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STATE OF INDIANA)
COUNTY OF LAKE)

)SS:

2005 007377
SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JAN 31 PM 1:06

MICHAEL A. BROWN
RECORDER

I, MARIANN DURBIN, having been first duly sworn upon my oath, state that I am the wife and well acquainted with Brian B. Durbin, the deceased, who passed away on the 10th day of November, 2000 (copy of death certificate attached hereto) and at the time of his death, we were joint owners of real estate as joint tenants with rights of survivorship in Lake County, Indiana, known as:

Lot 39 in Eagle Ridge Estates, Unit 1, an addition to the Town of Schererville, as shown in Plat Book 80, page 27, in the Office of the Recorder of Lake County, Indiana.

Commonly know as: 2325 Ticonderoga Street
Schererville, IN 46375

Key Number: 13-111-6
13-113-6



STATE OF INDIANA)
COUNTY OF LAKE)

)SS:

Subscribed and sworn to before me, a Notary Public, this 27th day of January, 2005.

Carole Storing
Notary Public

My Commission Expires: 3-11-09
County of Residence: Lake

This instrument prepared by: Kenneth L. Anderson, Attorney at Law
Attorney No. 2404-45
9105 Indianapolis Boulevard
Highland, IN 46322

FILED
JAN 31 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

001788

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Cash

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

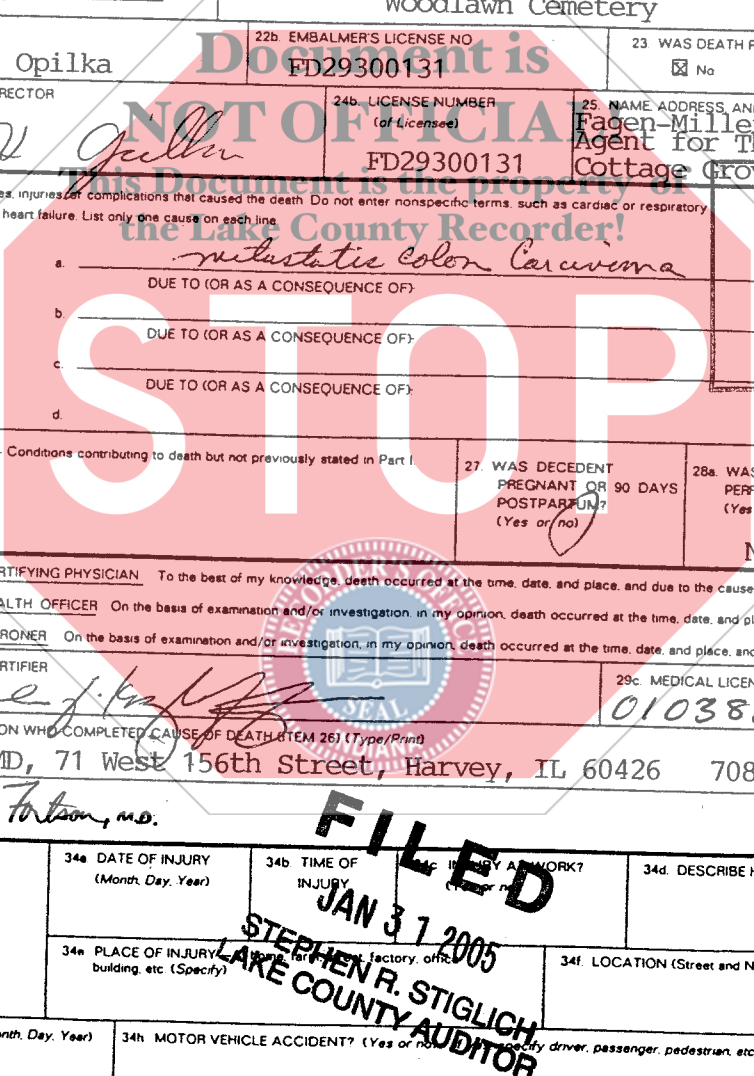
State No.

Local No. 059210

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last) Brian B. Durbin		2. SEX Male	3a. TIME OF DEATH 3:15 A.M.	3b. DATE OF DEATH (Month, Day, Yr.) November 10, 2000	
4. *SOCIAL SECURITY NUMBER 348-36-3756	5a. AGE—Last Birthday (Years) 56	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr.) Oct. 13, 1944	
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? ---	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 checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 2325 Ticonderoga Street		9c. CITY, TOWN, OR LOCATION OF DEATH Schererville	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Mariann Kennedy	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Salesman	12b. KIND OF BUSINESS/INDUSTRY Chicago Wilcox		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Schererville	13d. STREET AND NUMBER 2325 Ticonderoga Street		
13e. ZIP CODE 46375	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) Carl Durbin			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Eleanor Maue		20a. INFORMANT'S NAME (Type/Print) Mariann Durbin			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2325 Ticonderoga St., Schererville, IN 46375		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" 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) November 13, 2000 Woodlawn Cemetery		21c. LOCATION—City or Town, State Forest Park, Illinois	
22a. EMBALMER'S NAME Robert H. Opilka		22b. EMBALMER'S LICENSE NO. FD29300131	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert H. Opilka</i>		24b. LICENSE NUMBER (of licensee) FD29300131	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Grdns. FH83003035 Agent for Thornridge F.H., 15801 S. Cottage Grove Ave., Dolton, IL 60419		
26. PART I Enter the disease, 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. metastatic colon carcinoma DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. Onset and Death NOV 13 2000			
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)	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>Mark J. Kozloff</i>			
29c. MEDICAL LICENSE NO. 01038049		29d. DATE SIGNED (Month, Day, Year) November 10, 2000			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Mark Kozloff MD, 71 West 156th Street, Harvey, IL 60426 708/339-4800					
31. HEALTH OFFICER'S SIGNATURE <i>James H. Fortson, M.D.</i>					
32. DATE FILED (Month, Day, Year) November 13, 2000					
33. MANNER OF DEATH <input checked="" 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. DESCRIBE HOW INJURY OCCURRED		34a. PLACE OF INJURY (Specify building, etc.)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 001789	
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no)			Specify driver, passenger, pedestrian, etc.



FILED JAN 31 2005 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR