

# Chicago Title Insurance Company

## SURVIVORSHIP AFFIDAVIT

620037895

On this 09/15/2003 before me personally appeared \_\_\_\_\_  
(insert date) Diane Lynn Love

2003 105940

to me personally known, who being duly sworn on oath did say that:

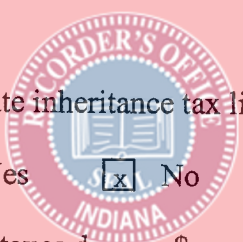
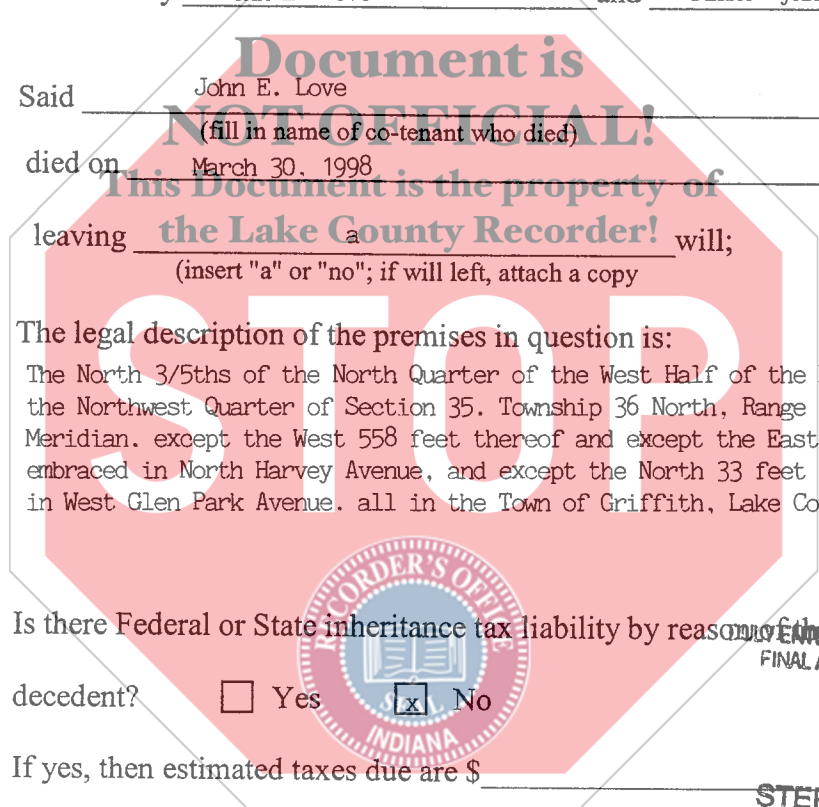
1. Affiant resides at the address given below affiant's signature:
2. Affiant is owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by John E. Love and Diane Lynn Love;

4. Said John E. Love  
(fill in name of co-tenant who died)  
died on March 30, 1998  
leaving a will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:  
The North 3/5ths of the North Quarter of the West Half of the Northwest Quarter of the Northwest Quarter of Section 35. Township 36 North, Range 9 West of the 2nd Principal Meridian. except the West 558 feet thereof and except the East 33 feet thereof. which is embraced in North Harvey Avenue, and except the North 33 feet thereof. which is embraced in West Glen Park Avenue. all in the Town of Griffith, Lake County. Indiana.

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_  
The taxes due are  paid or  unpaid..



INHERITANCE TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

OCT 2 2003

STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

000224  
14.20  
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7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes" , identify the divorce proceedings:

\_\_\_\_\_):

8. Affiant's relationship to the deceased was spouse

Signature: Diane Lynn Love

Printed Name Diane Lynn Love

Address: 303 West Glen Park Avenue  
Griffith, Indian 46319

Subscribed and sworn to before me by the affiant

This September 15, 2003  
(insert date)

