

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

LAKE CIRCUIT COURT  
PROBATE DIVISION  
CROWN POINT, INDIANA

IN THE MATTER OF THE )  
UNSUPERVISED ESTATE OF ) CAUSE NO.: 45C01-0404-EU-49  
MILLICENT M. MESKILL, DECEASED. )

**AFFIDAVIT REGARDING SURVIVORSHIP**

David E. Woodward, being duly sworn upon his oath, deposes and says:

1. That the undersigned was appointed Local Personal Representative in the Estate of Millicent M. Meskill, Deceased, on April 16, 2004.

2. That Neil Lester Meskill was married to Millicent Meskill, and became the owners, as tenants by the entirety, of the following described real estate in Lake County, Indiana, to-wit:

THE EAST 60 FEET OF LOT 5, SUBURBAN TERRACE ADDITION IN THE TOWN OF DYER, AS SHOWN IN PLAT BOOK 31 PAGE 94, IN LAKE COUNTY, INDIANA.

More commonly known as 526 215<sup>th</sup> Street, Dyer, Indiana 46311.

3. That Neil Lester Meskill, died testate, a resident of Rapids Parish, Louisiana on October 9, 2002, leaving Millicent Meskill surviving him; that all of the Decedent's funeral expenses have been paid in full, and that his estate is not subject to payment of either Indiana Inheritance Tax or Federal estate tax.

4. That the aforescribed real estate was purchased by Neil Lester Meskill and Millicent Meskill, as husband and wife, tenants by the entirety, and was held by them in the same manner until the death of Neil Lester Meskill.

5. That this Affidavit is made for the purpose of showing the death of Neil Lester Meskill on October 9, 2002, and the passing of title to Millicent Meskill as the survivor of said tenancy by the entirety.

Further affiant sayeth not.

12947

David E. Woodward, Local  
Personal Representative, Affiant

SUBSCRIBED AND SWORN to before me this 27<sup>th</sup> day of May, 2004.



MAY 3 2004  
STEPHEN R STIGLITZ  
LAKE COUNTY JUDGE OF  
Debra Lynn Kozlowski, Notary Public

My Commission Expires:  
June 22 2008  
County of Residence:  
Lake

000298

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

115 DG  
10674

# STATE OF LOUISIANA

THIS RECORD IS VALID FOR DEATH ONLY

IMPORTANT: 0988142 STATE OF LOUISIANA  
PRINT or TYPE, black ink CERTIFICATE OF DEATH  
or ribbon mandatory

