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STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

2004 042457

2004 May 21 - 211 Self

620042138

County of Residence: Commission Expires: AFFIDAVIT OF SURVIVORSHIP

Comes now Merrie Peterson, being duly sworn upon her oath, states as follows:

Chicago Title Insurance Company She is Personal Representative of the Estate of Robert J. Laster, which is currently pending in the Porter Superior Court Cause Number 64D01-0403-EU-2770. Robert J. Laster died on February 2, 2004.

Robert J. Laster and Betty Jane Laster, his late wife, were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The East 49 feet of Lot 6, in Block 10, in Norcotts Addition to Indiana City, in the City of GARY, as per plat thereof, recorded in Plat Book 1 page 14, in the Office of the Recorder of Lake County, Indiana. ocument is

Commonly known as 7501 Maple Avenue, Gary, Indiana.

- Robert J. Laster and Betty Jane Laster, were husband and wife at the time they acquired title to said real estate as tenants by the entireties of deed of conveyance dated the 21st day of October, 1954, and recorded in the Office of the Lake County Recorder on the 3rd day of January, 1955.
- 4. The marital relationship which existed between Robert J. Laster and Betty Jane Laster continued unbroken from the time they acquired title to said real estate until the death of Betty Jane Laster on the 18th day of August, 2003, at which time Robert J. Laster acquired title to the real estate as surviving tenant by the entireties.

league Peterson pe MERRIE PETERSON, Personal Representative of the Estate of Robert J. Laster MAY 20 2004 STATE OF INDIANA STEPHEN R. STIGLICH) SS: LAKE COUNTY AUDITOR COUNTY OF PORTER

Before me the undersigned, a Notary Public for Porter County, State of Indiana, personally appeared Merrie Peterson, and she being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 12 day of May, 2004.

Notary Public Signature

Printed Na

Lori L

Notary Pobles, State of Indiana County of Porter My Commission Expires Nov. 11, 2007

This Instrument Prepared By: H. Jonathon Costas, Costas Law Offices, P.C., 409 Lincolnway, Valparaiso, Indiana Telephone: (219) 548-7300.

001719



S\$# we need to pursue our responsibilities is voluntary and there will be no penalty for ref isal.*

03 0615

Local No.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH State No.....