Marc A. Zubeck  
Notary Public

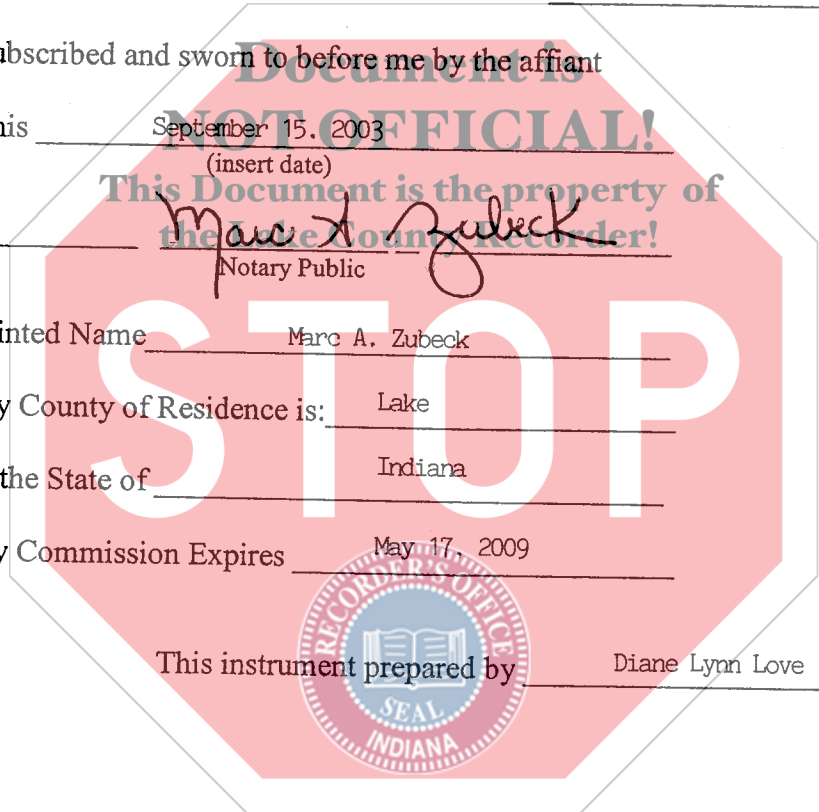
Printed Name Marc A. Zubeck

My County of Residence is: Lake

In the State of Indiana

My Commission Expires May 17, 2009

This instrument prepared by Diane Lynn Love



\* 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

State No. ....

Local No. 0759-98

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

204976  
TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

1. DECEASED—NAME (First, Middle, Last) <b>John E. Love</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>4:50 A M</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>March 30, 1998</b>	
4. *SOCIAL SECURITY NUMBER <b>304-58-9853</b>		5a. AGE—Last Birthday (Years) <b>47</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo, Day, Yr) <b>March 14, 1951</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>			
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1972</b>	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>303 West Glen Park</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Griffith</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Diane Klein</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Supervisor</b>	12b. KIND OF BUSINESS/INDUSTRY <b>Steel Manufacturing</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Griffith</b>	13d. STREET AND NUMBER <b>303 West Glen Park</b>		
13e. ZIP CODE <b>46319</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5)		19. FATHER'S NAME (First, Middle, Last) <b>John P. Love</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Carol Hattenbach</b>		19. MOTHER'S NAME (First, Middle, Maiden Surname)			
20a. INFORMANT'S NAME (Type/Print) <b>Diane Love</b>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>303 West Glen Park Griffith, Indiana 46319</b>	20c. Relationship <b>Spouse</b>		
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) <b>April 2, 1998 Chapel Lawn Cemetery</b>		21c. LOCATION—City or Town, State <b>Schererville, Indiana</b>	
22a. EMBALMER'S NAME <b>David R. Peterson</b>		22b. EMBALMER'S LICENSE NO. <b>FDO8601585</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David R. Peterson</i>		24b. LICENSE NUMBER (of License) <b>FDO8601585</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Kuiper Funeral Home 9039 Kleinman Highland, Indiana 46322 FH83007500</b>		
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) <b>Stroke</b> DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I. <b>LAKE COUNTY HEALTH COMMISSIONER</b>					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Not Applicable</b>		
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) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. <b>33579</b>	29d. DATE SIGNED (Month, Day, Year) <b>3-31-98</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>HOWARD MISHOU LAM MD 1630 45th STREET MONSTER INDIANA 4</b>					
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>		32. DATE FILED (Month, Day, Year) <b>March 31, 1999</b>			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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.			