

990060171



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this MARCH 7TH, 2006 before me personally appeared MARCH
(insert date)

KATHRYN FLARIS BLAIR AKA KATHRYN G. FLARIS

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is OWNER
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by JAMES E BLAIR and KATHRYN FLARIS BLAIR

4. Said JAMES E BLAIR
(fill in name of co-tenant who died)
died on MARCH 3, 2002

leaving NO will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

SEE ATTACHED

FILED

MAR 21 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

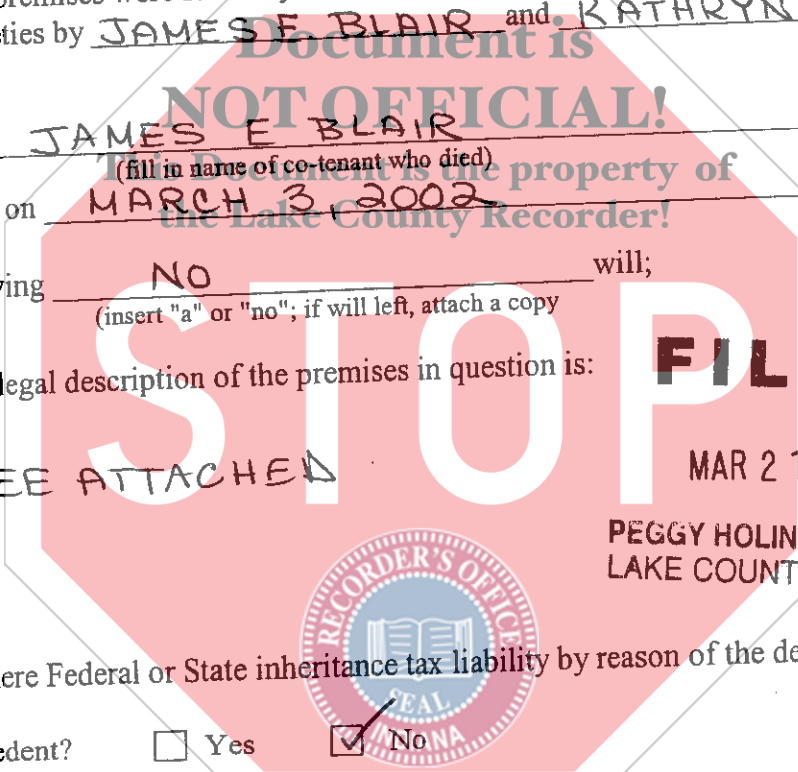
If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

SOUTHSHORE TITLE LLC
11055 BROADWAY
CROWN POINT, IN 46307

006018

SOUTHSHORE TITLE LLC 990060171



2006 023473

\$18
SS
CAN

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes", identify the divorce proceedings:

8. Affiant's relationship to the deceased was SPOUSE

Signature: Kathryn G. Flaris

Printed Name KATHRYN G. FLARIS

Address: 1529 GLENEAGLES DR.

DYER IN 46311

Subscribed and sworn to before me by the affiant

This 7TH DAY OF MARCH, 2006
(insert date)

Cecelia Szeplakay
Notary Public

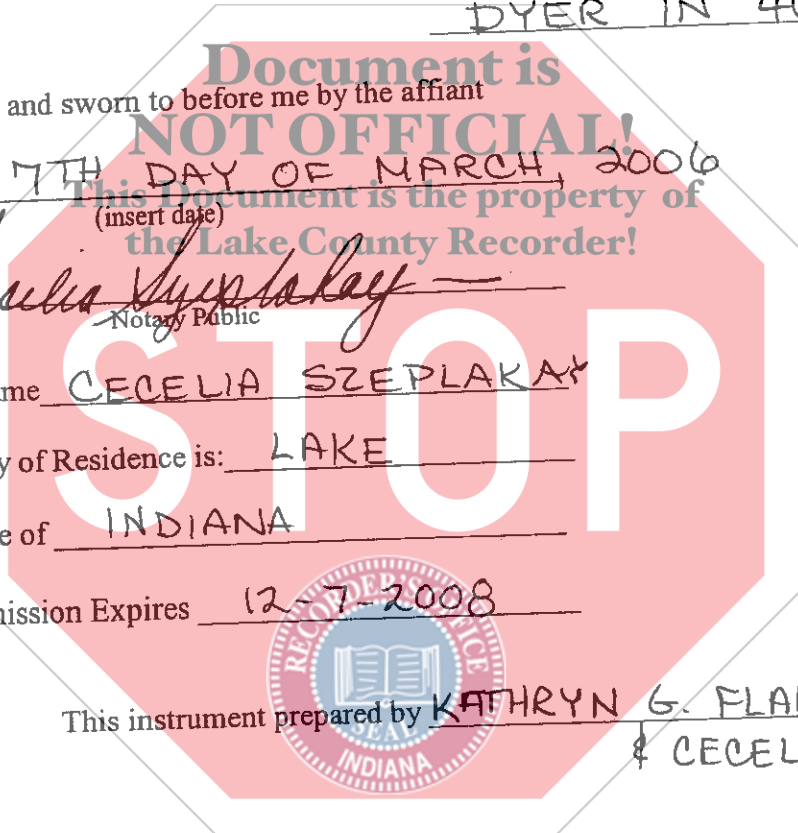
Printed Name CECELIA SZEPLAKAY

My County of Residence is: LAKE

In the State of INDIANA

My Commission Expires 12-7-2008

This instrument prepared by KATHRYN G. FLARIS /
& CECELIA SZEPLAKAY



Addendum "A"

