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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 021798

2004

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Key No.: 16-27-0240-0003

SURVIVORSHIP AFFIDAVIT

I, ALLEN E. DORAN, being first duly sworn, state:

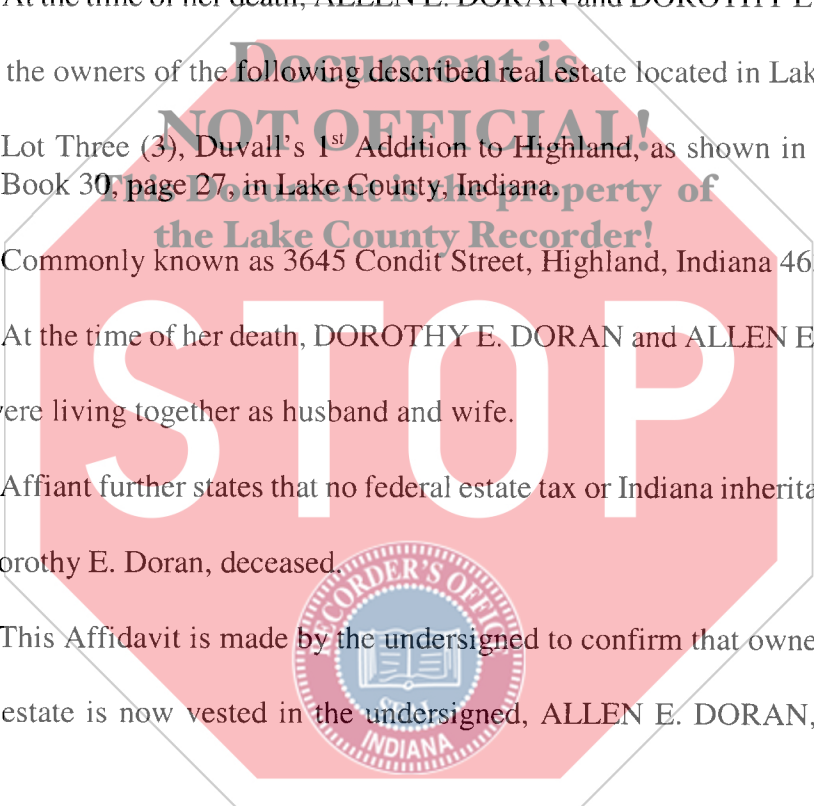
1. Affiant is a resident of Lake County, Indiana.
2. Affiant states that he is the surviving spouse of DOROTHY E. DORAN, who died a resident of Lake County, Indiana, on June 2, 2003.

3. At the time of her death, ALLEN E. DORAN and DOROTHY E. DORAN, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot Three (3), Duvall's 1st Addition to Highland, as shown in Plat Book 30, page 27, in Lake County, Indiana.

Commonly known as 3645 Condit Street, Highland, Indiana 46322

4. At the time of her death, DOROTHY E. DORAN and ALLEN E. DORAN were not divorced and were living together as husband and wife.
5. Affiant further states that no federal estate tax or Indiana inheritance tax is due from the Estate of Dorothy E. Doran, deceased.
6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, ALLEN E. DORAN, and to induce the



FILED

MAR 16 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

032025

13 DG

#24417

#1289

1280

Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated Feb 2, 2004

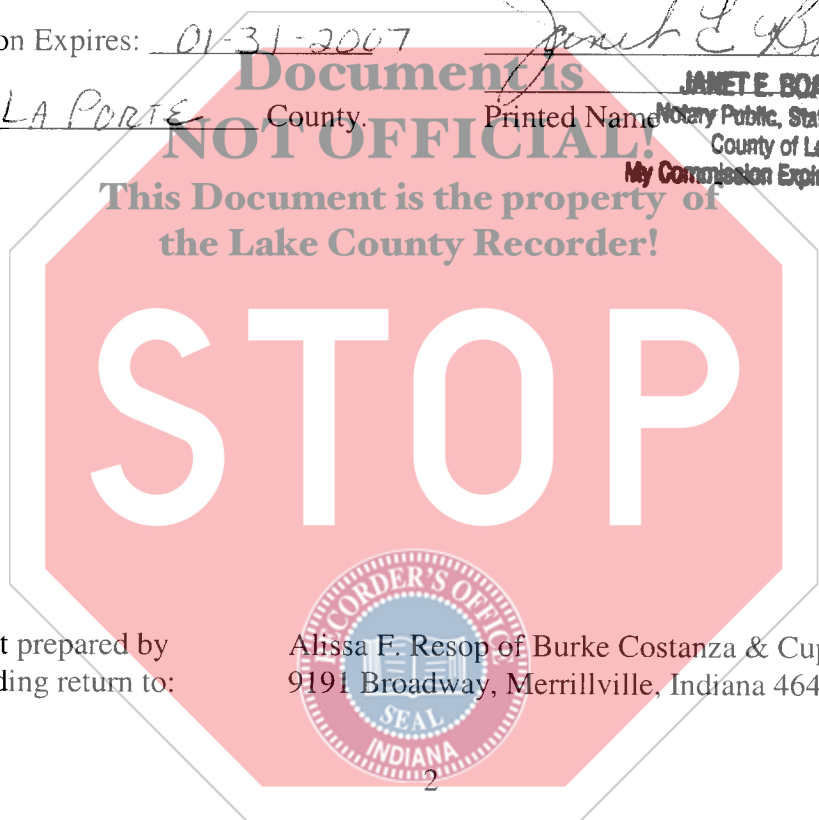
[Signature]
ALLEN E. DORAN, By Robert T. Woodburn,
His Attorney-in-Fact

