

DECEASED JOINT TENANT AFFIDAVIT

3

State of Indiana )  
County of Lake ) SS

Date: 05/25/2005

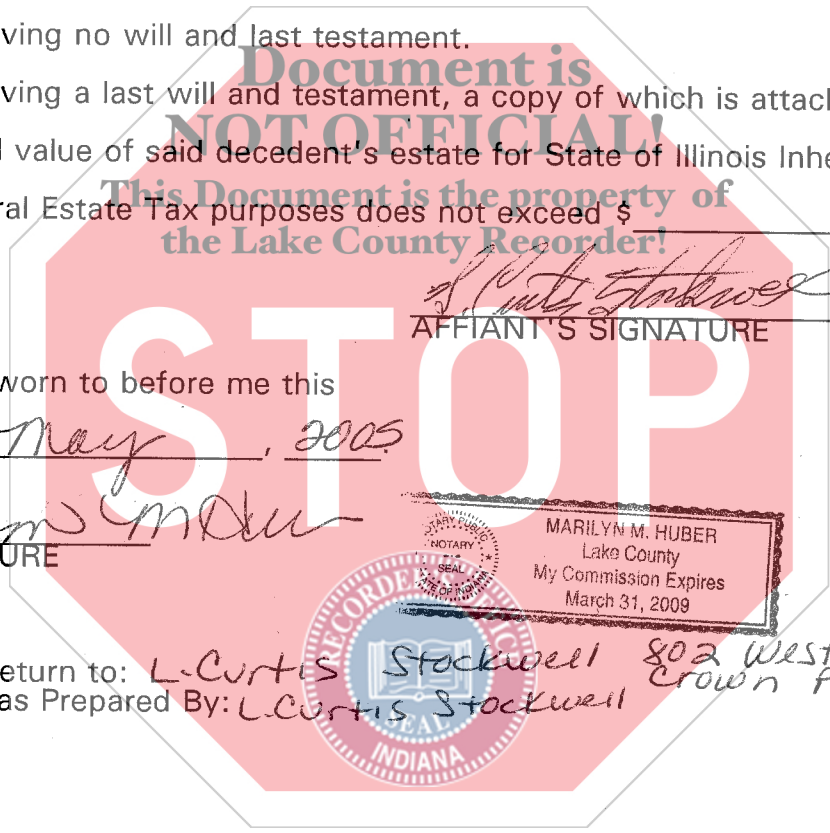
File # 05000534

2005 047600

L. Curtis Stockwell, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

1. That he/she resides at: \_\_\_\_\_
2. That he/she was acquainted with Phyllis J. Stockwell who died on 6-12-03, as evidence by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:  
X leaving no will and last testament.  
\_\_\_\_\_ leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ \_\_\_\_\_.

2005 JUN -8 PM 1:07  
STATE OF INDIANA  
LAKE COUNTY  
FEDERAL RECORDS



L. Curtis Stockwell  
AFFIANT'S SIGNATURE

Subscribed and sworn to before me this 25 day of May, 2005.

Marilyn M. Huber  
NOTARY SIGNATURE

MARILYN M. HUBER  
Lake County  
My Commission Expires  
March 31, 2009

After Recording Return to: L. Curtis Stockwell 802 West North St  
This Document was Prepared By: L. Curtis Stockwell Crown Point, IN 46307

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN - 9 2005  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

14-  
00878 LP  
CHK  
5754

\* 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. 1424-03  
448189

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) **Phyllis J. Stockwell** 2. SEX **Female** 3a. TIME OF DEATH **9:30 AM** 3b. DATE OF DEATH (Month, Day, Yr.) **June 12, 2003**

4. \*SOCIAL SECURITY NUMBER **306-34-0470** 5a. AGE - Last Birthday (Years) **67** 5b. UNDER 1 YEAR Months Days 5c. UNDER 1 DAY Hours Minutes **April 07, 1936** 7. BIRTHPLACE (City and State or Foreign Country) **Crown Point, Indiana**

8a. WAS DECEASED A U.S. VETERAN? **No** 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? **N/A** PLACE OF DEATH (Check only one. See instructions) **137th & Grant St.**

9. HOSPITAL:  Inpatient  BR/Outpatient  BOA OTHER  Nursing Home  Other (Specify) **Residence**

10. FACILITY NAME (If not institution, give street and number) **137th & Grant St.** 11. CITY, TOWN, OR LOCATION OF DEATH **Crown Point** 12. COUNTY OF DEATH **Lake**

10. MARITAL STATUS (Specify) **Married** 11. SURVIVING SPOUSE (If wife, give maiden name) **Curtis Stockwell** 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **Homemaker** 12b. KIND OF BUSINESS/INDUSTRY **Own Home**

