

3

SURVIVORSHIP AFFIDAVIT

2004 051378

STATE OF Oklahoma
COUNTY OF Tulsa)SS:

On this 10th day of June, 2003, before me personally appeared Marjorie C. Key, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

See Attached Legal Description

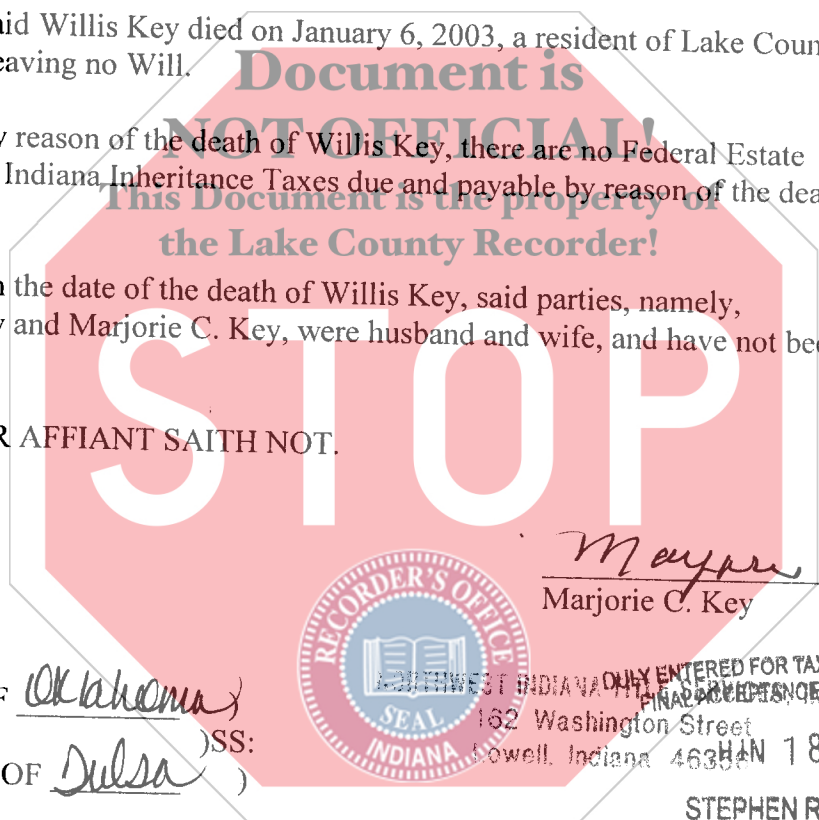
2. That said premises were formerly owned as tenants by the entireties by Willis Key and Marjorie C. Key, husband and wife.

3. That said Willis Key died on January 6, 2003, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of Willis Key, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of Willis Key, said parties, namely, Willis Key and Marjorie C. Key, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2004 JUN 18 AM 10:16
MORNING
RECORDER'S OFFICE

Marjorie C. Key
Marjorie C. Key

STATE OF Oklahoma
COUNTY OF Tulsa)SS:



ONLY ENTERED FOR TAXATION SUBJECT TO
FINANCIAL RECORDS FOR TRANSFER
162 Washington Street
Lowell, Indiana 46356
JUN 18 2004

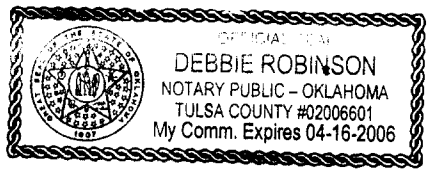
STEPHEN R. STIGL
LAKE COUNTY, IN 9th

Before me, the undersigned, a Notary Public in and for said County and State, this 9th day of June, 2004, personally appeared Marjorie C. Key and acknowledged the execution of the foregoing affidavit.
IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
4-16-06

Debbie Robinson
Notary Public

County of Residence:
Tulsa



001591

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356
File 04-13036

140
10722

PARCEL 1: LOT 1, EXCEPT THE EAST 5 FEET THEREOF, AND ALL OF LOT 2, BLOCK 3, MEYER MANOR FOURTH, A SAMUEL C. BARTLETT SUBDIVISION TO CEDAR LAKE, AS SHOWN IN PLAT BOOK 20, PAGE 54, IN LAKE COUNTY, INDIANA.

PARCEL 2: LOT 5, AND THE NORTH HALF OF LOT 6, BLOCK 2, MEYER MANOR FOURTH, A SAMUEL C. BARTLETT SUBDIVISION TO CEDAR LAKE, AS SHOWN IN PLAT BOOK 20, PAGE 54, IN LAKE COUNTY, INDIANA.

PARCEL 3: THE SOUTH HALF OF LOT 4, BLOCK 2, MEYER MANOR FOURTH, A SAMUEL C. BARTLETT SUBDIVISION TO CEDAR LAKE, AS SHOWN IN PLAT BOOK 20, PAGE 54, IN LAKE COUNTY, INDIANA.



41

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 0039-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

1 DECEASED—NAME (First, Middle, Last) Willis A. Key		2 SEX Male	3a TIME OF DEATH 1:20am	3b DATE OF DEATH (Month, Day, Year) January 6, 2003
4 SOCIAL SECURITY NUMBER 400-30-5505		5a AGE—Last Birthday (Year) 74	5b UNDER 1 YEAR Months Days 1 1	5c UNDER 1 DAY Hours Minutes 1 0
6a WAS DECEDENT A U.S. VETERAN? Yes		6b YEAR LAST SERVED IN U.S. ARMED FORCES? 1956		7 BIRTHPLACE (City and State or Foreign Country) Rockport, Kentucky
8a PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Home <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				
9a FACILITY NAME (if not institution give street and number) St. Anthony Medical Center		9b CITY, TOWN OR LOCATION OF DEATH Crown Point		9c COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Marjorie Armstrong		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Laborer
12b KIND OF BUSINESS/INDUSTRY Steel Industry		13a RESIDENCE—STATE Indiana		
13b COUNTY Lake		13c CITY, TOWN OR LOCATION Cedar Lake		13d STREET AND NUMBER 13047 Polk Street
13e ZIP CODE 46303		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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6th College (1-4 or 5+) 0
18 FATHER'S NAME (First, Middle, Last) Albert Key			19 MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Henderson	
20a INFORMANT'S NAME (Type/Print) Marjorie Key		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 13047 Polk St. Cedar Lake, IN 46303		20c Relationship Wife
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 9, 2003 German Methodist Cemetery		21c LOCATION—City or Town, State Cedar Lake, Indiana
22a EMBALMER'S NAME Craig Malone		22b EMBALMER'S LICENSE NO. 1022392		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>William E. ...</i>		24b LICENSE NUMBER (of Licensed) FD01007697		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Burdan Funeral Home, PH83002461 12901 Wicker Ave. Cedar Lake, In.
26 PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms, such as cardiac arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a Hepato cellular Cancer b Chronic Alcoholism c Stroke d Heart Failure Conditions if any which gave rise to the immediate cause, causing the underlying cause list				
27 PART II Other significant conditions—Conditions contributing to death, but not previously stated in Part I				
27a WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		27b WAS AN AUTOPSY PERFORMED? (Yes or no)		27c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
28a CERTIFIER (Check only one) <input 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) as stated.				
28b SIGNATURE AND TITLE OF CERTIFIER <i>John Mike ...</i>		28c MEDICAL LICENSE NO. 24382		28d DATE SIGNED (Month, Day, Year) 1/7/03
29 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28b) (Type/Print) John Mike 8895 Broadway, Merrillville IN 46410				
30 HEALTH OFFICER'S SIGNATURE <i>Susan J. ...</i>				
31 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				
32a DATE OF INJURY (Month, Day, Year)		32b TIME OF INJURY		32c INJURY AT WORK? (Yes or no)
32d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		32e LOCATION (Street and Number of Block, Route No., City or Town, State)		
33 DATE PRONOUNCED DEAD (Month, Day, Year)				
34 MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.				

DECEDENT

PARENTS
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

