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STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2004 041011

2004 MAY 18 PM 2:01

**AFFIDAVIT OF SURVIVORSHIP**

MORRIS W. CARTER  
RECORDER

Comes now Pamela M. Palmateer, being duly sworn upon her oath and states as follows:

That Pamela M. Palmateer is the owner in fee simple subject to a life estate held by Elizabeth Wisner of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 5 and 6, in Block 6, as marked and laid down on the recorded plat of Second Highland Park Addition in the City of Gary, Lake County, Indiana.

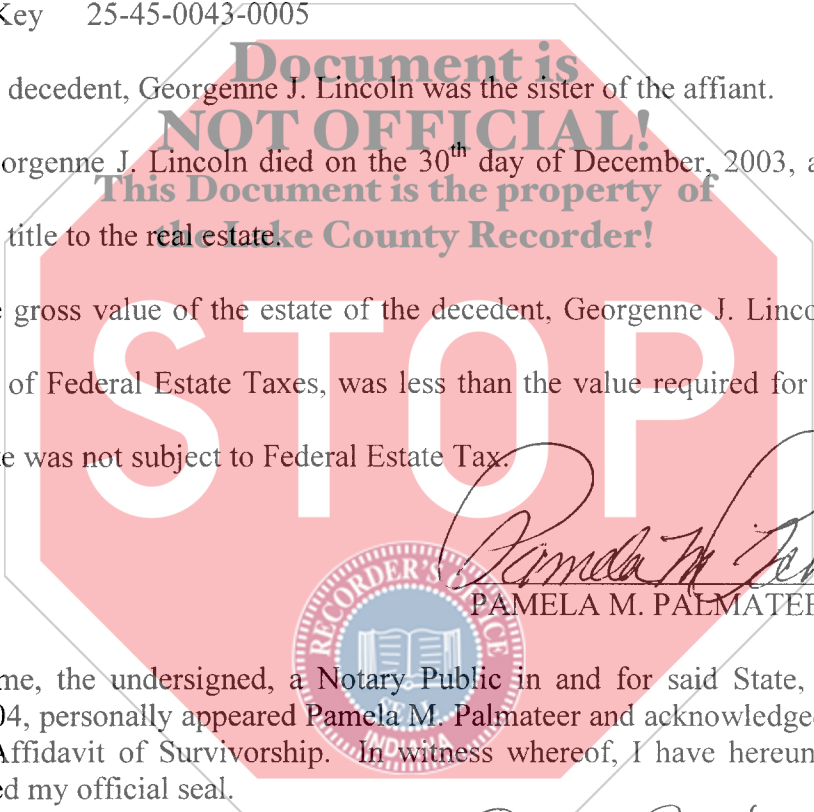
Commonly known as: 517 East Ridge Road, Gary, Lake County, Indiana.

Key 25-45-0043-0005

That the decedent, Georgette J. Lincoln was the sister of the affiant.

That Georgette J. Lincoln died on the 30<sup>th</sup> day of December, 2003, at which time this affiant acquired title to the real estate.

That the gross value of the estate of the decedent, Georgette J. Lincoln, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing and the decedent's estate was not subject to Federal Estate Tax.



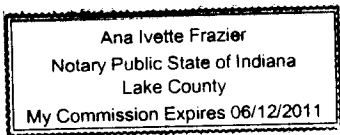
*Pamela M. Palmateer*  
PAMELA M. PALMATEER, Affiant

Before me, the undersigned, a Notary Public in and for said State, this 13<sup>th</sup> day of May, 2004, personally appeared Pamela M. Palmateer and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:  
June 12, 2011

*Ana Ivette Frazier*  
Annette Frazier, Notary Public  
Resident of Lake County  
MAY 18 2004  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

*P. VAUSER  
10000 85 Pl.  
MERR. IN  
46410*



*1200  
ck  
5688*  
001557

1600

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. 3132-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

RELATIVES

FORMANT

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First Middle Last) GEORGENNE J. LINCOLN				2 SEX Female	3a TIME OF DEATH 2:48 P.M.	3b DATE OF DEATH (Month Day Yr) December 30, 2003
4 *SOCIAL SECURITY NUMBER 310-48-0220		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) June 8, 1945	7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? ---		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) Methodist Hospital - Southlake Campus				9c CITY TOWN OR LOCATION OF DEATH Merrillville		9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Divorced		11 SURVIVING SPOUSE (If wife give maiden name) ---		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Secretary		12b KIND OF BUSINESS/INDUSTRY Industrial
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY TOWN OR LOCATION Gary		13d STREET AND NUMBER 517 East Ridge Road
13e ZIP CODE 46409	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 +)
18 FATHER'S NAME (First Middle Last) George A. Wisner				19 MOTHER'S NAME (First Middle Maiden Surname) Elizabeth G. Tokash		
20a INFORMANT'S NAME (Type/Print) Christopher J. Lincoln			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 517 E. Ridge Rd, Gary, Indiana 46409		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) January 2, 2004 Calvary Cemetery		21c LOCATION—City or Town, State Portage, Indiana	
22a EMBALMER'S NAME Jonathon R. Christiansen			22b EMBALMER'S LICENSE NO. FD20200095		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b LICENSE NUMBER (of License) 1009893		25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS. FUNERAL SERVICE #3002453 6360 Broadway, Merrillville, IN 46410	
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. Approximate Interval Between Onset and Death						
IMMEDIATE CAUSE (Final disease or condition resulting in death) a <u>Septic shock - Infection - Hypotension</u>						
b <u>Respiratory failure</u>						
c <u>renal failure</u>						
d <u>liver failure</u>						
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						
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) and manner as stated						
29b SIGNATURE AND TITLE OF CERTIFIER <i>Nihad M. Muhrez</i>				29c MEDICAL LICENSE NO. 71045632		29d DATE SIGNED (Month Day Year) 12-31-03
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Nihad Muhrez, M.D., 521 East 86th/Suite K, Merrillville, IN 46410 (219) 736-1758						
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32 DATE FILED (Month Day Year) January 6, 2004
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 AND COMPLETE COPY OF THE CERTIFIED DATE OF DEATH TO FILE WITH THE LAKE COUNTY RECORDER	
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) 517 E. Ridge Rd, Gary, IN 46409			
34g DATE PROCEDED (Month Day Year) December 30, 2003		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.				



**FILED**  
**STEPHEN R. STIGLICH**  
**LAKE COUNTY AUDITOR**  
 JAN 18 2004