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Robert T. Woodburn, Attorney-in-Fact for Allen E. Doran, and he, being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 2ND day of FEB, 2004.

My Commission Expires: 01-31-2007 [Signature]

A resident of LA PORTE County. Printed Name JANETE BOARDMAN Notary Public
Notary Public, State of Indiana
County of Laporte
My Commission Expires 01/31/2007



This instrument prepared by and after recording return to:

Alissa F. Resop of Burke Costanza & Cuppy LLP
9191 Broadway, Merrillville, Indiana 46410

Professionals' TITLE SERVICES

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue 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. 1344-03

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) DOROTHY ELIZABETH DORAN				2 SEX FEMALE		3a TIME OF DEATH 9:15 PM M		3b DATE OF DEATH (Month, Day, Yr.) JUNE 2, 2003							
4 *SOCIAL SECURITY NUMBER 312-09-3114		5a AGE—Last Birthday (Years) 83		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr.) NOVEMBER 3, 1919		7 BIRTHPLACE (City and State or Foreign Country) DIVERNON, ILLINOIS					
8a WAS DECEDENT A U.S. VETERAN? NO		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				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) THE COMMUNITY HOSPITAL				9c CITY, TOWN, OR LOCATION OF DEATH MUNSTER				9d COUNTY OF DEATH LAKE							
10 MARITAL STATUS MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) ALLEN DORAN		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MACHINIST				12b KIND OF BUSINESS/INDUSTRY MANUFACTURING							
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN OR LOCATION HIGHLAND				13d STREET AND NUMBER 3645 CONDIT STREET							
13e ZIP CODE 46322		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? U.S.A.		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) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (11-4 or 5+) 12					
18 FATHER'S NAME (First, Middle, Last) JOHN GOODRICH						19 MOTHER'S NAME (First, Middle, Maiden Surname) GEORGETTA MILLER									
20a INFORMANT'S NAME (Type/Print) ROBERT WOODBURN				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19271 RAVINE DR. NEW BUFFALO, MI 49117				20c Relationship SON							
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) JUNE 6, 2003 MOUNT MERCY CEMETERY				21c LOCATION—City or Town, State GARY, INDIANA							
22a EMBALMER'S NAME LAWRENCE MILLER				22b EMBALMER'S LICENSE NO. FD01006015				23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
24a SIGNATURE OF FUNERAL DIRECTOR <i>Lawrence Miller</i>				24b LICENSE NUMBER (of Licensee) FD01006015		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME 2828 HIGHWAY AVE. HIGHLAND, IN 46322 FH83003035									
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 <i>Bronchopneumonia</i> DUE TO (OR AS A CONSEQUENCE OF) b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d Conditions if any, which gave rise to the immediate cause, stating the underlying cause last										Approximate Interval Between Onset and Death JUN 04 2003					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>myocardial infarction</i>										27 WAS DECEDENT PREGNANT OR 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) NO	
29a CERTIFIER (Check only one) <input 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>Howard Mishoulam</i>						29c MEDICAL LICENSE NO. 33507			29d DATE SIGNED (Month, Day, Year) 6-4-03						
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26). (Type/Print) HOWARD MISHOULAM MD. 9054 COLUMBIA AVENUE MUNSTER INDIANA 46321															
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>										32 DATE FILED (Month, Day, Year) JUNE 14, 2003					
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) MAR 16 2004		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED							
34e PLACE OF INJURY (Home, farm, street, factory, office, building, etc. (Specify)) STEPHEN R. STIGLICH LAKE COUNTY AUDITOR				34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 001026											
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.											