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2006 087454

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Janet Lynch, being first, duly
sworn upon oath, deposes and says:

1. That William J. Lynch, Jr. died on June 3, 2004, at Lake County, Ind.
2. That William J. Lynch, Jr. and Janet Lynch were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

That part of Outlot "C" in Schillings Edgewood Addition, as per plat thereof, recorded in Plat Book 28 page 5, in the Office of the Recorder of Lake County, Indiana, more particularly described as follows: Commencing at a point 832.5 feet West of the Northeast corner of said Outlot "C"; thence South parallel with the East line of Outlot "C", 150 feet to the point of beginning; thence West parallel with the North line of Outlot "C" to the East line of Schilling Drive; thence Southwesterly along the East line of Schilling Drive to the South line of Outlot "C"; thence East along the South line of Outlot "C" to a point South of the point of beginning measured on a line 832.5 feet Westerly of and parallel to the East line of Outlot "C"; thence North to the point of beginning, in Lake County, Indiana.

13-85-7 (20)

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) ~~(her)~~ death.
4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

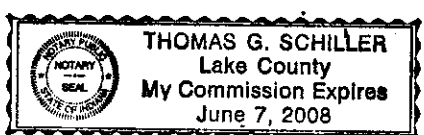
Janet Lynch
Janet Lynch
Subscribed and sworn to before me, a Notary Public, this 29th day of
September, 19 2006.

