

DECEASED JOINT TENANT AFFIDAVIT

State of Indiana)
County of) SS

Date:
File:

Henry E. Quigley, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says;

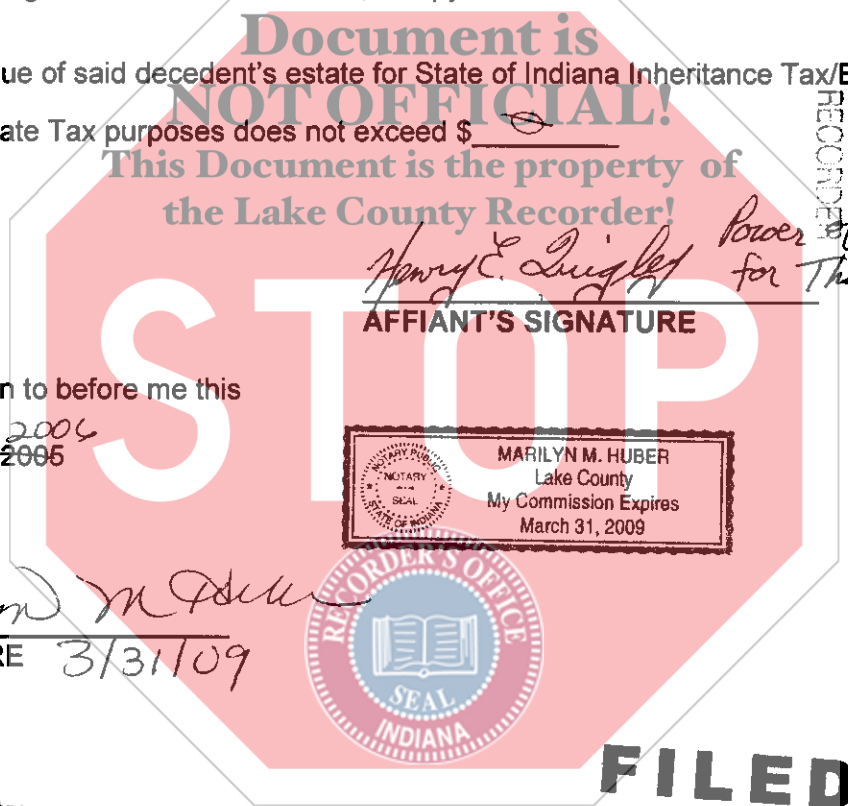
- 1. That he/she resides at: 4520 W. Ridge Rd Lot 143, Gary, IN 46408
Margaret Quigley
- 2. That he/she was acquainted with Kathryn who died on 12/18/89
evidence by the attached certified copy of the death certificate.
- 3. That said decedent was one of the owners of the land described in the above captioned commitment.
- 4. That said decedent died:
 leaving no will and last testament.
 leaving a last will and testament, a copy of which is attached.
- 5. That the total value of said decedent's estate for State of Indiana Inheritance Tax/~~Estate~~ and Federal Estate Tax purposes does not exceed \$ _____

2006 018169

2006 MAR - 3 11:40

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MICHAEL A. BROWN
RECORDER



Henry E. Quigley Power of Attorney for Thomas Quigley
AFFIANT'S SIGNATURE

Subscribed and sworn to before me this
22 day of March, 2006



Marilyn M. Huber
NOTARY SIGNATURE 3/31/09



FILED

After Recording Return to:
This Document was Prepared By:

MAR - 3 2006

004781

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CHK
50003
2000
P.J.M.

48215-89

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No.