				CERTIFICA	ATE OF	DEAT	Н	Sta	te No	•••••••	• • • • • • • • •		
TYPE/PRINT			ARE CONFIDENTIAL PE	R IC 16-1, 19-3					12.1				
IN	I _	First, Middle, I	,			2. SEX		3a. TIME OF DEA	TH 3b. DATE (OF DEATH(Month,	Day, Yr.)		
PERMANENT	NT Betty 4. *SOCIAL SECURITY NUMBER		J.	Laster	1	Fem		1:20 PM	August 18, 2003				
BLACK INK	1	OMBEK	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 Hours	DAY Minutes	6. DATE OF	BIRTH(Mo., Day, Yr.)	7.BIRTHPL	ACE (City and States	e or Foreign Cour		
	312-16-4561	T ₀₅	81				Decemi	ber 25,19	21 Oki a	ahoma			
	A U.S. VETERAN?	80.	YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL: Inpat	inat	PLACE		(Check only one S	ee instructions)				
	No				outpatient 🔲 i		OIH	ER Nursing Home	Other (Specif))			
	96. FACILITY NAME (If no	ot institution	give street and number,)	utpatient 🔲 i	9c. CITY, T	OWN, OR LOC	Residence CATION OF DEATH	l 9d. COUN	TY OF DEATH			
DECEDENT	7501 Maple	Avenu	е			Gary							
	10. MARITAL STATUS (Specify)	11. SI	JRVIVING SPOUSE		12a. DECEDEN	ITS USUAL	OCCUPATION	(Give kind of work	Lake	BUSINESS/INDUS			
	Married		vife, give malden name) Dert Lastej	r	done dur Office	ing most of w	vorking life. Do	not use retired.)			SIRY		
	13a. RESIDENCE - STATE	13b. C	COUNTY	13c. CITY, TOWN OR LO	CATION	Halle		3d. STREET AND NUM	Real E	<u>state</u>			
	Indiana	Lak		Gary			1	7501 Mapl					
	13e. ZIP CODE 13f. INSIDE			15.WAS DECEDENT OF H	ISPANIC ORIGIN	N?		- American Indian,		ECEDENT'S EDUC	CATION		
	·	Yes 🛛 Yes	WHAT COUNTRY?	י ובו מאוצבו	es (If yes, spec	cify Cuban,	Black, (Speci	White, etc.	(Specify o	(Specify only highest grade completed)			
	13g. ON A		USA	Mexican, Puerto P	Rican, etc.)				Elementary/Secon	dary (0-12)	College (1-4 or 5+		
	18. FATHER'S NAME (First, Mid	de, Last)	OSA	<u></u>			Whit			12	1		
PARENTS	Leroy Jacob					19. MOTHE		(First, Middle, Maid	den Surname)				
	20a. INFORMANT'S NAME (T			20b. MAILING	ADDRESS (Stree	Lois	Keit	. N Ite Number, City or Tow	m Clata 71- C- L				
NFORMANT	Merrie Peter	cson						paraiso,		20c. Relation	•		
	21a. METHOD OF DISPOSITIO	N DEn	tombment	21b. DATE AND PLACE O	F DISPOSITION	(Name of ce	metery, crema		IN 46383		hter		
	Burial Cremation			other place) August 20 ,			-		210. 200/1104 - 01	y or rown, state			
į	Donation Other (Sp	ecify)		NW Indiana		ion (Sorria		c -				
DISPOSITION	22a. EMBALMER'S NAME			22b. EMBALMER'S I		.1011 .		AS DEATH REPORTED	Crown Po	int, In	diana		
	N/A		/ -	N/A		4 .		⊠ No ☐ Ye					
	24a. SIGNATURE OF FUNERAL	DIRECTOR	1/		ENSE NUMBER	t 18	25 NAME	ADDRESS, AND LICEN	SE MILES OF FI				
	da	7	11/10	(0	of Licensee)	7 W A	Burns	Funeral 7th St	Home	FH83	002380		
ļ.	Jumes	<u> Z.</u>	Dur		1009461	با لانيا			ceet, Hob	art, Ind	iana		
1	26 PART! Enter the dise	ases, injuries,	or complications that caused	the death. Do not enter nor	nspecific terms, s	uch as cardla	ac or respirator	y		46342-	Approximate		
