

AFFIDAVIT

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

SS: 2005 048846

2005 JUN 14 AM 10:59

MICHAEL A. BROWN

**RICHARD T. MORGAN JR.**, being first duly sworn upon oath, deposes and says:

1. That the Affiant is the child and has personal knowledge of the marital status of the Decedent.
2. That **IRENE JUNE MORGAN** died (~~without~~ leaving a will) on NOVEMBER 21, 2004, at Community Hospital, Lake County, Indiana.
3. That the Decedent and **RICHARD T. MORGAN SR.** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:  
**LOT 4 AND THE EAST 10 FEET OF LOT 3 IN BLOCK 3 IN FIFTH STREET ESTATES THIRD ADDITION TO THE TOWN OF HIGHLAND, AS SHOWN IN PLAT BOOK 31 PAGE 93 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**
4. 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 his death.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. 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.

COMMUNITY TITLE COMPANY  
FILE NO 231188

*[Signature]*  
RICHARD T. MORGAN JR.  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR

FILED  
JUN 13 2005

Subscribed and sworn to before me, a Notary Public this 9 day of June, 2005.

ELIZABETH R. KINZIE  
NOTARY PUBLIC - INDIANA  
COUNTY OF LAKE  
MY COMMISSION EXPIRES  
MAY 8, 2009

*[Signature]*, Notary Public

My Commission Expires:  
County of Residence:

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.

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LP  
1047A  
cm

ATTENTION: NOTE: The Social Security # is being requested by this state agency in order to insure 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. 2802-04

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

ARENTS

FORMANT

POSITION

USE OF ATH

RTIFIER

ALTH FICER

1. DECEASED—NAME (First, Middle, Last) <b>IRENE JUNE MORGAN</b>				2. SEX <b>FEMALE</b>		3a. TIME OF DEATH <b>4:03 AM</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>NOVEMBER 21, 2004</b>				
4. *SOCIAL SECURITY NUMBER <b>305-30-7712</b>		5a. AGE—Last Birthday (Years) <b>74</b>		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) <b>OCTOBER 27, 1930</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>EAST CHICAGO, INDIANA</b>		
8a. WAS DECEDENT A U.S. VETERAN? <b>NO</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		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) <b>THE COMMUNITY HOSPITAL</b>						9c. CITY, TOWN, OR LOCATION OF DEATH <b>MUNSTER</b>			9d. COUNTY OF DEATH <b>LAKE</b>			
10. MARITAL STATUS (Specify) <b>MARRIED</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>RICHARD T. MORGAN SR.</b>			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>SALES CLERK</b>			12b. KIND OF BUSINESS/INDUSTRY <b>RETAIL</b>				
13a. RESIDENCE—STATE <b>INDIANA</b>		13b. COUNTY <b>LAKE</b>		13c. CITY, TOWN, OR LOCATION <b>HIGHLAND</b>			13d. STREET AND NUMBER <b>3114 WIRTH RD</b>					
13e. ZIP CODE <b>46322</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		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) <b>WHITE</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>		
18. FATHER'S NAME (First, Middle, Last) <b>JOSEPH DURCO</b>						19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>JULIA GORDAN</b>						
20a. INFORMANT'S NAME (Type/Print) <b>RICHARD T. MORGAN SR.</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>1310 S. FEDERAL ST. UNIT A CHICAGO, IL 60605</b>				20c. Relationship <b>HUSBAND</b>				
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) <b>NOVEMBER 24, 2004 CHAPEL LAWN MEMORIAL GARDEN</b>				21c. LOCATION—City or Town, State <b>SCHERERVILLE, INDIANA</b>				
22a. EMBALMER'S NAME <b>SCOTT PREWITT</b>				22b. EMBALMER'S LICENSE NO. <b>FD01006861</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Lawrence Miller</i>				24b. LICENSE NUMBER (of Licensee) <b>FD01006015</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>FAGEN-MILLER FUNERAL HOME 2828 HIGHWAY AVE. HIGHLAND, IN 46322 FH83003035</b>						
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. <b>IMMEDIATE CAUSE (Final disease or condition resulting in death)</b> a. <b>METASTATIC BREAST CANCER</b> DUE TO (OR AS A CONSEQUENCE OF) b. <b>MULTI ORGAN DYSFUNCTION SYNDROME</b> DUE TO (OR AS A CONSEQUENCE OF) c. <b>ACUTE MYOCARDIAL INFARCTION</b> DUE TO (OR AS A CONSEQUENCE OF) d. <b>SEPTIC SHOCK</b> Approximate Interval Between Onset and Death <b>DEC 15 2004</b>												
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) <b>NO</b>				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>						
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> <b>CERTIFYING PHYSICIAN</b> 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"/> <b>HEALTH OFFICER</b> 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"/> <b>CORONER</b> 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>[Signature]</i>						29c. MEDICAL LICENSE NO. <b>XW01063644 A</b>		29d. DATE SIGNED (Month, Day, Year) <b>X 11/22/04</b>				
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. U. KATHAIYAN 110 RIDGE RD MUNSTER IN 46321</b>												
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. But...</i>								32. DATE FILED (Month, Day, Year) <b>November 22, 2004</b>				
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. 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)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. <b>cm</b>								