Parcel 1: Part of Lot 1, Replat of Briar Ridge Country Club Addition, Unit 17, a Planned Unit Development in Dyer, as per plat thereof, recorded in Plat Book 67 page 48, in the Office of the Recorder of Lake County, Indiana, more particularly described as follows: Commencing at the Southeast corner of said Lot 1; thence South 88 Degrees 38 minutes 38 seconds West along the South line of said Lot 1, also being the Dyer/Schererville Municipal line, a distance of 275.17 feet to the point of beginning, thence continuing along said line, a distance of 52.28 feet, thence North 01 degree 25 minutes 54 seconds West, a distance of 120.00 feet to a point on the North line of said Lot 1; thence South 88 degrees 38 minutes 38 seconds East along said North line, a distance of 52.44 feet; thence South 01 degree 21 minutes 22 seconds East, a distance of 120.0 feet to the point of beginning.

Parcel 2: Part of the Northeast 1/4 of Section 6, Township 35 North, Range 9 West of the Second Principal Meridian, Lake County, Indiana, being a parcel of property South and adjacent to Lot 1, Replat of Briar Ridge Country Club Addition, Unit 17, a Planned Unit Development in Dyer, as per plat thereof, recorded in Plat Book 67 page 48, in the Office of the Recorder of Lake County, Indiana more particularly described as follows:

Commencing at the Southeast corner of said Lot 1; thence South 88 degrees 38 minutes 38 seconds West along the South line of said Lot 1, also being the Dyer/Schererville Municipal line, a distance of 299.44 feet to a point of beginning, also being a point of curve; thence Southwesterly along a curve concave to the Southeast and having a radius of 225.00 feet an arc distance of 28.08 feet; thence North 01 degree 25 minutes 54 seconds West, a distance of 1.75 feet; thence North 88 degrees 38 minutes 38 seconds East along the Dyer/Schererville Municipal line, a distance of 28.01 feet to the point of beginning.



* 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. 931-02

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

1. DECEASED—NAME (First, Middle, Last) James Blair		2. SEX Male	3a. TIME OF DEATH 5:47P	3b. DATE OF DEATH (Month, Day, Yr) March 3, 2002
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 63	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Nov. 8, 1938
7. BIRTHPLACE (City and State or Foreign Country) Pittsburgh, PA	8a. WAS DECEDENT A U.S. VETERAN? Yes			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1965		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 checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9b. FACILITY NAME (If not institution, give street and number) 1529 Glen Eagle Dr.		9c. CITY, TOWN, OR LOCATION OF DEATH Dyer	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Kathryn Flaris	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use, retired) Director of Public Affairs	12b. KIND OF BUSINESS/INDUSTRY Inland Steel	
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Dyer	13d. STREET AND NUMBER 1529 Glen Eagle	
13e. ZIP CODE 46311	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 5+		18. FATHER'S NAME (First, Middle, Last) Nathan Blair		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Jessica N.a.		20a. INFORMANT'S NAME (Type/Print) Kathryn Blair		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1529 Glen Eagles Dr. Dyer, IN 46311		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) March 7, 2002 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, IN
22a. EMBALMER'S NAME John T. Noble		22b. EMBALMER'S LICENSE NO. 9000031	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1045184	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home#3004968 8415 Calumet Munster, IN 46321	
26. PART I: Enter the disease, 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) a. Esophageal carcinoma with DUE TO (OR AS A CONSEQUENCE OF) b. LUNG AND LIVER METASTASIS DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last EMO				Approximate Interval Between Onset and Death
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 checked="" 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>[Signature]</i>			29c. MEDICAL LICENSE NO. 01031582	29d. DATE SIGNED (Month, Day, Year) March 4, 2002
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Lyle Munn, M.D. 4321 Fir St. East Chicago, IN 46312				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) March 5, 2002
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 COMPLETELY THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. THIS CERTIFICATE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.		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) March 0 5 2002		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

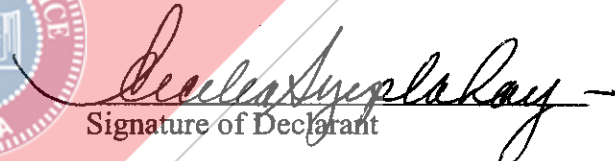
This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

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 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

CECELIA SZEPLAKAY
Printed Name of Declarant