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CHICAGO TITLE INSURANCE COMPANY

Chicago Title Insurance Company

620066013

SURVIVORSHIP AFFIDAVIT

2006 092475

On this 9/29/06 before me personally appeared
(insert date)

ETHEL M. HAKE

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 HENRY A. HAKE and ETHEL M. HAKE

4. Said HENRY A. HAKE
(fill in name of co-tenant who died)
died on 4-12-1996

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

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

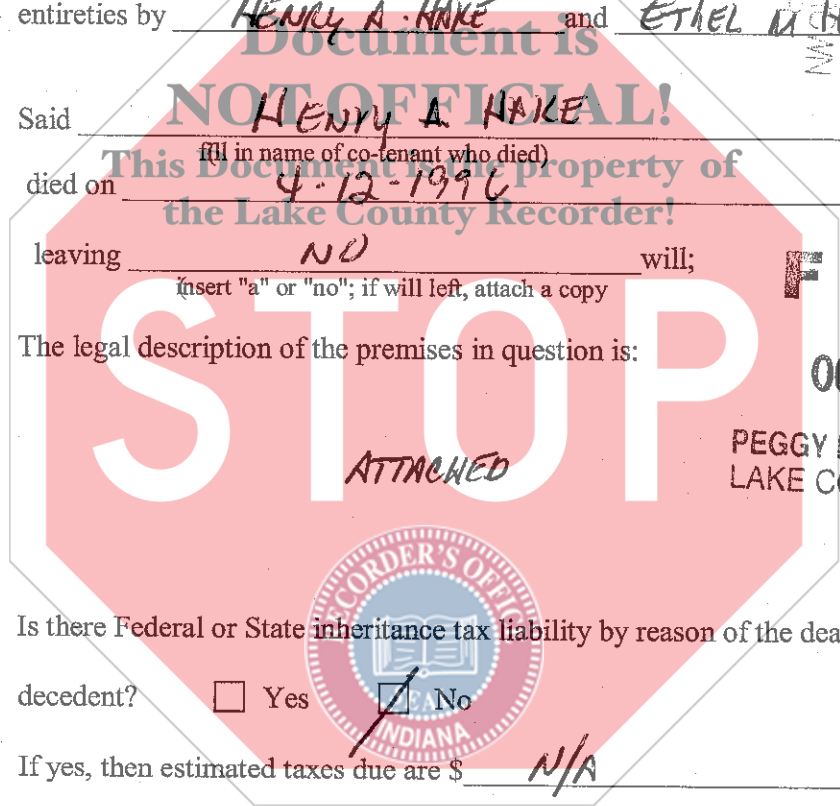
ATTACHED

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 \$ N/A

The taxes due are paid or unpaid..

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 OCT 23 AM 9:47
MICHAEL A. HOOD
RECORDER



FILED
OCT 20 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

18-
YP
CT

021554

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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: N/A):

8. Affiant's relationship to the deceased was WIFE

Signature: X Ethel M. Hake

Printed Name ETHEL M HAKE

Address: 8530 LIABLE ROAD

Highland In 46322

Subscribed and sworn to before me by the affiant
This 9/29/06
(insert date)

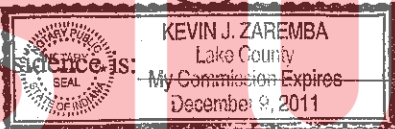
[Signature]
Notary Public

Printed Name

My County of Residence is:

In the State of

My Commission Expires



This instrument prepared by ETHEL M. HAKE



LEGAL DESCRIPTION

Part of the East Half of the East Half of the East Half of the Northeast Quarter of the Southwest Quarter of Section 22, Township 36 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, described as follows: Commencing at a point 330 feet South of the Northeast corner of said tract; and running thence West 166.77 feet to the West line of said tract; thence South along the West line of said tract, 147.62 feet; thence East 166.80 feet; thence North 147.62 feet to the place of beginning.



ATTACHED

less Stamped on Reverse
e and Embossed With
sed Seal of Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

155 INDIANA AVENUE
SUITE 104
VALPARAISO, IN 46383

620066013

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|---|--|--|--|---|--|---|--|---|--|--|--|
| 1 DECEASED—NAME (First, Middle, Last) HENRY ALFRED HAKE | | 2 SEX MALE | | 3a TIME OF DEATH 1:52 P.M. | | 3b DATE OF DEATH (Month, Day, Yr) APRIL 12, 1996 | | | | | |
| 5a AGE—Last Birthday (Years) 83 | | 5b UNDER 1 YEAR Months Days | | 5c UNDER 1 DAY Hours Minutes | | 8 DATE OF BIRTH (Mo, Day, Yr) AUGUST 31, 1912 | | 7 BIRTHPLACE (City and State or Foreign Country) PLATT CO. NEB. | | | |
| 8a WAS DECEDENT A U.S. VETERAN? YES | | 8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945 | | 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"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | | | | | |
| 9b FACILITY NAME (If not institution, give street and number) CANTERBURY PLACE | | | | 9c CITY, TOWN, OR LOCATION OF DEATH VALPARAISO | | 9d COUNTY OF DEATH PORTER | | | | | |
| 10 MARITAL STATUS (Specify) MARRIED | | 11 SURVIVING SPOUSE (If wife, give maiden name) ETHEL HOLTZ | | 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of your life. Do not use "retired") 1st. CLASS CHECKER | | 12b KIND OF BUSINESS/INDUSTRY FIBER | | | | | |
| 13a RESIDENCE—STATE INDIANA | | 13b COUNTY LAKE | | 13c CITY, TOWN, OR LOCATION HIGHLAND | | 13d STREET AND NUMBER 8530 LIABLE RD. | | | | | |
| 13e ZIP CODE 46322 | | 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) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 8TH | |
| 18 FATHER'S NAME (First, Middle, Last) WILLIAM HAKE | | | | 19 MOTHER'S NAME (First, Middle, Maiden Surname) AMANDA LUESCHEN | | | | | | | |
| 20a INFORMANT'S NAME (Type/Print) ETHEL HAKE | | | | 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8530 LIABLE RD. HIGHLAND, INDIANA 46322 | | | | 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) APRIL 15, 1996 CHAPEL LAWN | | 21c LOCATION—City or Town, State SCHERERVILLE, INDIANA | | | | | | | |
| 22a EMBALMER'S NAME LAWENCE MILLER | | 22b EMBALMER'S LICENSE NO. FD01006015 | | 23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | | | | | | |
| 24a SIGNATURE OF FUNERAL DIRECTOR <i>Lawence Miller</i> | | 24b LICENSE NUMBER (of License) FD01006015 | | 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL GARDENS INC. 2828 HIGHWAY AVE. HIGHLAND, IN. FH83003035 | | | | | | | |
| 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) a. <i>Cardiovascular failure</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Sepsis</i> 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 | | | | | | | | Approximate Interval Between Onset and Death <i>Minutes</i> <i>Days</i> | | | |
| 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) 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>Lawrence Miller</i> | | | | 29c MEDICAL LICENSE NO. 01037891 | | 29d DATE SIGNED (Month, Day, Year) 4-16-96 | | | |
| 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S. N. BZLANI M.D. 404 10TH STREET DEMOTTE IN 46310 | | | | | | | | | | | |
| 31 HEALTH OFFICER'S SIGNATURE <i>Henry M. Bzlan</i> | | | | | | 32 DATE FILED (Month, Day, Year) April 16, 1996 | | | | | |
| 33 MANNER OF DEATH <input 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 | | | |
| 34a 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. | | | | | | | |