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1. DECEASED—NAME (First, Middle, Last) Kathryn Margaret Quigley			2. SEX Female		3a. TIME OF DEATH 11:00 A.M.		3b. DATE OF DEATH (Month, Day, Yr.) December 18, 1989		
4. SOCIAL SECURITY NUMBER 422-32-5186		5a. AGE—Last Birthday (Years) 69		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. PLACE OF BIRTH (Month, Day, Yr.) August 3, 1920	
7a. WAS DECEDENT A U.S. VETERAN? no		7b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) 4950 Whitcomb Street				9c. CITY, TOWN, OR LOCATION OF DEATH Griffith			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Thomas		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Housewife			12b. KIND OF BUSINESS/INDUSTRY Own		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Griffith			13d. STREET AND NUMBER 4950 Whitcomb Street		
13e. ZIP CODE 46319		14. CITIZEN OF WHAT COUNTRY? U.S.		15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12th College (1-4 or 5+) 	
18. FATHER'S NAME (First, Middle, Last) John Henry Palmer				19. MOTHER'S NAME (First, Middle, Maiden Surname) Ethel Wise					
20a. INFORMANT'S NAME (Type/Print) Thomas Quigley				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4950 Whitcomb St., Griffith, In. 46319				20c. Relationship Husband	
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) December 21, 1989 Ross Cemetery				21c. LOCATION—City or Town, State Gary, Indiana		
22a. EMBALMER'S NAME Robert J. Dellenbach				22b. EMBALMER'S LICENSE NO. FD01045265		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Robert J. Dellenbach</i>				24b. LICENSE NUMBER (of License) FD01045265		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME #PH83002403 Dellenbach Funeral Chapel P.O. Box 2038, Hammond, In. 46323			
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.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)		Cardio-pulmonary Arrest					Approximate Interval Between Onset and Death Seconds		
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE STATEMENT OF THE CAUSE OF DEATH AS A CONSEQUENCE OF:		a. Static Breast Carcinoma					Years 5		
b. DUE TO (OR AS A CONSEQUENCE OF):									
c. DUE TO (OR AS A CONSEQUENCE OF):									
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) no		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) no		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)					
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN 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"/> 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. <input type="checkbox"/> 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 <i>John A. Hoel</i>						29c. MEDICAL LICENSE NO. 02000872		29d. DATE SIGNED (Month, Day, Year) Dec. 18, 1989	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Type/Print) 13 W. LINCOLN HWY. SCHEFFVILLE, IN 46375									
31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>							32. DATE FILED (Month, Day, Year) Dec 18, 1989		
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.						

EXHIBIT "A"

**THE WEST 150.2 FEET OF THE EAST 435.2 FEET OF THE NORTH 304 FEET OF THE
NORTHEAST QUARTER OF THE NORTHWEST QUARTER OF PART OF GOVERNMENT LOT
3, IN THE SECTION 24, TOWNSHIP 36 NORTH, RANGE 9 WEST OF 2ND P.M., IN LAKE
COUNTY, INDIANA.**

PARCEL ID NUMBER: 41-49-0040-0010

COMMONLY KNOWN AS: 5475 WEST 29TH AVE., 5415 WEST 29TH AVE., 2980 BURR ST.
GARY, IN 46406



EXHIBIT "A"

THE EAST 130 FEET OF THE WEST 150 FEET OF THE EAST 305 FEET OF THAT PART OF GOVERNMENT LOT 3, IN SECTION 24, TOWNSHIP 34 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF GOVERNMENT LOT 3, THENCE SOUTH 304 FEET; THENCE DUE WEST 435.2 FEET; THENCE NORTH 304 FEET; THENCE DUE EAST 435.2 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.

PARCEL ID NUMBER: 41-49-0040-0075

COMMONLY KNOWN AS: 5415 WEST 29TH AVENUE
GARY, IN



EXHIBIT "A"

PART OF GOVERNMENT LOT 3 IN THE FRACTIONAL EAST 1/2 OF THE NORTHWEST 1/4 IN SECTION 24, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN IN LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: COMMENCING AT A POINT 304 FEET SOUTH OF THE NORTHEAST CORNER OF SAID GOVERNMENT LOT 3, THENCE SOUTH 304 FEET; THENCE WEST 435.2 FEET; THENCE NORTH 304 FEET THENCE EAST 435 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.

PARCEL ID NUMBER: 41-49-0040-0068

COMMONLY KNOWN AS: 2980 BURR STREET
GARY, IN



Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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

