2

STATE OF INDIANA)
) SS:
LAKE COUNTY)

2005 084725

AFFIDAVIT OF SURVIVORSHIP

2472LK05

BEATRICE E. WRIGHT ("affiant"), being first duly sworn upon her oath, states as follows:

1. I am an adult resident of the City of Hobart, Lake County, Indiana and have personal knowledge of all facts stated herein.

2. My father, EXTER L. WRIGHT and I were owners as joint tenants with right of survivorship and not as tenants in common of a certain parcel of real estate improved with a single family dwelling located at 631 South Wisconsin Street, Hobart, Indiana 46342 and legally described as follows:

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2005 SEP 26 AM 10:28
CHARLENA BROWN
RECORDER

Lots 18 and 19, Block 4, Patzel Lakeview Summer Resort in the City of Hobart as shown in Plat Book 16, Page 30 in the Office of the Recorder of Lake County, Indiana.

Said parcel bears Key Number 27-18-0108-0018

3. EXTER L. WRIGHT died on December 27, 2002 at Hobart (Lake County), Indiana. A complete copy of his duly issued Certificate of Death is attached hereto and made a part hereof as Exhibit A.

4. This affidavit is given to document the death of Exter L. Wright upon the public record and to vest title to said real estate at the time of his death in the affiant by operation of law.

FURTHER AFFIANT SAITH NAUGHT.

FILED
SEP 26 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Beatrice E. Wright
BEATRICE E. WRIGHT

SUBSCRIBED AND SWORN to before me, a duly appointed Notary Public in and for said county and state, on this 21 day of September, 2005.

S E A L

Notary Public Karen J. Naminski
(Name Printed)

My Commission Expires: 3-31-08
County of Residence: Porter

12.00 MT

009935

This instrument prepared by Anthony DeBonis, Jr., Attorney at Law, SMITH & DeBONIS, LLC, 9696 Gordon Drive, Highland, Indiana 46322. (219) 922-1000

HOLD FOR MERIDIAN TITLE CORP
2472LK05

10 Reg
2 Ver
12 Total

* **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.

Local No. 3086-02

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10 2472LK05

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
EXTER L. WRIGHT SR	Male	10:10 PM M	December 27, 2002

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo. Day. Yr)	7. BIRTHPLACE (City and State or Foreign Country)
028-16-3754	76			October 5, 1926	Mart Texas

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
YES	1947	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☒ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Miller's Merry Manor	Hobart	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Tool Hardner	Automotive

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Hobart	631 S. Wisconsin St.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46342	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Exter Wright	Ella Belle Blaalock

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Beatrice Wright	631 S. Wisconsin St., Hobart, IN 46342	Daughter

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	Jan 6, 2003 Calvary Crematory	Portage IN

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
James J. Krause	FD01006463	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James J. Krause	FD01006463	Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CORONARY HEART DISEASE	
	DUE TO (OR AS A CONSEQUENCE OF):	
	b. CEREBRAL INFARCTION	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF):	
	c. PNEUMONIA / SEPSIS	
	DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

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)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	No	No	No

CERTIFIER

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) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Rodolfo L. Jao MD	01026118	1-6-03

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Rodolfo L. Jao MD 1400 S. Lake Park Ave, Ste.300, Hobart, IN 46342

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Susan J. Burton DO	1-6-2003

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined				

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.

SDH06-004 State Form 10110 (R5/1-99)