardiac arrest, or respiratory arrest, shock or heart failure. List only one cause on each line.<br>IMMEDIATE CAUSE (Specify)<br>HEART ARREST DUE TO CORONARY ARTERY DISEASE<br>DUE TO (OR AS A CONSEQUENCE OF)<br>S. MCHENG<br>DUE TO (OR AS A CONSEQUENCE OF)<br>DUE TO (OR AS A CONSEQUENCE OF) |  |  |  |   |  |
| CERTIFIER                                  | 26. CERTIFYING PHYSICIAN (To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated)<br><input checked="" type="checkbox"/> CERTIFYING PHYSICIAN<br><input type="checkbox"/> HEALTH OFFICER<br><input type="checkbox"/> CORONER  |  | 27. MEDICAL LICENSE NO.<br>01035397  |  | 28. DATE SIGNED (Mo Day Year)<br>8 2 02   |  |
|  | 29. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Print in full)<br>Dr. Raymond Zimmerman, 300 West 80th Pl., Suite #11, Merrillville, IN 46410  |  |  |  |   |  |
| INFORMANT                                  | 30. SIGNATURE OF INFORMANT<br>Grover Conger   |  | 31. SIGNATURE OF DECEASED<br>Mary Josephine Conger   |  | 32. DATE SIGNED (Mo Day Year)<br>August 5, 2002   |  |
|  | 33. OCCASION OF DEATH<br><input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Unknown   |  | 34. DATE OF INJURY (Mo Day Year)<br>No   | 35. TIME OF INJURY<br>No   | 36. INJURY AT WORK? (Yes or No)<br>No   |  |
| INFORMANT                                  | 37. PLACE OF INJURY (If injury from street, factory, office, building, etc., list)<br>No  |  | 38. OCCASION OF DEATH AND NUMBER OF HOURS (Mo Day Year)<br>No  |  | 39. MOTOR VEHICLE ACCIDENT? (Yes or No) (If yes, specify driver, passenger, pedestrian, etc.)<br>No   |  |



2002 072205  
HEALTH DEPT  
2002 072205

9:00  
M.Y.  
08/02

**EXHIBIT "A"**

File No. 03000070

**LOT NO. 158 IN SOUTH SHORE SUBDIVISION, CEDAR LAKE, INDIANA, A SUBDIVISION OF THE FRACTIONAL NW 1/4 OF THE SW 1/4 OF SECTION 26, TOWNSHIP 23 NORTH, RANGE 9 WEST OF THE 2ND P.M., IN LAKE COUNTY, INDIANA.**

Commonly known as: 14620 BLAINE STREET  
CEDAR LAKE, IN 46303

  
DANIEL E SCOTT



  
LYNN M SCOTT