FILED
OCT - 4 2006

Thomas G. Schiller
Thomas G. Schiller Notary Public

My Commission expires
June 7, 2008

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



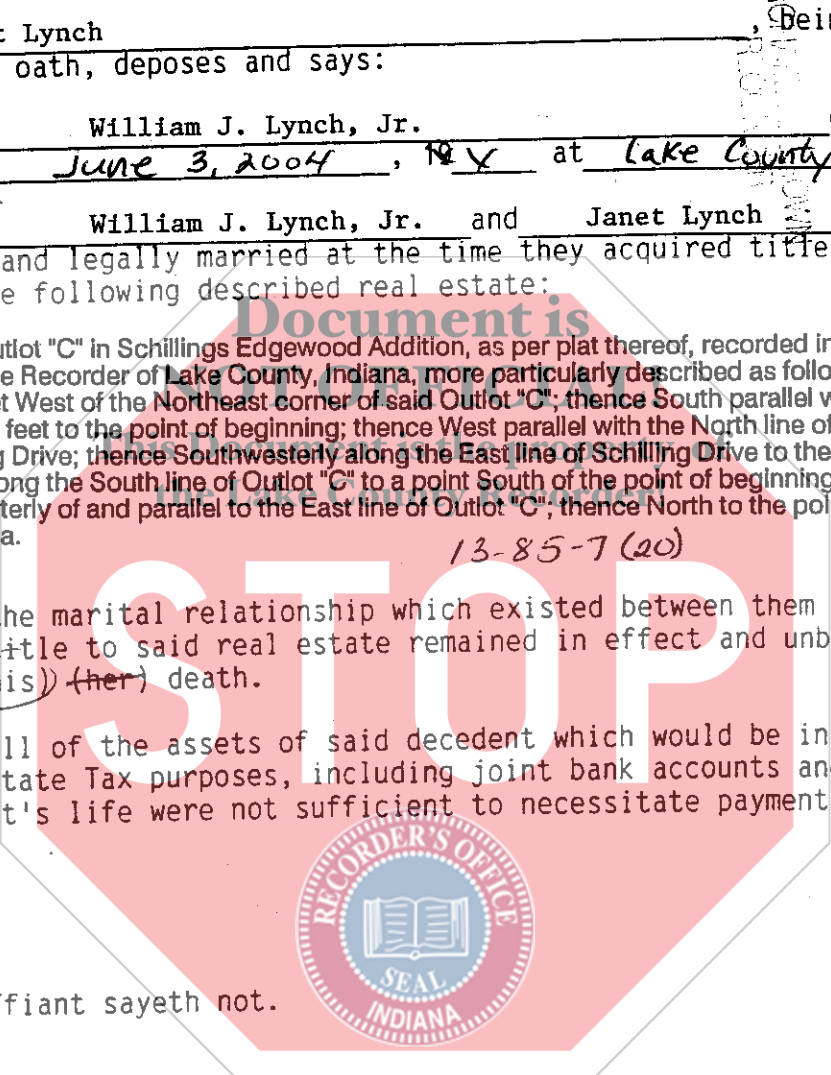
County of Residence:
Lake

This Instrument prepared by Janet Lynch

"I affirm, under the penalty for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." Chris Burk

926-7461
TICOR HO

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2006 OCT 1 - 6 PM
9:00
STATE OF INDIANA
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NOTARY PUBLIC

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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to insure 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. 1437-04

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

INFORMANTS

DISPOSITION

USE OF

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) WILLIAM JAMES LYNCH JR.				2 SEX MALE		3a TIME OF DEATH 5:15 A.M.		3b DATE OF DEATH (Month, Day, Yr.) JUNE 3, 2004	
4 *SOCIAL SECURITY NUMBER 311-28-0355		5a AGE—Last Birthday (Years) 75		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr.) FEBRUARY 21, 1929	
7 BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA		8a WAS DECEDENT A U.S. VETERAN? YES							
8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1955		HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA				OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a FACILITY NAME (If not institution, give street and number) REGENCY PLACE NURSING HOME				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) JANET MALECKI		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) DRIVER			12b KIND OF BUSINESS/INDUSTRY OIL		
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN OR LOCATION SCHERERVILLE		13d STREET AND NUMBER 2143 SCHILLING DRIVE			
13e ZIP CODE 46375		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 3		18 FATHER'S NAME (First, Middle, Last) WILLIAM JAMES LYNCH				19 MOTHER'S NAME (First, Middle, Maiden Surname) MILDRED RAYCRAFT			
20a INFORMANT'S NAME (Type/Print) JANET LYNCH				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2143 SCHILLING DR. SCHERERVILLE, IN 46375				20c Relationship WIFE	
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) JUNE 7, 2004 HOLY CROSS CEMETERY				21c LOCATION—City or Town, State CALUMET CITY, ILLINOIS			
22a EMBALMER'S NAME RICHARD MILLER		22b EMBALMER'S LICENSE NO. FD20400030		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a SIGNATURE OF FUNERAL DIRECTOR <i>Richard Miller</i>		24b LICENSE NUMBER (of Licensee) FDO1006015		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN MILLER FUNERAL HOMES, INC FH102000 8580 WICKER AVENUE, ST. JOHN, INDIANA 46373					
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): 1. ASBESTOSIS 2. HEART FAILURE 3. RESPIRATORY FAILURE 4. RENAL FAILURE 5. STROKE 6. TRACHEOBRONCHITIS 7. VALVULAR DISEASE 8. WHEEZING 9. EMPHYSEMA 10. PERICARDIAL EFFUSION 11. PERITONITIS 12. PNEUMONIA 13. PROSTATECTOMY 14. THROMBOSIS 15. VALVULAR DISEASE 16. WHEEZING 17. EMPHYSEMA 18. PERICARDIAL EFFUSION 19. PERITONITIS 20. PNEUMONIA 21. PROSTATECTOMY 22. THROMBOSIS 23. VALVULAR DISEASE 24. WHEEZING 25. EMPHYSEMA 26. PERICARDIAL EFFUSION 27. PERITONITIS 28. PNEUMONIA 29. PROSTATECTOMY 30. THROMBOSIS 31. VALVULAR DISEASE 32. WHEEZING 33. EMPHYSEMA 34. PERICARDIAL EFFUSION 35. PERITONITIS 36. PNEUMONIA 37. PROSTATECTOMY 38. THROMBOSIS 39. VALVULAR DISEASE 40. WHEEZING 41. EMPHYSEMA 42. PERICARDIAL EFFUSION 43. 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