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620043859

CHICAGO TITLE INSURANCE COMPANY



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana } S. S.
COUNTY OF Lake

2004 050733

On this 6.10.04 before me personally appeared _____
(insert date)

Margaret Haagen

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner
(state interest of affiant in the above premises as "owner," "lessee of owner," etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Armon C. Haagen and Margaret Haagen

4. Said Armon C. Haagen
(fill in name of co-tenant who died)
died on 8.4.83
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
See Attached

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent:

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
no
DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

(If answer is "Yes," identify the divorce proceedings: DIA)
JUN 16 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

8. Affiant's relationship to the deceased was Spouse

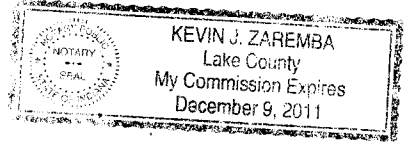
Signature: X Margaret Haagen
Margaret Haagen
Address: 1412 East Willow Road
Schaumburg IL 60173

Subscribed and sworn to before me by the affiant

this 6.10.04
(insert date)

Kevin J. Zarembo
Notary Public

My Commission Expires 12/09/11



001311

This instrument prepared by Margaret Haagen

14
9/28

No: 620042859

LEGAL DESCRIPTION

Lot 27, in Fairmeadow 15th Addition to the Town of Munster, as per plat thereof, recorded in Plat Book 39 page 38, in the Office of the Recorder of Lake County, Indiana.



THIS IS A
PRELIMINARY
RECORD

Send for State Office Use

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EMBALMER'S NAME Frank J. Kish LICENSE No. 4539
 FUNERAL DIRECTOR'S SIGNATURE Frank J. Kish LICENSE No. 2381 FUNERAL HOME No. 496
LAKE COUNTY HEALTH COMMISSION

Local No. 1070-83

INDIANA STATE BOARD OF HEALTH
 MEDICAL CERTIFICATE OF DEATH

State No. _____

1. DECEASED - NAME <u>ARMON</u>		2. SEX <u>MALE</u>		3. DATE OF DEATH <u>2 AUG. 4, 1983</u>	
4. AGE - LAST BIRTHDAY <u>73</u>		5. MARRIAGE STATUS <u>Married</u>		6. DATE OF BIRTH <u>6/11/10</u>	
7. CITY, TOWN OR LOCATION OF DEATH <u>MUNSTER</u>		8. HOSPITAL OR OTHER INSTITUTION <u>COMMUNITY HOSPITAL</u>		9. COUNTY OF DEATH <u>Lake</u>	
10. STATE OF BIRTH <u>Indn.</u>		11. MARRIED NEVER MARRIED <u>Married</u>		12. SURVIVING SPOUSE <u>Margaret Arway</u>	
13. SOCIAL SECURITY NUMBER <u>213-07-7119</u>		14. USUAL OCCUPATION <u>Retired</u>		15. KIND OF BUSINESS OR INDUSTRY <u>Hilton Corp.</u>	
16. RESIDENCE - STATE <u>INDIANA</u>		17. CITY, TOWN OR LOCATION <u>MUNSTER</u>		18. INSIDE CITY LIMITS <u>YES</u>	
19. STREET AND NUMBER <u>1518 FRAN LIN PKWY</u>		20. IS DECEASED OF SPANISH DESCENT? <u>NO</u>		21. IS DECEASED OF CUBAN, PUERTO RICAN, ETC. DESCENT? <u>NO</u>	
22. FATHER'S NAME <u>Melson</u>		23. MOTHER'S MAIDEN NAME <u>Haagen</u>		24. LAST	
25. RELATIONSHIP <u>wife</u>		26. MARRIAGE ADDRESS <u>1518 Fran Lin Pkwy</u>		27. CITY, TOWN OR LOCATION <u>Munster, Indiana</u>	
28. BIRTH DATE <u>Aug 6, 1983</u>		29. BIRTH PLACE <u>Elmwood Cemetery</u>		30. BIRTH STATE <u>Indiana</u>	
31. NAME OF ATTENDING PHYSICIAN <u>Robert S. Smoltz, M.D.</u>		32. DATE SIGNED <u>8-5-83</u>		33. HOUR OF DEATH <u>6:30 A.M.</u>	
34. MARITAL ADDRESS <u>110 RDG ROY MUNSTER, IND. 46321</u>		35. FUNERAL HOME <u>BURNS KISH FUNERAL HOME</u>		36. CITY, TOWN OR LOCATION <u>Hammond, Indiana</u>	
37. CAUSE OF DEATH <u>Cardiomyopathy</u>		38. MANNER OF DEATH <u>Natural</u>		39. ICD-9 CODE <u>410.9</u>	
40. SIGNATURE OF PHYSICIAN <u>Robert S. Smoltz</u>		41. SIGNATURE OF DEATH REGISTRAR <u>Paul Tracy</u>		42. SIGNATURE OF LOCAL HEALTH OFFICER <u>Paul Tracy</u>	

SBH 08-833 State Form 38-430
REV 10/77