

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 083386

2004 SEP 28 AM 10:14

MORRIS W. CARTER
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVOR'S AFFIDAVIT

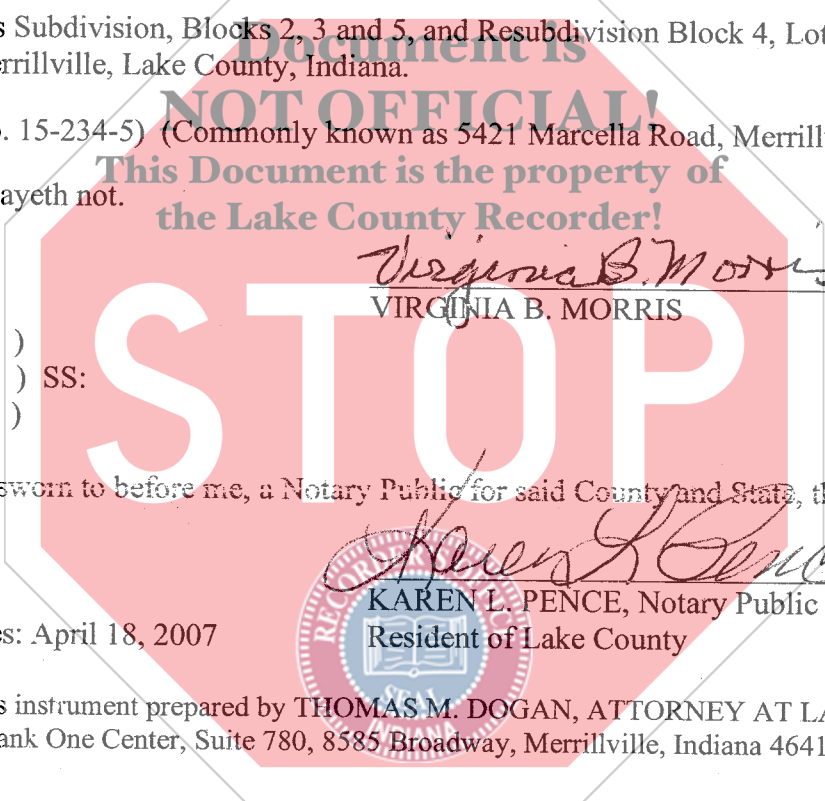
Virginia B. Morris of the County of Lake, State of Indiana, being duly sworn upon her oath, alleges and says that James H. Morris, Jr., a/k/a James H. Morris died testate, a resident of Lake County, Indiana, on the 28th day of August, 2004; that she was his wife and she lived with him to the day of his death as husband and wife, that to the best of affiant's knowledge, there is no Federal Estate Tax or Indiana State Inheritance Tax due and owing due to his death.

The following described real estate was owned as husband and wife by the entireties at the death of the decedent (Death Certificate attached), and this affidavit is given for purposes of clearing title to said real estate:

Georgia Heights Subdivision, Blocks 2, 3 and 5, and Resubdivision Block 4, Lot 5, Block 2, in the Town of Merrillville, Lake County, Indiana.

(Unit 8, Key No. 15-234-5) (Commonly known as 5421 Marcella Road, Merrillville, Indiana 46410.)

Further affiant sayeth not.



Virginia B. Morris
VIRGINIA B. MORRIS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public for said County and State, this 17th day of September, 2004.

Karen L. Pence
KAREN L. PENCE, Notary Public
Resident of Lake County

My Commission Expires: April 18, 2007

RETURN TO:  This instrument prepared by THOMAS M. DOGAN, ATTORNEY AT LAW.
Bank One Center, Suite 780, 8585 Broadway, Merrillville, Indiana 46410.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

SEP 24 2004

STEPHEN R. STIGLICH
LAKE COUNTY RECORDER

002020

12370

*11:00
RP*

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. 2125-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle, Last) JAMES H. MORRIS				2. SEX Male		3a. TIME OF DEATH 7:40 A.M.		3b. DATE OF DEATH (Month, Day, Yr.) August 28, 2004	
4. *SOCIAL SECURITY NUMBER 303-24-7261		5a. AGE—Last Birthday (Years) 81		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) September 24, 1922	
7. BIRTHPLACE (City and State or Foreign Country) Alton, Illinois		8a. WAS DECEDENT A U.S. VETERAN? Yes							
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus				9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Virginia Goodwin		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Controlman			12b. KIND OF BUSINESS/INDUSTRY Steel Industry		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Merrillville			13d. STREET AND NUMBER 5421 Marcella Road		
13e. ZIP CODE 46410		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 		18. FATHER'S NAME (First, Middle, Last) James Upton Morris							
19. MOTHER'S NAME (First, Middle, Maiden Surname) Beatrice Jeans								20. INFORMANT'S NAME (Type/Print) Virginia Morris	
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5421 Marcella Rd., Merrillville, IN 46410				20c. Relationship Wife		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) September 2, 2004 Calumet Park Cemetery				21c. LOCATION—City or Town, State Merrillville, Indiana					
22a. EMBALMER'S NAME Alexis Thanos		22b. EMBALMER'S LICENSE NO. FD08600505		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Kenneth J. Misani</i>		24b. LICENSE NUMBER (of Licensee) FD01005912		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, IN 46410					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. CARDIAC ARRHYTHMIAS						Approximate Interval Between Onset and Death 3 Days	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. CARCINOMA OF LUNG						6 Months	
		c. DUE TO (OR AS A CONSEQUENCE OF)							
		d. DUE TO (OR AS A CONSEQUENCE OF)							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. CARCINOID TUMOR				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) <input checked="" 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) and manner as stated.									
29b. SIGNATURE AND TITLE OF CERTIFIER <i>B. H. Barai</i>						29c. MEDICAL LICENSE NO. 01030107		29d. DATE SIGNED (Month, Day, Year) 8-30-04	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Bharat H. Barai, M.D., 200 E. 89th Avenue, Suite 2A, Merrillville, IN 46410									
31. HEALTH OFFICER'S SIGNATURE <i>Bharat H. Barai</i>								32. DATE FILED (Month, Day, Year) September 1, 2004	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. THIS CERTIFICATE IS A COPY OF THE ORIGINAL AND DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. SEP 01 2004	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					