

LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)

COUNTY OF LAKE)

SS: 2006 023822

2006 TAX I.D. NO. 25-46-328-20

HEIRSHIP AFFIDAVIT

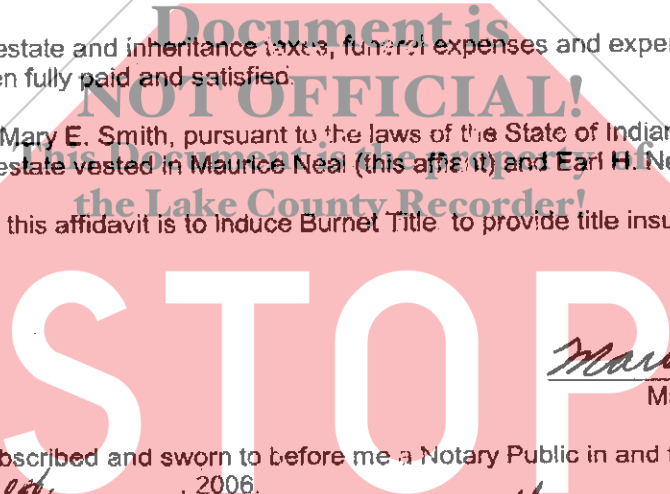
Maurice Neal, being first duly sworn upon his oath, deposes and says:

1. That he is 57 years old and a surviving heir of Mary E. Smith and makes this affidavit based upon his own personal knowledge.
2. That by Warranty Deed recorded June 15, 1976 as Instrument No. 357600 in the Office of the Recorder of Lake County, Indiana, Mary E. Smith, acquired title to the following described real estate located in Lake County, Indiana, to-wit:

Lot 20 in Block "E" in Park Manor Second Subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 15, page 35, in the Office of the Recorder of Lake County, Indiana
46-328-20 (25)

Commonly known as: 3660 Madison, Gary, Indiana 46408.

3. That Mary E. Smith died intestate on November 24, 2005, at which time a resident of Lake County, Indiana, and left surviving her, Maurice Neal (this affiant) and Earl H. Neal Jr and leaving no husband and no other child or children or descendants of a deceased child or children surviving.
4. That all debts, estate and inheritance taxes, funeral expenses and expenses of last illness of Mary E. Smith have been fully paid and satisfied.
5. At the death of Mary E. Smith, pursuant to the laws of the State of Indiana the title to the above-described real estate vested in Maurice Neal (this affiant) and Earl H. Neal, Jr.
6. The purpose of this affidavit is to induce Burnet Title to provide title insurance for the above-described real estate.



Maurice Neal
Maurice Neal

Subscribed and sworn to before me a Notary Public in and for said County and State this 14th day of MAR 2006, 2006.

My Commission expires SEP 2007
NOTARY PUBLIC STATE OF INDIANA
STATE OF INDIANA
MY COMMISSION NO. 12345



Thomas D. Kline
Thomas D. Kline, Notary Public
residing in Ellettsville County, Indiana.

This Instrument prepared by:
Burnet Title of Indiana LLC
Donna C. Thomas, Esq.
14 E. U.S. Highway 30
Scherverville, Indiana 46375

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Note: No legal advice or representations were made in preparation of this document.

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B

BURNET TITLE

2060160BT
TICOR MO

006100

TICOR TITLE INSURANCE

* 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. 050667

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) Mary E. Smith		2 SEX Female	3a TIME OF DEATH 1:00 A.M.	3b DATE OF DEATH (Month, Day, Year) November 24, 2005
4 *SOCIAL SECURITY NUMBER [REDACTED]-2814	5a AGE—Last Birthday (Years) 79	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo., Day, Yr) August 18, 1926
7 BIRTHPLACE (City and State or Foreign Country) Yazoo City, Mississippi	8a 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			
8a WAS DECEDENT A U.S. VETERAN? No	8b YEAR LAST SERVED IN U.S. ARMED FORCES? None	9b FACILITY NAME (If not institution, give street and number) 3660 Madison Street		
10 MARITAL STATUS (Specify) Widowed		11 SURVIVING SPOUSE (If wife, give maiden name) N/A	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker	12b KIND OF BUSINESS/INDUSTRY Own Home
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Gary	13d STREET AND NUMBER 3660 Madison Street	
13a ZIP CODE 46408	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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) Black
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		17 DECEASED'S EDUCATION 12		
18 FATHER'S NAME (First, Middle, Last) Roosevelt Carter		19 MOTHER'S NAME (First, Middle, Maiden Surname) Almetter Howard		
20a INFORMANT'S NAME (Type/Print) Maurice L. Neal		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3660 Madison St., Gary, IN 46408		20c Relationship Son
21a METHOD OF DISPOSITION <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) November 30, 2005 Ridgelawn Cemetery		21c LOCATION—City or Town, State Gary, Indiana
22a EMBALMER'S NAME Thomas D. Klopfenstein		22b EMBALMER'S LICENSE NO. FD29500017		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas D. Klopfenstein</i>		24b LICENSE NUMBER (of Licensee) FD29500017		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ridgelawn Funeral Home 4201 West Ridge Road Gary, Indiana 46408
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) Vascular collapse Due to arteriosclerotic heart and vascular disease Conditions if any which gave rise to the immediate cause, stating the underlying cause last PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I				Approximate Interval Between Onset and Death Unknown
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) Chief Deputy <input checked="" 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. N/A 29d DATE SIGNED (Month, Day, Year) December 2, 2005		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307		31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> 32 DATE FILED (Month, Day, Year) DEC 02 2005		
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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) November 24, 2005		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.		

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.

"VERIFIED FOR RECORDING BY TICOR TITLE"


Signature of Declarant


Printed Name of Declarant

