

3

STATE OF INDIANA
COUNTY OF LAKE

)
SS:
2005) 053642

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JUN 19 10 11 AM '05

MICHAEL J. ...
CLERK

AFFIDAVIT OF SURVIVORSHIP

I, Mary Ellen Mayhew, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 2 and 12 in Block 7 as marked and laid down on the recorded plat of J.R. Brant's 45th Avenue Gardens, a subdivision of part of the Southeast 1/4 of Section 25, Township 36 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, as per plat thereof, recorded in Plat Book 21 page 19, in the Office of the Recorder of Lake County, Indiana.

Tax Key Nos.: 39-103-2
39-103-12

Commonly known as 4409 Calhoun, Gary, Indiana 46408

3. The decedent, Erma Charbonneau, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 19th of December, 1997, and recorded in the Office of the Lake County Recorder as Document No. 97089648.

4. The decedent and myself jointly held title to said real estate until the death of Erma Charbonneau on the 11th day of February, 2003, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Erma Charbonneau.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

JUN 29 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

02376
1400
3092
M

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. 351-03

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for: 1 DECEASED—NAME (Erma E. Charbonneau), 2 SEX (Female), 3a TIME OF DEATH (5:50 A M), 3b DATE OF DEATH (February 11, 2003), 4 SOCIAL SECURITY NUMBER (311-32-1725), 5a AGE (83), 6 DATE OF BIRTH (June 10, 1919), 7 BIRTHPLACE (Whittmore, Iowa), 9a PLACE OF DEATH (St. Anthony Hospital), 10 MARITAL STATUS (Widowed), 11 SURVIVING SPOUSE (N/A), 12a DECEASED'S USUAL OCCUPATION (Packer), 12b KIND OF BUSINESS/INDUSTRY (Manufacturing), 13a RESIDENCE—STATE (Indiana), 13b COUNTY (Lake), 13c CITY, TOWN OR LOCATION (Gary), 13d STREET AND NUMBER (4409 Calhoun Street), 13e ZIP CODE (46408), 14 CITIZEN OF WHAT COUNTRY (U.S.A.), 15 WAS DECEASED OF HISPANIC ORIGIN? (No), 16 RACE (White), 17 DECEASED'S EDUCATION (8), 18 FATHER'S NAME (Ralph Darr), 19 MOTHER'S NAME (Edith Toms), 20a INFORMANT'S NAME (Mary Ellen Mayhew), 20b MAILING ADDRESS (4409 Calhoun St. Gary, Indiana 46408), 20c Relationship (Daughter), 21a METHOD OF DISPOSITION (Burial), 21b DATE AND PLACE OF DISPOSITION (February 14, 2003, Chapel Lawn Cemetery), 21c LOCATION (Schererville, Indiana), 22a EMBALMER'S NAME (Ronald L. McClain Jr.), 22b EMBALMER'S LICENSE NO (FDO9100816), 23 WAS DEATH REPORTED TO CORONER? (No), 24a SIGNATURE OF FUNERAL DIRECTOR (C.A. Kuiper), 24b LICENSE NUMBER (FDO1014511), 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH19900008), 26 PART I IMMEDIATE CAUSE (Bladder Carcinoma), 26 PART II Other significant conditions, 27 WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a WAS AN AUTOPSY PERFORMED? (No), 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (N/A), 29a CERTIFIER (Certifying Physician), 29b SIGNATURE AND TITLE OF CERTIFIER (George Barback MD), 29c MEDICAL LICENSE NO (01031717), 29d DATE SIGNED (2/12/03), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (George Barback MD, 11215 Indiana Ave Crown Point IN 46307), 31 HEALTH OFFICER'S SIGNATURE (Susan W. East D.O.), 32 DATE FILED (February 13, 2003), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED, 34e PLACE OF INJURY, 34f LOCATION, 34g DATE PRONOUNCED DEAD, 34h MOTOR VEHICLE ACCIDENT? (No).

DECEASED

PARENTS

FORMANT

POSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER