

CHICAGO TITLE INSURANCE COMPANY

AT 58507

CHICAGO TITLE INSURANCE COMPANY



CONFIDENTIAL AFFIDAVIT

Order No.: 055099RT

Affidavit for the use of CHICAGO TITLE INSURANCE COMPANY... assists in determining whether certain matters of record affect the title under consideration or whether they relate to other persons whose names are similar to those of the owner or former owners. Please draw a line through alternate statements which do not apply.

STATE OF INDIANA

SS:

COUNTY OF Lake

Norma Ann Felton, Personal Rep being duly sworn upon oath deposes and says that (he)(she) is the (Seller)(Buyer) of the premises described in the application referred to above for title insurance policy or policies.

- 1. That affiant is Roy A. Thompson was 80 years of age at the time of his death.
2. Affiant's Social Security No. is Roy A. Thompson's [redacted] - 5642
3. That affiant Roy A. Thompson
a. () has never been married.
b. (X) was married to Esther M. Thompson, who is now deceased.
c. () is now married to

Said marriage having taken place in

- d. (X) has never been divorced.
e. () was married to

name in year and divorced in year

Case No. County State and divorced in Case No. County State

- 4. That affiant Roy A. Thompson
a. (X) has never been known by any other name.
b. () changed name from to in year in Case No. County State

- 5. That affiant Roy A. Thompson
a. (X) has never been adjudged a bankrupt.
b. () was adjudged a bankrupt in Case No. in Cause No. the United States District Court for the District of

- 6. a. (X) That there are NO unsatisfied or unreleased recognizance bonds, decrees or liens of record in County, Indiana against affiant, or Roy A. Thompson
b. () Affiant is a party to the following cases:

Table with 5 columns: Case & Court, Plaintiff, Defendant, Date of Judgment, Amount

FILED

FEB 06 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

2006 009653

2006 FEB - 7 AM 9:55

MICHAEL A. BROWN RECORDER

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

Handwritten initials and marks: 1600, CT, B

7. That during the past 10 years affiant has RESIDED at the following addresses, and none other:

From (date)	To (date)	Street No.	City	State
Dec. 1964		938 Sibley St	Hammond	IN 46320

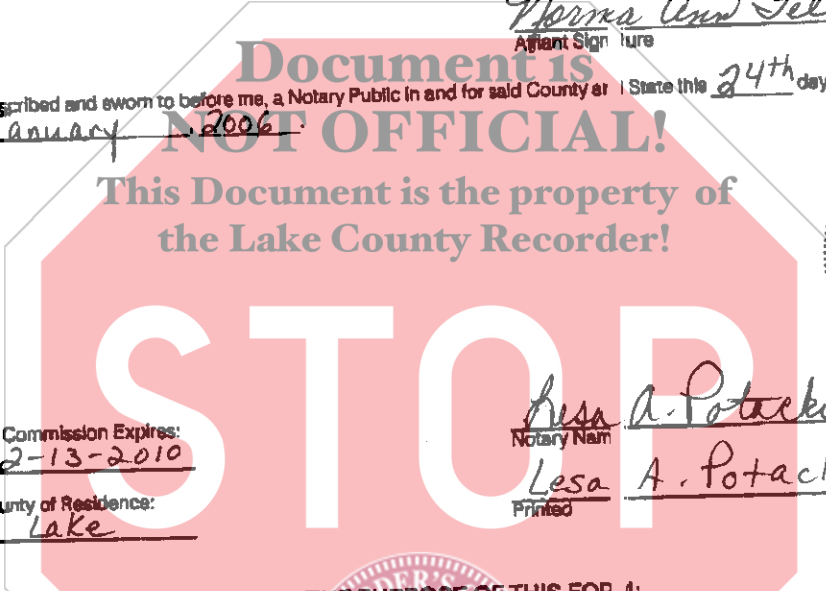
8. That during the past 10 years, affiant has had the following OCCUPATIONS, and business address, and none other:

From (date)	To (date)	Occupation	Employer	Place of Business
		Retired		

Further, affiant makes this affidavit for the purpose of inducing the CHICAGO TITLE INSURANCE COMPANY to issue its Title Insurance Policy(s) and/or its commitment for title insurance, prior to the issuance of the above policy(s), free and clear of all judgments, decrees, bankruptcies, divorce and change of name proceedings against persons whose names are the same as affiant or similar thereto.

