ICOR TITLE INSURANCE

AFFIDAVIT	12
STATE OF INDIANA)	S
) SS: COUNTY OF LAKE)	78
GAIL M. KEITH, being first duly	
sworn upon oath, deposes and says:	
1. That DAVID 2005 at 12:40 A.M.	21
2. That DAVID E KEITH and GAIL M. KEITH were duly and legally married at the time they acquired title as husband and wife to the following described real estate:	
Lot 51 in Sandridge Estates Unit No. 2-A, in the Town of Sche	
as per plat thereof, recorded in Plat Book 45 page 5, in the of the Recorder of Lake County, Indiana.	***
of the Recorder of Lake County, Indiana. /3-/96-30(20)	
Z.	a: 05
3. That the marital relationship which existed between them at the time they	
acquired title to said real escate remained in	
date of (his) (her) death. 4. That all of the assets of said decedent which would be includable for including injust bank accounts and life insurance	
Federal Estate lax purposes, including to necessitate payment of Federal Estate on decedent's life were not sufficient to necessitate payment of Federal Estate	
the Lake County Recorder!	•
Further affiant sayeth not.	
rarther arribite sujeth noo.	
Gaia made in	/
Gail Mr. Keith	<u>v</u>
Subscribed and sworn to before me, a Notary Public, this day of	
February, M. 200.6	
	_
Jussia M. Belfa)
Jessica M. Belford	<u>. </u>
My Commission expires:	
07-19-2009	
County of Residence:	
Coil M. Roith MAR 17 2000	
This Instrument prepared by Gall M. Relth WAR 17 2006	

