

2005 052931

2005 JUN 28 AM 9:07

TICOR TITLE INSURANCE

MICHAEL A. EDWIN
RECORDER

2

SURVIVORSHIP AFFIDAVIT

STATE OF:)
) SS:
COUNTY OF:)

On this June 2005 Before me personally appeared Glady Jean Dillingham

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 Sole owner
(state interest of affiant in the above premises as owner)

3. Said premises described as follows:
Lot 10 in Block 1 in Albert Reich Subdivision, in the City of Lake Station,
as per plat thereof, recorded in Plat Book 29 page 9, in the Office of the
Recorder of Lake County, Indiana.

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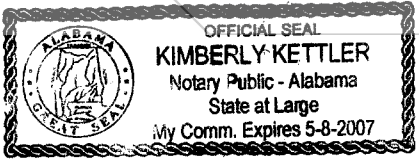
4. Said premises were formerly owned as joint tenants or as tenants by entireties by Gene Warren Dillingham and Gladys Jean Dillingham

5. Said Gene Warren Dillingham (fill in name of co-tenant who died)
 died on Dec 9 1987
 leaving No will;
(insert "a" or "no" if a will has been left, attach a copy)

6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ _____ and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:

7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? NO
(If answer is YES, identify the dissolution proceedings.)

8. Affiant's relationship to the deceased was husband



Signature: Glady Jean Dillingham
 Address: 4521 Little Ridge Drive
Birmingham, AL 35242

State of Alabama
 County of Jefferson

Before me, the undersigned, a Notary Public in and for said County and State, this 7th day of June 05 personally appeared Glady Jean Dillingham

and acknowledged the execution of the foregoing Affidavit.

Kimberly Kettler
 Notary Public
 Resident of Jefferson County
 My Commission expires 5/8/07

Prepared by: Atty. Mark S. Lucas, 300 E. 90th Dr., Merrillville, IN 46410

TICOR MO
920050587

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 27 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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THIS IS A
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EMBALMER'S NAME Gloria Brady LICENSE No. FDE 1016597
 FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S LICENSE No. FDE 1016582 FUNERAL HOME FDH 3001635

Local No. 336187

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

1. RACE - (e.g. White, Black, American Indian, etc.) <u>White</u>		2. SEX <u>Male</u>		3. DATE OF BIRTH (mm, day, yr.) <u>October 29, 1928</u>		4. COUNTY OF BIRTH <u>Lake</u>		5. DATE OF DEATH (month, day, year) <u>December 9, 1987</u>	
6. CITY, TOWN OR LOCATION OF BIRTH <u>Caern Point, Indiana</u>		7. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		8. HOSPITAL OR OTHER INSTITUTION - Name of hospital, post office, and address. <u>St. Anthony's Hospital</u>		9. SURVIVING SPOUSE or other person known to decedent <u>Married</u>		10. WAS DECEASED UNDER FEDERAL INSURANCE ACT? <u>Yes</u>	
11. SOCIAL SECURITY NUMBER <u>[Redacted]</u>		12. USUAL OCCUPATION (during last year of full-time activity) <u>Electrician</u>		13. KIND OF BUSINESS OR INDUSTRY <u>Steel Industry</u>		14. USUAL RESIDENCE LIVED IN DEATH (including apartment, mobile home, etc.) <u>Indiana</u>		15. USUAL RESIDENCE LIVED IN DEATH (including apartment, mobile home, etc.) <u>Lake Station, Indiana 46405</u>	
16. 2222 Ruah Pl. <u>2222 Ruah Pl.</u>		17. IS DECEASED OR BRAIN DECEASED IF YES SPECIFY MEDICAL, CHIEF, PARTIAL, SOCIAL, ETC. <u>NO</u>		18. IS RESIDENCE ON A FARM? <u>NO</u>		19. INSIDE CITY LIMITS (check YES or NO) <u>Yes</u>		20. PARENTS <u>Warren Dillingham, Gladys Dillingham-Wife</u>	
21. DATE OF BIRTH <u>December 12, 1987</u>		22. FUNERAL HOME - (Name and address) <u>Brady Funeral Home, Inc. 3781 Central Ave. Lake Station, IN 46405</u>		23. CHURCH OR CEMETERY - (Name and address) <u>Calvary Cemetery, Portage, Indiana</u>		24. M.D. OR D.O. <u>Ernest C Miner</u>		25. DISPOSITION <u>Burial</u>	
26. HEALTHY OFFICER - (Name and address) <u>9009 Broadway, Merrillville, IN</u>		27. HEALTHY OFFICER - (Signature) <u>[Signature]</u>		28. DATE RECEIVED BY LOCAL HEALTH OFFICER <u>Dec 14, 87</u>		29. SIGNATURE OF LOCAL HEALTH OFFICER <u>[Signature]</u>		30. SIGNATURE OF EMBALMER <u>[Signature]</u>	
31. PART (a) DATE TO BE AS A CERTIFICATE OF DEATH <u>Adverse health hazard determined</u>		32. PART (b) DATE TO BE AS A CERTIFICATE OF DEATH <u>COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.</u>		33. SIGNATURE OF LOCAL HEALTH OFFICER <u>[Signature]</u>		34. SIGNATURE OF EMBALMER <u>[Signature]</u>		35. SIGNATURE OF FUNERAL DIRECTOR <u>[Signature]</u>	

SBH 08-003 State Form 36430
REV. 10/77

DEC. 03 2004