Norma Ann Felton
Affiant Signature

Subscribed and sworn to before me, a Notary Public in and for said County of Lake, State this 24th day of January, 2006



My Commission Expires:

2-13-2010

County of Residence:

Lake

Lesia A. Potacki
Notary Name

Lesia A. Potacki
Printed

THE PURPOSE OF THIS FORM IS:

We don't like to ask you to fill out this statement of information. We don't want you to think we are unnecessarily interested in your personal affairs. We are not. We have been asked to insure the title to real property in which you are interested, and if you will give us the information called for, it will help us do our job accurately and expedite the closing of your transaction.

This is a very populous area of the state. Please think a moment how many of those residents have the same or similar names. In searching the public records relating to your title we will probably encounter judgments, bankruptcies, divorces and income tax liens involving persons with names very similar to yours. Such items cloud the title until eliminated by personal identification information showing you are not the persons involved in these matters. Therefore, we need to know something about you - and something about your husband or wife, too, if you are married - so that we may eliminate reference to all matters not affecting the title to property you now own or may acquire.

By filling out this form in full, you are helping to make it possible for us to give you the prompt service we are sure you would like to receive.

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

THIS CERTIFIES THE FOLLOWING IS A TRUE COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Local No. 552

CERTIFICATE OF DEATH

Date Issued July 15, 2002 Hammond Health Commission

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

Form with fields for: 1. DECEASED-NAME (ESTHER M. THOMPSON), 2. SEX (Female), 3a. TIME OF DEATH (8:40 AM), 3b. DATE OF DEATH (July 13, 2002), 4. SOCIAL SECURITY NUMBER, 5a. AGE (78), 6. DATE OF BIRTH (June 27, 1924), 7. BIRTHPLACE (Francisco, Indiana), 8a. WAS DECEDENT A U.S. VETERAN? (No), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (N/A), 9a. PLACE OF DEATH (938 SIBLEY STREET, HAMMOND, LAKE), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (ROY THOMPSON), 12a. DECEASED'S USUAL OCCUPATION (HOMEMAKER), 12b. KIND OF BUSINESS/INDUSTRY (OWN HOME), 13a. RESIDENCE-STATE (INDIANA), 13b. COUNTY (LAKE), 13c. CITY, TOWN, OR LOCATION (HAMMOND), 13d. STREET AND NUMBER (938 SIBLEY STREET), 13e. ZIP CODE (46320), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (WHITE), 17. DECEASED'S EDUCATION (10), 18. FATHER'S NAME (W. L. PHILLIPS, SR.), 19. MOTHER'S NAME (ETHEL BROACH), 20a. INFORMANT'S NAME (ROY A. THOMPSON), 20b. MAILING ADDRESS (938 SIBLEY STREET, HAMMOND, IN 46320), 20c. Relationship (Husband), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (Jul 16, 2002, CHAPEL LAWN MEMORIAL GARDENS), 21c. LOCATION (SCHERERVILLE IN), 22a. EMBALMER'S NAME (DAVID F MCCOY), 22b. EMBALMER'S LICENSE NO (FDO8700581), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FDO1042047), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (BOCKEN FUNERAL HOME, INC. 7042 KENNEDY AVENUE, HAMMOND, IN), 26. PART I: IMMEDIATE CAUSE (ALZHEIMERS/CEREBROVASCULAR DISEASE), 26. PART II: Other significant conditions (ATRIAL FIBRILLATION, CAROTID STENOSIS, ANEMIA, EMPHYSEMA, PELVIS FRACTURE), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER (Evan H Geissler, D.O.), 29c. MEDICAL LICENSE NO (02000568), 29d. DATE SIGNED (7/15/02), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (EVAN H GEISSLER, D.O. 7134 CALUMET AVENUE, HAMMOND, IN 46324), 31. HEALTH OFFICER'S SIGNATURE (Franklin J. Sremuda, M.D.), 32. DATE FILED (July 15, 2002), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK? (No), 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (No)

DECLARATION

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

