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AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)

) **2004 095063**
) SS:

2004 NOV -8 AM 10:05

MORRIS W. CARTER
RECORDER

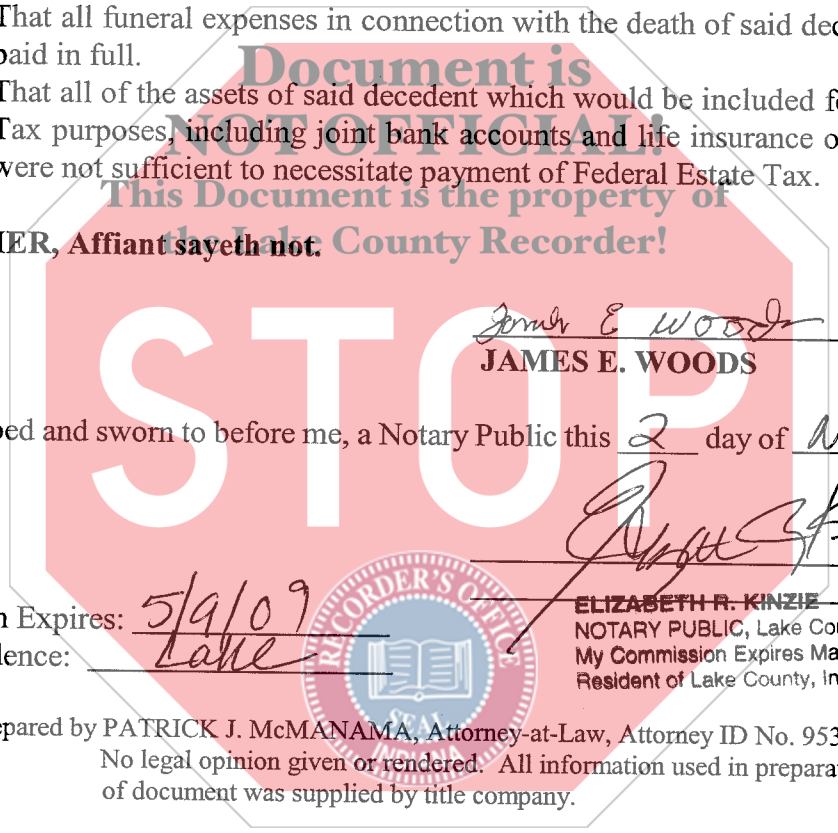
JAMES E. WOODS, being first duly sworn upon oath, deposes and says:
1. That Affiant's spouse, **KATHERINE V. WOODS**, died (without leaving a will) (leaving a will) on APRIL 30, 204 AT GARY, LAKE County, INDIANA.

2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 11, EXCEPT THE EASTERLY 22.6 FEET THEREOF, AND LOT 12, EXCEPT THE WESTERLY 21.3 FEET THEREOF, IN BLOCK 10 IN GLEN L. RYAN'S SECOND SUBDIVISION, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30, PAGE 24, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant sayeth not.



James E. Woods

JAMES E. WOODS

Subscribed and sworn to before me, a Notary Public this 2 day of November, 2004.

Elizabeth R. Kinzie

ELIZABETH R. KINZIE, Notary Public
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires May 9, 2009
Resident of Lake County, Indiana

My Commission Expires: 5/9/09
County of Residence: Lake

This instrument prepared by PATRICK J. McMANAMA, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

COMMUNITY TITLE COMPANY
FILED
FILE NO 2 29075
NOV 8 2004

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

1250
CM

* ATTENTION-ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary, and there will be no penalty for refusal. *
04 0279

INDIANA STATE DEPARTMENT OF HEALTH

300

Local No.....

CERTIFICATE OF DEATH

State No.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) Katherine V. Woods		2. SEX Female		3a. TIME OF DEATH 5:46AM		3b. DATE OF DEATH (Month Day Yr) April 30, 2004						
4. SOCIAL SECURITY NUMBER 406-32-6117		5a. AGE - Last Birthday (Years) 74		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo Day Yr) June 6, 1929		7. BIRTHPLACE (City and State or Foreign Country) St. Charles, KY		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)								
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Northlake					9c. CITY TOWN OR LOCATION OF DEATH Gary, IN			9d. COUNTY OF DEATH Lake				
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) James E. Woods		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Nurses' Aide			12b. KIND OF BUSINESS INDUSTRY Healthcare					
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Gary			13d. STREET AND NUMBER 4413 Miller Ave.					
13e. ZIP CODE 46403		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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 12		
18. FATHER'S NAME (First, Middle, Last) Leslie Reynolds					19. MOTHER'S NAME (First, Middle, Maiden Surname) Minnie Burns							
20a. INFORMANT'S NAME (Type/Print) James E. Woods				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4413 Miller Ave., Gary, IN 46403				20c. Relationship Husband				
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) May 4, 2004 Grapevine Cemetery			21c. LOCATION - City or Town State Madisonville, Kentucky						
22a. EMBALMER'S NAME James J. Krause			22b. EMBALMER'S LICENSE NO. FD01006463			23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Joshua R. Krause</i>			24b. LICENSE NUMBER (of Licensee) FD29700036			25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 83005613 Rees Funeral Home, Olson Chapel 5341 Central Avenue, Portage, IN 46368						
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. Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) b. Due to arteriosclerotic heart and vascular disease DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. Conditions if any which gave rise to the immediate cause stating the underlying cause last PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. 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 Approximate Interval Between Onset and Death Unknown												
29a. 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. Chief Deputy <input checked="" 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>Jeffrey R. Wells</i> Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307						29c. MEDICAL LICENSE NO N/A		29d. DATE SIGNED (Month Day Year) May 7, 2004				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32. DATE FILED (Month Day Year) MAY 10 2004		
33. MANNER OF DEATH <input checked="" 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		34a. DATE OF INJURY (Month Day Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED				
		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) April 30, 2004				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) (If yes specify driver, passenger, pedestrian, etc.)								