

DECEASED JOINT TENANT AFFIDAVIT

State of Indiana)
County of Lake) SS

Date: 05/11/2004

File # 04000395

Sandra Hurley, 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: 6550 Parrish Ave Hammond, IN
2. That he/she was acquainted with James Francis Hurley who died on 11/26/96, 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 \$ 0.

Sandra Hurley
AFFIANT'S SIGNATURE

Subscribed and sworn to before me this

11 day of May, 2004.

[Signature]
NOTARY SIGNATURE



FILED

MAY 20 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

→ Return To:
Sandra Hurley
6550 Parrish Avenue
Hammond, IN 46323

2004 042055

2004 MAY 20 11:12:23

LAKE COUNTY
FILED FOR RECORD

001758

CK # 5419
RTS

1573

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

Local No. 340

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-12-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

USE OF BATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) **James Francis Hurley** 2. SEX **Male** 3a. TIME OF DEATH **8-15P** 3b. DATE OF DEATH (Month, Day, Year) **November 26, 1996**

4. SOCIAL SECURITY NUMBER **363-20-7206** 5a. AGE—Last Birthday (Years) **73** 5b. UNDER 1 YEAR **Months: Days: Hours: Minutes:** 5c. UNDER 1 DAY **Hours: Minutes:** 6. DATE OF BIRTH (Month, Day, Year) **Aug 4, 1923** 7. BIRTHPLACE (City and State or Foreign Country) **Escanaba, MI**

8a. WAS DECEDENT A U.S. VETERAN? **Yes** 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **Unknown** 8c. PLACE OF DEATH (Check only one. See instructions) **HOSPITAL: Inpatient Outpatient OOA OTHER: Nursing Home Other (Specify)**

9a. FACILITY NAME (If not furnished, give street and number) **Saint Catherine Hospital** 9b. CITY, TOWN, OR LOCATION OF DEATH **East Chicago** 9c. COUNTY OF DEATH **Lake**

10. MARITAL STATUS (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Sandra Dudley** 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use request) **Truck Driver** 12b. KIND OF BUSINESS/INDUSTRY **Trucking Industry**

13a. RESIDENCE—STATE **Indiana** 13b. COUNTY **Lake** 13c. CITY, TOWN, OR LOCATION **Hammond** 13d. STREET AND NUMBER **6550 Parrish Ave**

13e. ZIP CODE **46323** 13f. INSIDE CITY LIMITS No Yes 14. CITIZEN OR WHAT COUNTRY? **USA** 15. WAS DECEDENT OF HISPANIC ORIGIN? No 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 (9-12) 10th**

18. FATHER'S NAME (First, Middle, Last) **George Hurley** 19. MOTHER'S NAME (First, Middle, Maiden Surname) **Margaret Martel**

20a. INFORMANT'S NAME (Type/Print) **Sandra Hurley** 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **6550 Parrish AV, Hamd, IN 46323** 20c. Relationship **Wife**

21a. METHOD OF DISPOSITION Burial Cremation Removal from State Donation Other (Specify) 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **December 3, 1996 Elmwood Cemetery** 21c. LOCATION—City or Town, State **Hammond, Indiana**

22a. EMBALMER'S NAME **Samuel Smith, Jr.** 22b. EMBALMER'S LICENSE NO. **01019692** 23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *Samuel Smith, Jr.* 24b. LICENSE NUMBER (of Licenses) **01019692** 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Divinity Funeral Home 83001570 3820 Pulaski ST. E.C. IN 46312**

26. PART I. Enter the disease, injury, or complications that caused the death. Do not enter nonspecific terms, such as *cardiac arrest* or *respiratory arrest*. **Cardiac Arrest; Rupture Cor. Arteries**
 IMMEDIATE CAUSE (Final disease or condition resulting in death) **Cardiac Arrest; Rupture Cor. Arteries**
 Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: **Severe Coronary Artery Disease**
 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) **NO**

29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. 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. 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) as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER *Philip J. Chua, M.D.* 29c. MEDICAL LICENSE NO. **01025105** 29d. DATE SIGNED (Month, Day, Year) **12/3/96**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26) (Type/Print) **Philip J. Chua, M.D. 8684 Connecticut St. Merrillville, IN 46410**

31. HEALTH OFFICER'S SIGNATURE *Dr. Timothy Rogerson* 32. DATE FILED (Month, Day, Year) **7-2-97**

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Homicide Could not be Determined

33a. DATE OF INJURY (Month, Day, Year) 33b. TIME OF INJURY 33c. INJURY AT WORK? (Yes or no) 33d. DESCRIBE HOW INJURY OCCURRED

33e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 33f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34a. DATE PRONOUNCED DEAD (Month, Day, Year) 34b. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PO 1

100/100

05/17/2004 MON 11:38 FAX 219 738 2688 QUALIFIED MORTGAGE RES TITLE

EXHIBIT "A"

LOT 19 IN BLOCK 4 IN HESSVILLE PARK ADDITION TO HAMMOND, AS SHOWN IN PLAT BOOK 17, PAGE 14, LAKE COUNTY, INDIANA.

PARCEL ID NUMBER: 26-34-0083-0019

COMMONLY KNOWN AS: 6550 PARRISH AVENUE
HAMMOND, IN 46323