13a. RESIDENCE - STATE **Indiana** 13b. COUNTY **Lake** 13c. CITY, TOWN OR LOCATION **Crown Point** 13d. STREET AND NUMBER **802 W. North St.**

13e. ZIP CODE **46307-** 13f. INSIDE CITY LIMITS  No  Yes 13g. ON A FARM?  No  Yes 14. CITIZEN OF WHAT COUNTRY? **USA** 15. WAS DECEASED OF HISPANIC ORIGIN?  No  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) **12**

18. FATHER'S NAME (First, Middle, Last) **Thomas Griffin** 19. MOTHER'S NAME (First, Middle, Maiden Surname) **Minnie Kaiser** 20a. INFORMANT'S NAME (Type/Print) **Curtis Stockwell** 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **802 W. North St. Crown Point IN 46307** 20c. Relationship **Husband**

21a. METHOD OF DISPOSITION  Burial  Cremation  Donation  Other (Specify) **Burial** 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **June 16, 2003 Maplewood Memorial Cemetery** 21c. LOCATION - City or Town, State **Crown Point, Indiana**

22a. EMBALMER'S NAME **Michelle L. Tracy** 22b. EMBALMER'S LICENSE NO. **ED29700007** 23. WAS DEATH REPORTED TO CORONER?  No  Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *[Signature]* 24b. LICENSE NUMBER (of Licensee) **ED09000013** 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Geisen Funeral Home FH19900060 109 N. East St. Crown Point, Indiana 46307-**

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. **Multiple blunt force injuries** THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. **Unknown**

27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) **No** 28a. WAS AN AUTOPSY PERFORMED? (Yes or no) **Yes** 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) **Yes**

29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.  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.  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. **Chief Deputy** 29b. MEDICAL LICENSE NO. **N/A** 29c. DATE SIGNED (Month, Day, Year) **June 13, 2003**

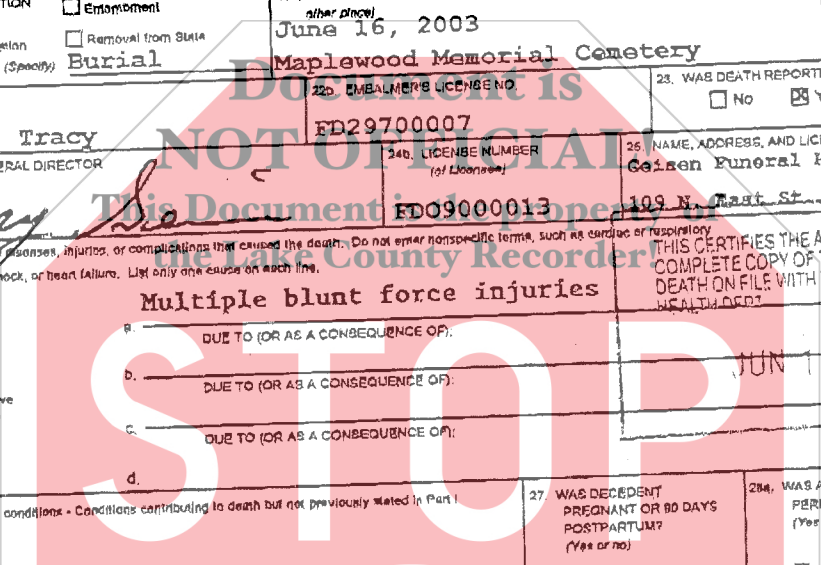
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307** 31. HEALTH OFFICER'S SIGNATURE *[Signature]* 32. DATE FILED (Month, Day, Year) **June 13, 2003**

33. MANNER OF DEATH  Natural  Pending investigation  Accident  Suicide  Could not be determined  Homicide **June 12, 2003 Unknown No Motor vehicle accident**

34a. DATE OF INJURY (Month, Day, Year) **June 12, 2003** 34b. TIME OF INJURY **Unknown** 34c. INJURY AT WORK? (Yes or no) **No** 34d. DESCRIBE HOW INJURY OCCURRED **Motor vehicle accident**

34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) **Intersection** 34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) **137th and Grant Street Crown Point, Indiana**

34g. DATE PRONOUNCED DEAD (Month, Day, Year) **June 12, 2003** 34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. **Yes. Driver.**





# Residential Title Services, Inc.



## Legal Description

**THE WEST 110 FEET OF THE EAST 660 FEET OF THE SOUTH 388 FEET OF THE SOUTHEAST 1/4 OF THE SOUTHEAST 1/4 OF SECTION 6, TOWNSHIP 34 NORTH, RANGE 8 WEST, OF THE 2ND P.M., LAKE COUNTY, INDIANA.**

Parcel ID Number: **23-09-0330-0007**

Commonly known as: **802 WEST NORTH STREET  
CROWN POINT, IN 46307**