	Mariest, Struck,	Of Heart railur	e. List only one cause on eac	h line III L	stnej	brah	erty	01			Interval Between		
	MMEDIATE CAUSE (Final disease or condition		a. the	Jes pira	HE Y HA	eggin	den	e			Onset and Deat		
	resulting in death)			AS A CONSEQUENCE OF	~/h.	- 6 - 2	(
_ : _ : _ : _	Conditions, if any, which gave		bDUE TO (OR.	AS A CONSEQUENCE OF	DWS	sern							
	ise to the immediate cause stating the underlying		C.										
	cause last		DUE TO (OR	AS A CONSEQUENCE OF)	:								
L			d.										
] '	PART II Other significant conditi	ions - Conditio	ns contributing to death but n	ot previously stated in Part I	27.	WAS DECE		28a. WAS AN AL	JTOPSY 28b	. WERE AUTOPS	V EINDINGS		
						PREGNANT POSTPART	T OR 90 DAYS TUM?	PERFORM (Yes or r	/ED?	AVAILABLE PR	RIOR TO		
						(Y, N or L	J)	(763 6/ 1	,0)	OF DEATH?	ON OF CAUSE (Yes or no)		
12	9a. CERTIFIER	1		ATT.		N		No					
ŀ	(Check only \(\sum_{\text{\tincr{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tetx{\text{\tetx{\text{\text{\text{\texi}\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi	CERTIFIVIN	IG PHYSICIAN To the best	of my knowledge, death occ	curred at the fime,	date, and pl	ace, and due to	the cause(s) as stated					
·	, L	HEALTH O	FFICER On the pasis of exar	mination and/or investigation	, in my opinion, d	eath occurre	d at the time. d	late and place and due	In the many to be a	ated.			
2	9b. SIGNATURE AND NULE OF	CONUNC	On the basis of examination	and/or investigation, in my	opinion, death oc	curred at the	time, date, an	d place, and due to the	cause(s) and manner	as stated.			
ERTIFIER		Z					29c. MI	EDICAL LICENSE NO.		ATE SIGNED (Mo	nth Day, Year)		
3	O. NAME AND ADDRESS OF P	RSON WHO	COMPLETED OF DE	EATH TEM 26(Type/Pdnt)	AV	3	0.	1035172		-20-6	25		
1	Or. Sharon Ha		CV. W	ZO O O O O	DNA with					: D			
_ 3	I. HEALTH OFFICER'S SIGNAT	URE	M.D.A.	3) 8895 XB	rpagway	Me Me	xri/11	ville, IN	46410				
FICER			A MM	WV	Time		./	N	1AY 217 9	DO AUG	Pak Yayona		
33	. MANNER OF DEATH		34a. DATE OF INJURY	34b. TIME OF	34c. INJURY	AT WORKS	124	Control Charles		VO AUG A	0 2000		
i			(Month, Day, Year)	INJURY	(Yes or no		340	DESCRIBE HOME		FIGLICH			
Ì	Natural Pending		-					LAKEC	COUNTY	LUDITOF	7		
j	Accident Investigati	on	34e. PLACE OF INJURY -	At home for	-								
	Suicide Could not		building, etc. (Sp.	ecify)	iactory, office	34	f. LOCATION	(Street and Number or	Rural Route Number,	City or Town, Stat	(e)		
	Homicide Determine	d											
34	g. DATE PRONOUNCED DEAD	(Month, Day	Year) 34h. MOTOR VE	HICLE ACCIDENT?(Yes or	No) If yes, speci	fy driver, pas	ssenger, pedes	trian, etc.					
	August 18, 20) በ 3						•					
_	H06-004 State		10110 /51/	2 02: -									
	state !	COLIN .	LULLU (R4/	3-93) Death	cer/PD	1							

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

* *	THE RECOR	RDS IN THIS SEF	IES ARE	CONFIDENTIAC PE	฿๚๛๛๚๚๛๛๛๛	ue in procession.	er i e sela fareta persuas	remada e en ele						
TYPE/PRINT	DECEASED - NAME (First, Middle, Last)						2. SEX 3a. TIME OF DE							
IN PERMANENT	. Robert	Robert			Laster		Male	2	4:12 AM		February 2, 2004			
BLACK INK	4. *SOCIAL SI	ECURITY NUMB	ER 5	. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER	1 DAY 6	DATE OF BIR	TH(Mo., Day, Yr.)	7.BIRTH SOI	PLACE <i>(City and Si</i> Jth Benc	ate or Foreign Country)		
	312-14-2546 80				L	1		6,1923						
	8a. WAS DECED A U.S. VETE			LAST SERVED IN ARMED FORCES?	HOSPITAL: Innat	ient	PLACE C		heck only one Se	Other (Spe				
	Yes		1.19	945		outpatient [DOA		Residence					
	9b. FACILITY NA	ME (If not insti	lution, give	street and number				WN, OR LOCAT	ON OF DEATH	9d. CO	UNTY OF DEATH			
DECEDENT	VNA Ho	rton Hos	pice	Center			Valpa	raiso		Porter				
	(Specify)	ATUS ?		VING SPOUSE ive maiden name)		12a. DECEDE	12a. DECEDENT'S USUAL OCCUPAT done during most of working life.		ile. Do not use retired.)		12b. KIND OF BUSINESS/INDUSTRY			
	Widowe	d	N/A	······································		ic Art		U. S. Steel - Gary						
	13a. RESIDENCE	- STATE	13b. COUN	ITY	13c. CITY, TOWN OR LOCAT			13d.	13d. STREET AND NUMBER		ER.			
	Indian		Porte				· · · · · · · · · · · · · · · · · · ·				3301 N. Calumet			
	13e, ZIP CODE	13f. INSIDE CITY	ł	14. CITIZEN OF WHAT COUNTRY?	15.WAS DECEDENT OF H	ilSPANIC ORIGIN? Yes (If yes, specify Cuban,		16. RACE Black, Wi	American Indian, nite, etc.	17. DECEDENT'S EDUCATION (Specify only highest grade complete				
		13g. ON A FARM			Mexican, Puerto			(Specify)		Elementary/Se	condary (0-12)	College (1-4 or 5+)		
	46383	No □	I.	JSA				White	<u>,</u>		12	N/A		
	18. FATHER'S NA	AME (First, Middle, Last			-L		19. MOTHER	R'S NAME (F	irst, Middle, Maid	en Surname)		1		
PARENTS	Walter Ray Laster Florence Lucille Snok													
INFORMANT	20a. INFORMANT	T'S NAME (Type/Pr	int)						Number, City or Town			ationship		
HAPORIVIAIA		Peterso	n						araiso,	and the last of th		ighter		
	21a. METHOD OF	DISPOSITION	Entomb	menl	21b. DATE AND PLACE (other place)		N (Name of cer	metery cremator	y, or 2	1c. LOCATION	- City or Town, Star	e		
	Burial	Cremation	Remov	al from State	February 4	•								
	Donation 22a. EMBALMER'S	Other (Specify)			NW Indiana		tion S	\			Point, 1	ndiana		
DISPOSITION		2 NAME					4:	V	DEATH REPORTED No Yes		?			
	N/A	OF FLINER ALDIRE	CTOR			ENSE NUMBE	IT 1S	25 NAME AD	DRESS AND LICENS	PE AUMOND OF	51115011 11015			
	24a SGNATURE OF FUNERAL DIRECTOR 24b. LICENSE NUMBER 24c LICENSE NUMBER 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana													
	1 X/12	mes	C . /	Min	A FDO	100946	ALL	10T E.	Vth Str	eet,Ho	bart,In 4634			
					d the death. Do not enter no	nspecific terms.	such as cardia	c or respiratory	of		4004	Approximate		
		arrest, shock, or hea	rt failure. Li	st only one cause on ea	ich line.		hroh	City		/-		Interval Between Onset and Death		
	IMMEDIATE CAUS		a.	End	stage Alghermers t			degbe	Deme	nter.		ZYRR		
					RAS A CONSEQUENCE OF	QU.								
CAUSE OF DEATH	Conditions, if any, y	which cave	ъ.	DUE TO (OR	AS A CONSEQUENCE OF):								
DE/ (III	rise to the immediate	le cause	C.											
	cause last	ng.	Ç.	DUE TO (OR	AS A CONSEQUENCE OF):								
			d.											
	PART II Other sig		20		not previously stated in Par	.1 27	. WAS DECE	DENT T OR 90 DAYS	28a. WAS AN AL		28b. WERE AUTO			
		Hypen	ens	202			POSTPART	TUM?	PERFORM (Yes or r		COMPLE	EPRIOR TO TION OF CAUSE		
		6)1					(Y, N or L	וו			OF DEATH	? (Yes or no)		
}	29a. CERTIFIER				(TITE	IIIII	No		No					
	(Check only 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) and manner as stated.													
ļ	29b. SIGNATURE A	AND TITLE OF CER	TIEIER	Tine basis of examination	and/or investigation, in my opinion, death occurred at				place, and due to the	cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)				
CERTIFIER		1	this	un Con	m-			1	03090		2-121/	(Month, Day, Year)		
	30, NAME AND AD	DRESS OF PERSO	N WHO CO	MPLETED CAUSE OF I	DEATH (ITEM 26 Type/Print)	557			/	-111	- 7:		
	Ariun G	upta M.I)		2031	JANA	202201+	Valn	araiso,	TN: 460	0.0			
HEALTH	31. HEALTH OFFIC				2001 1	v. 1000	BEACTE	valp	araiso,		D D DATE FILED (Mo	n(h, Day, Year)		
OFFICER		Al	AX	Enterater -	mi						fo 10 110	245,200		
	33. MANNER OF D	EATH GENCY	74. 34	DATE OF INJURY	34b. TIME OF		RY AT WORK?	34d.	DESCRIBE HOW IN	JURY OCCURR	EU	3,7		
		V		(Month, Day, Year)	INJURY	(res o	'es or no)		HIV 20 20		,,,			
-	X Naturai	Pending Investigation							~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		2004			
1	Accident	_	34		- At home, farm, street	, factory, offic	e 34	If. LOCATION (Street and Number or	Rural Renderal	Ther, City or Tovan,	State)		
1		Could not be Determined		building, etc. (5	Specify)			L	Alexander and Alexander	OU	1721			
}	Homicide 34g. DATE PRONO		ath Day V	ari lah NOTOR	VEHICLE ACCIDENTS	or Alah "				/ 4-10 mags	······································			
ľ	g. witter NONO	INTO DEND (MO	, Day, 16	a., Jan. MOTOR	VEHICLE ACCIDENT?(Yes	., ινυ) ii yes, sp	есігу алчег, ра	skenger, pedestr	an, elc.					
	Februar	y 2, 200) 4											