3962572

BIRTH No.		FILE No. 117	
1A. LAST NAME OF DECEASED <b>MESKILL</b>		1B. FIRST NAME <b>NEIL</b>	
1C. MIDDLE NAME <b>LESTER</b>		1D. DATE OF DEATH (Month, Day, Year) <b>OCTOBER 9, 2002</b>	
1E. HOUR OF DEATH <b>1:54 A.M.</b>	1F. SEX <b>MALE</b>	1G. RACE (Specify White, Black, etc.) <b>WHITE</b>	1H. MARITAL STATUS (Specify Married, Never Married, Widowed, Divorced) <b>MARRIED</b>
1I. DATE OF BIRTH (Month, Day, Year) <b>AUGUST 22, 1926</b>		1J. AGE <b>76</b>	1K. SURVIVING SPOUSE (Name, Date of Birth, Birth Place) <b>MILLCENT LAMKIN</b>
1L. USUAL OCCUPATION (Kind of work done during usual of working life) <b>FREIGHT CONDUCTOR</b>		1M. KIND OF BUSINESS/INDUSTRY <b>RAILROAD</b>	
1N. OF HISPANIC ORIGIN <b>NO</b>		1O. EVER IN U.S. ARMED FORCES (Yes or No) <b>YES</b>	
1P. SOCIAL SECURITY NUMBER <b>330 22 0930</b>		1Q. DECEASED'S EDUCATION (Specify only highest degree completed) <b>COLLEGE (1, 4, 5)</b>	
1R. PLACE OF DEATH (Specify only if death occurred in hospital, nursing home, or other institution; otherwise specify place of death)			
1S. NAME OF FACILITY (If death in facility, give street address or location) <b>VILLE PLATTE MEDICAL CENTER</b>		1T. PLACE OF DEATH IN CITY (Yes or No) <b>YES</b>	
1U. CITY/TOWN OR LOCATION OF DEATH <b>VILLE PLATTE</b>		1V. PARISH OF DEATH <b>EVANGELINE</b>	
1W. STREET ADDRESS (If rural, specify rural route number or location) <b>577 FISH HATCHERY RD</b>		1X. PARISH OF RESIDENCE <b>LOUISIANA</b>	
1Y. USUAL RESIDENCE OF DECEASED (City, town or locality) <b>FOREST HILL</b>		1Z. ZIP CODE <b>71430</b>	
2A. FATHER'S LAST NAME <b>MESKILL</b>		2B. FATHER'S PLACE OF BIRTH <b>WISCONSIN</b>	
2C. MOTHER'S MARRIAGE NAME <b>ZAPPE</b>		2D. MOTHER'S PLACE OF BIRTH <b>WISCONSIN</b>	
2E. TYPE OF PRINT NAME OF INFORMANT <b>MILLCENT LAMKIN MESKILL</b>		2F. INFORMANT'S ADDRESS <b>577 FISH HATCHERY RD, FOREST HILL, LA 71430</b>	
2G. DATE (Month, Day, Year) <b>10/10/2002</b>		2H. SIGNATURE OF PHYSICIAN OR CORONER <i>Chas. Eastman</i>	
2I. METHOD OF DISPOSITION <input checked="" type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> ANATOMY <input type="checkbox"/> OTHER		2J. DATE TIME OF DEATH (Month, Day, Year) <b>10/12/02</b>	
2K. NAME AND LOCATION OF CEMETERY OR CREMATORIUM <b>ROBERTS CEMETERY, FOREST HILL, LA</b>		2L. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <b>HIXSON BROTHERS, INC. P.O. BOX 1272, ALEXANDRIA, LOUISIANA 71309-1272</b>	
2M. SIGNATURE AND ADDRESS OF FUNERAL DIRECTOR <b>HIXSON BROTHERS, INC. P.O. BOX 1272, ALEXANDRIA, LOUISIANA 71309-1272</b>		2N. FACILITY NUMBER <b>256</b>	
2O. ALTERNATIONS <b>E1552</b>		2P. SIGNATURE OF LOCAL REGISTRAR <i>Kathy Wilson</i>	
2Q. BURNING PERMIT <b>665903</b>		2R. PARISH OF ISSUE <b>RAPIDES</b>	
2S. DATE OF ISSUE <b>10/9/02</b>		2T. SIGNATURE OF LOCAL REGISTRAR <i>Kathy Wilson</i>	
2U. MANNER OF DEATH <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> UNDETERMINED			
2V. DATE OF INJURY (Month, Day, Year)		2W. TIME OF INJURY	
2X. INJURY AT WORK (Yes or No)		2Y. DESCRIBE HOW INJURY OCCURRED	
2Z. PLACE OF INJURY (Specify as home, farm, factory, shop, etc.)		2AA. LOCALITY (Street, Number or Rural Route, City, Parish, State)	
2AB. I CERTIFY THAT I ATTENDED THE DECEASED FROM		2AC. SIGNATURE OF PHYSICIAN OR CORONER <i>Chas. Eastman</i>	
2AD. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER <b>Chas. Eastman</b>		2AE. ADDRESS OF PHYSICIAN OR CORONER <b>W. 17th St. Ville Platte, La.</b>	
2AF. DATE (Month, Day, Year) <b>10/10/02</b>		2AG. SIGNATURE OF PHYSICIAN OR CORONER <i>Chas. Eastman</i>	
2AH. TYPE OR PRINT NAME AND TITLE OF PHYSICIAN OR CORONER <b>Chas. Eastman</b>		2AI. ADDRESS OF PHYSICIAN OR CORONER <b>W. 17th St. Ville Platte, La.</b>	
2AJ. PART I. ENTER THE DISEASE, INJURY OR COMPLICATION THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING, SUCH AS CAR, FALL, OR HEART FAILURE, UNLESS IT IS THE CAUSE OF DEATH. LIST ONLY ONE CAUSE ON EACH LINE.			
2AK. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>Coroner's Case</b>		2AL. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Instantaneous</b>	
2AM. SECONDARY CAUSE (Disease or injury that contributed to death) <b>Diabetic Insulination</b>		2AN. DUE TO (or as a consequence of)	
2AO. UNDERLYING CAUSE (Disease or injury that contributed to death, but not the last) <b>Coronary artery disease</b>		2AP. DUE TO (or as a consequence of)	
2AQ. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (But not resulting in this) (Specify cause of death)			
2AR. IF DECEASED WAS 15-49 YEARS OF AGE, WAS SHE PREVIOUSLY IN THE LAST 60 DAYS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> LHA		2AS. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2AT. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input type="checkbox"/> No		2AU. WERE AUTOPSY RESULTS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Mark in red ink for use by physician or coroner

OFFICE OF PUBLIC HEALTH - VITAL RECORDS REGISTRY

IN ACCORDANCE WITH LSA-R.S. 40:50 (C), I CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF A DEATH CERTIFICATE IN MY CUSTODY.  
*Kathy Wilson*  
LOCAL REGISTRAR

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.



*J. Karen Moran*  
STATE REGISTRAR

001 01 0002

WARNING: It is illegal to alter or counterfeit this copy.

JUN 3 2004  
STEPHEN R STIGLICH  
LAKE COUNTY JUDGE