

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

4
On this 12/09/04 before me personally appeared Ola Merry
(insert date)

2005 JAN 7 PM 9:50
FILED FOR RECORD
LAKE COUNTY
INDIANA

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", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Albert Merry and Ola Merry

4. Said Albert Merry
(fill in name of co-tenant who died)
died on 07/31/1980
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. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

620047674

return to:
Chicago Title Insurance Company
Valparaiso Office

FILED
JAN 6 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

000242

16-
ZP
CT

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was _____

Signature: *Ola Merry*
Printed Name Ola Merry
Address: 3347 Jasper St.
Hobart, IN 46342

Subscribed and sworn to before me by the affiant

This DEC 9 2004
(insert date)

Lori S. Monahan
Notary Public

Printed Name _____

My County of Residence is: _____

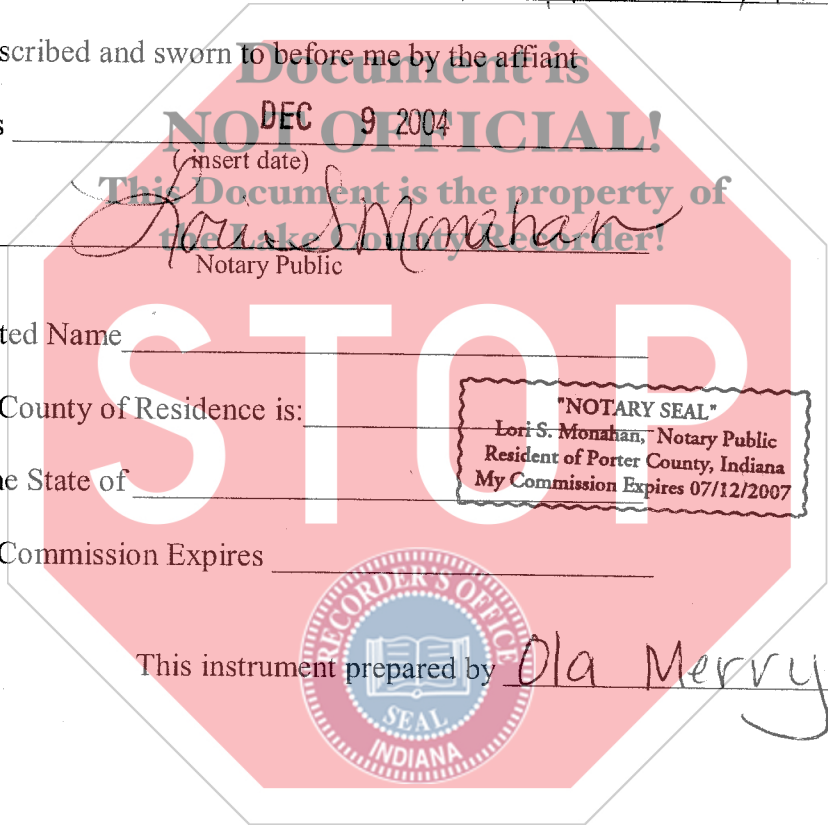
In the State of _____

My Commission Expires _____

"NOTARY SEAL"
Lori S. Monahan, Notary Public
Resident of Porter County, Indiana
My Commission Expires 07/12/2007

This instrument prepared by

Ola Merry



TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIED TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE LAKE COUNTY HEALTH DEPT 1575

Disposition Permit
Assured / Provisional
Certificate
Yes No

EMBALMER'S NAME K. Grubbs FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL HOME No. 306

Local No. 1197-80

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

1 DECEASED—NAME Albert C. Merry		MIDDLE		LAST		SEX Male	DATE OF DEATH (MONTH DAY YEAR) July 31, 1980	
2 RACE—(1) White (2) Black (3) American Indian (4) Other		AGE—(1) Years (2) Months (3) Days		UNDER 1 YEAR		DATE OF BIRTH (MO DAY YR) 8/6/1903		COUNTY OF DEATH Lake
3 White		76						
4 CITY, TOWN OR LOCATION OF DEATH Hobart		5 HOSPITAL OR OTHER INSTITUTION—Name (Do not enter post street and number) St. Mary Medical Center		6		7a		7b IF HOSP OR INST indicate DOA, Op Enter the treatment (Specify) Inpatient
8 Indiana		9 U.S.		10 married		11 Ola Mae Merry		12 no
13 346 12 9628		14a Cement Finisher		14b Local #406				
15a Indiana		15b Lake		15c Lake Station		15d yes		
16 3560 Revere Ct.,		17 unknown		18 yes		19 yes		
17 Ananias Merry		18 3560 Revere Ct., Lake Station, In 46405		19 Graceland Cemetery		20 Valparaiso, Indiana		
18 August 2, 1980		19 Rees Funeral Home, Inc., 600 W. Ridge Rd., Hobart, IN 46342		20 8-6-1980		21 1:40 H.		
21 Donald M. Phillips MD		22 1356 S. Lake Park Ave., Hobart, IN 46342		23 Mark		24 no		

LAKE COUNTY HEALTH COMMISSIONER

SBH 06-003
REV 10/77
State Form 35430

No: 620047674

LEGAL DESCRIPTION

Lot 17, in Block 10, in Resubdivision of Garden Homes, as per plat thereof, recorded in Plat Book 23 page 55, in the Office of the Recorder of Lake County, Indiana.