Ticor-Scher. 920061379

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR 05860

being requested pursue its statute	STATE: The Social Security If by this state agency in ord ory responsibility. Disclosu are will be no penalty for ref	ier to ire is	INDIANA	STA	TE DEP	ARTME	NT (OF HE	ALTH H	HIS CEI DAAPLE AJAMAO	RTIFIES THE FOL TE COPY OF DE IND HEALTH DE	OWING ATH CH PARTMEN	IS A TRUE AND THE WITH THE		
Local No.	Compare will be no penalty for refusal.									Steam 20 300 Harmond Health Johnmestoner					
ı				AL PER IC	3 16-37-1-10				<u> </u>		·-				
TYPE/PRINT	1. DECEASED-NAME (First, 1	.ast)		2. SEX		3a. TIME OF DEAT		3b. DATE OF DEATH (Month, Day, Yr.)							
IN	David E. Keith		Male		12:40 A	м	April 15, 2005								
PERMANENT	4. *SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER 5a. AGELast Birthday (Years)				5b. UNDER 1 YEAR 5c. UNDER 1 DAY Months Days Hours Minutes			6. DATE OF BIRTH (Mo. Day, Yr) 7. BIR				RTHPLACE (City and State or Foreign Country)		
BLACK INK	9634		58				October 27, 1946			Ch	Chicago, Illinois				
DESCRIPTION .	8a. WAS DECEDENT		AR LAST SERVED IN				Ba. PLACE (OF DEATH (Check only one. See	e instruc	ctions.)				
	A U.S. VETERAN?	U.S	U.S. ARMED FORCES? N/A- HOSPITAL:			Inpatient ER/Outpatient DOA			Nursing Home	K o	her (Specify)				
DECEDENT	9b. FACILITY NAME (If not institu	ution, gh	tion, give street and number)				9c. CITY, TO	OWN, OR LO	CATION OF DEATH	OF DEATH 9d. COUNTY OF DEATH					
	Select Specialty Hosp	nital	5454 Hohman				Hammond				Lake				
	10. MARITAL STATUS		RVIVING SPOUSE	12a. DECEDENT			TS USUAL OCCUPATION (Give kind of work			12	12b. KIND OF BUSINESS/INDUSTRY				
	(Specify)	(If wife, give maiden name)					ne during most of working life. Do not use retired)								
	Married	-		M. Crohan Co							omputer Cor	npany			
	13a. RESIDENCESTATE	13b. COUNTY 13c. CITY, TOWN, OR LOCATIO				ATION			. STREET AND NUM						
	Indiana	Lake	Lake Schererville					63	0 Julie Drive						
	13e. ZIP CODE 13f. INSIDE CITY No D		14. CITIZEN OF WHAT COUNTI	RY?	X No Yes			16. RACE—American Indian, Black, White, etc. (Specify)				DECEDENT'S EDUCATION y only highest grade completed)			
	13g. ON A FARI	M?			Mexican, Puerto Rican, e			(Openy)			Elementary/Seconda	ry (0-12)	College (1-4 or 5+)		
	46375 RTNo 1	Yes	U.S.A.					Cauca	sian		12		2		
PARENTS	18. FATHER'S NAME (First, Middle		1 + 1-1-1				19. MOTHE	R'S NAME (F	irst, Middle, Maiden	Suman	ne)				
	Edward Kozlowski	,	•]	Ruth Ha	acker							
INFORMANT	20a. INFORMANT'S NAME (Type/	Print)			20b. MAILING AC	ORESS (Street a	and Number	or Rural Rou	te Number, City or T	own, Si	tate, Zip Code)	20c. Rela	tionship		
	Gail M. Keith				630 Julie D	rive Schere	rville I	ndiana 4	16375			Wife			
	21a. METHOD OF DISPOSITION	<u> </u>		l out	DATE AND PLACE (_		240 10	CATIONCity or Tox				
		_	ombment moval from State		other place) Ap	,		төгөгү, сгепт	aloiy, or	210. LO	CATION CAY OF TO	VIII, GLEICE			
	<u> </u>		movai irom State		apel Lawn M	•				Scher	reville, India	ma			
	Donation Other (Specia	^(y) —			<u> </u>		udens	\							
DISPOSITION	22g. EMBALMER'S NAME			400	22b. EMBALMER'S	LICENSE NO.	15	23. WA	S DEATH REPORTS	D TO C	CORONER?				
Steven J. Struck FD08600181 X No Yes															
Ì	24a. SIGNATURE OF FUNERAL DIRECTOR 24b. LICENSE NUMBER 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME														
	Chapel Lawn Funeral Home, FH19900051														
	David Q. Markachacume 20500014 he pro 18178 Cline Avenue, Schererville, Indiana, 46375														
	Depute 4.	ДK	Muny	ocu						cnere	rville, indiar	a, 4637			
	26, PART I. Enter the dise arrest, shock,	ases, in or heart	uries, or complications that failure. List only one caus	e on sach lin	death. Do not enter				tory				Approximate Interval Between		
	arrest, shock, or heart failure. List only one disse on each line. OF O'ALY ARTERY DISEASE IMMEDIATE CAUSE [Final dissease or small title as a consequence of provided in the consequence of the conseque														
	IMMEDIATE CAUSE (Final		DUE TO (OR AS A CONSEQUENCE OF)					13CASE							
CAUSE OF	disease or condition resulting in death)				CREN										
DEATH	• •				AS A CONSEQU										
	Conditions, if any, which gave rise to the immediate cause,				INTEST		LEE.	D							
	stating the underlying		DŲ	E TO (OR	AS A CONSEQU	JENCE OF):									
	cause last		d.			1					av	DE 41.77	OV EINIDIANOS		
	PART II. Other significant conditions	s - Condi	tions contributing to death	but not previ	iously stated in Part I	PF	AS DECEDE REGNANT O	R 90 DAYS	28a. WAS AN A PERFORM	VED?	AV/	ILABLE PR	SY FINDINGS IOR TO		
							OSTPARTUN 'Yes or No)	A?	(Yes or N	0)		MPLETION DEATH? (Y	OF CAUSE es or No)		
							No		No				NO		
		CERT	IFYING PHYSICIAN To	the best of n	ny knowledge, death	occurred at the tim	e, date, and	place, and du	e to the cause(s) as	stated.		-			
	(Check only one)	HEAL	TH OFFICER On the ba	sis of examir	nation and/or investig	ation, in my opinio:	n, death occi	urred at the tin	ne, date, and place, a	and due	to the cause(s) as st	ated.			
		CORC	NER On the basis of e	examination a	and/or investigation, i	n my opinion, deat	h occurred a	t the time, dat	e, and place, and due	to the	cause(s) and manner	as stated.			
	296. SIGNATURE AND TITLE OF	CERTIF	ER					21	OC. MEDICAL LICEN	ISE NO.	. 29d. DA	E SIGNED	(Month, Day, Year)		
CERTIFIER	11								0105542	261	4 4/20/5				
ţ	50. NAME AND ADDRESS OF PERSON WHO COMPLETE <mark>D CAUSE OF DEATH (ITEM 28) (Type/Print)</mark>														
	, K. MAJETY	51	+54 HO HM.	AW.	AVELL	AMMON	VD I	AN Y	6321			-			
HEALTH	31. HEALTH OFFICER'S SIGNATU	IDE .				ALA LUZ		/			32 DATE	ERED A	Month Day Year		
OFFICER	ST. REALTH OFFICER'S SIGNATO	JKE	Q_{1}	V	A Allen			4			32. DATE FILED (Month, Day, Year)				
				$\Delta \geq$	Sau	01. 18 to 1	MI	<u> </u>			Horis	20	<u> 2005 </u>		
ſ	33. MANNER OF DEATH		348. DATE OF INJUR		34b. WE OF	34c. INJUDY A		34d. D	ESCRIBE HOW INJU	JRY OC	CURRED	— 7			
i			(Month, Day, Yea	n	MJURY	(Yes or no	"	1							
	Natural Pending												Į		
- 1	Accident												ŀ		
1			04- 01-05-05-05-05-05-05-05-05-05-05-05-05-05-	N 44 5	(office.	944 100	CATION (E)	et and Number or R	turn) =-	uta Number Cit	Town St-1			
1	Suicide Could no		34e. PLACE OF INJUF building, etc (Spe		ream, street, factory.	ONICO	347, LO	الله الله	on and Manager Of K	UI CO TO	was received, city of	. own, add	"		
1	Homicide												ļ		

34g. DATE PRONOUNCED DEALYMonth, Day, Year) 34h. MOTOR VEHICLE ACCIDENT (Yes or no) If yes specify driver, passenger, pedestrian, etc.

County form 170

Prescribed by the State Board of Accounts (2005)

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 herby affirm under the penalties of perjury:

- the Lake County Recorder!

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

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

Signature of Declarant

Printed Name of Declarant

Verified for Recording by Ticor Title Insurance Company

hris Burk