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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)

SS: **2003 100121**

2003 OCT -3 AM 11:35

GEORGE A. HAGAN, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **EZZLEE E. HAGAN**, died (without leaving a will) (leaving a will) on JULY 7, 1998 AT HAMMOND, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT THIRTY-FIVE (35) AND THE NORTH 5 FEET OF LOT THIRTY-SIX (36), BLOCK THREE (3), REDIVISION OF HOFFMAN'S FIRST ADDITION IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 1, PAGE 100 IN LAKE COUNTY, INDIANA.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant sayeth not.

George A. Hagan
GEORGE A. HAGAN

Subscribed and sworn to before me, a Notary Public this 26th day of OCTOBER 2003 THIS INSTRUMENT IS SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Stephen P. Stiglich
STEPHEN P. STIGLICH
LAKE COUNTY AUDITOR

My Commission Expires: _____
County of Residence: _____

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

PATRICIA LUDINGTON
NOTARY PUBLIC, STATE OF INDIANA
COUNTY OF LAKE
MY COMMISSION EXPIRES 04-15-08

COMMUNITY TITLE COMPANY
FILE NO 27407

000356

AM 12

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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Local No. 550

CERTIFICATE OF DEATH

Sept 15 2003 Date Issued Grantley J. Sprengle M.D. Hammond Health Commissioner

RESUBMIT TYPE/PRINT IN PERMANENT BLACK INK

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

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for 1. DECEASED-NAME, 2. SEX, 3a. TIME OF DEATH, 3b. DATE OF DEATH, 4. SOCIAL SECURITY NUMBER, 5a. AGE, 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH, 7. BIRTHPLACE, 8a. WAS DECEASED A U.S. VETERAN?, 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?, 9a. PLACE OF DEATH, 9b. FACILITY NAME, 9c. CITY, TOWN OR LOCATION OF DEATH, 9d. COUNTY OF DEATH, 10. MARITAL STATUS, 11. SURVIVING SPOUSE, 12a. DECEASED'S USUAL OCCUPATION, 12b. KIND OF BUSINESS/INDUSTRY, 13a. RESIDENCE-STATE, 13b. COUNTY, 13c. CITY, TOWN, OR LOCATION, 13d. STREET AND NUMBER, 13e. ZIP CODE, 13f. INSIDE CITY LIMITS, 13g. ON A FARM?, 14. CITIZEN OF WHAT COUNTRY?, 15. WAS DECEASED OF HISPANIC ORIGIN?, 16. RACE, 17. DECEASED'S EDUCATION, 18. FATHER'S NAME, 19. MOTHER'S NAME, 20a. INFORMANT'S NAME, 20b. MAILING ADDRESS, 20c. Relationship, 21a. METHOD OF DISPOSITION, 21b. DATE AND PLACE OF DISPOSITION, 21c. LOCATION, 22a. EMBALMER'S NAME, 22b. EMBALMER'S LICENSE NO., 23. WAS DEATH REPORTED TO CORONER?, 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER, 25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME, 26. PART I. IMMEDIATE CAUSE, 26. PART II. Other significant conditions, 27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM?, 28a. WAS AN AUTOPSY PERFORMED?, 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?, 29a. CERTIFIER, 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO., 29d. DATE SIGNED, 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, 31. HEALTH OFFICER'S SIGNATURE, 32. DATE FILED, 33. MANNER OF DEATH, 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT?

