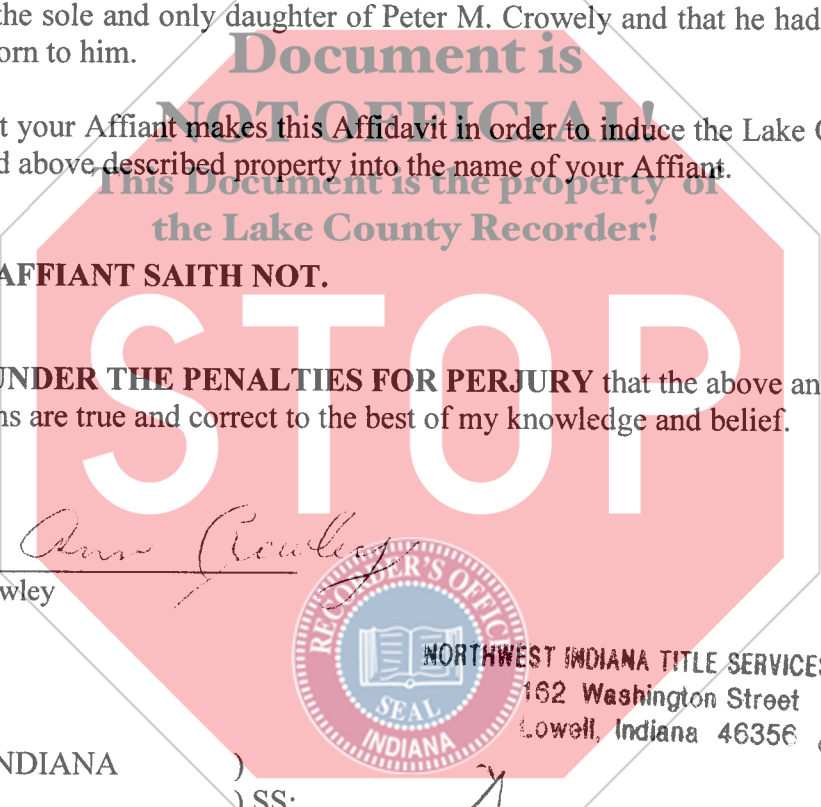


2

HEIRSHIP AFFIDAVIT

The undersigned being first duly sworn upon her oath states:

1. That your Affiant is the daughter of Peter M. Crowley who was the Owner of the following described parcel of real estate:  
  
Lot 39 in Block 2 in 2<sup>nd</sup> addition to Calumet City, in the City of Gary, as per Plat thereof, recorded in Plat Book 2 Page 40 in the Office of the Recorder of Lake County, Indiana.
2. That said Peter M. Crowley died on the 3<sup>rd</sup> day of July, 2006, a resident of the State of Indiana.
3. That no Estate has been opened for said Peter M. Crowley nor has any Estate been contemplated.
5. That on the date of death of Peter M. Crowley, your Affiant was the sole and only heir being the sole and only daughter of Peter M. Crowley and that he had no other children that were born to him.
7. That your Affiant makes this Affidavit in order to induce the Lake County Auditor to transfer said above described property into the name of your Affiant.



**FURTHER AFFIANT SAITH NOT.**

**I AFFIRM UNDER THE PENALTIES FOR PERJURY** that the above and foregoing representations are true and correct to the best of my knowledge and belief.

*Kerri Ann Crowley*  
 Kerri Ann Crowley



STATE OF INDIANA )  
 ) SS: *[Signature]*  
 COUNTY OF LAKE )

15784

2006 109316  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED  
 MICHAEL A. JOHNSON  
 RECORDER  
 12/12/06 12:57

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 8<sup>th</sup> day of December, 2006, personally appeared Kerri Ann Crowley and acknowledged the execution of the above and foregoing Affidavit to be her voluntary act and deed.

Witness my hand and sealed this 8<sup>th</sup> day of December, 2006.

**FILED**  
**DEC 12 2006**

*Colette A. Wilson*  
 Notary Public

My Commission expires: **REGGY HOLINGA KATONA**  
 County of residence: **LAKE COUNTY AUDITOR**

**I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW.**

This Instrument Prepared By:  
 Richard A. Zunica  
 Attorney at Law  
 162 Washington Street  
 Lowell, IN 46356  
 (219) 696-0100  
 File No. 06-15784

**025472**

*1402*  
*Q*  
*13639*

*[Signature]*

DEFINITION: The board of health is requested by this state agency in order to use its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No. ....

File No. **06-0381**

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

REPRINT IN IMANENT ACK INK

IDENT

ENTS

FORMANT

POSITION

USE OF TH

TIFIER

LTH ICER

1. DECEASED NAME (First Middle Last) <b>Peter Michael Crowley</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>9:00 P</b>	3b. DATE OF DEATH (Month Day Year) <b>July 3, 2006</b>	
4. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	5a. AGE—Last Birthday (Years) <b>66</b>	5b. UNDER 1 YEAR Months Days Hours Minutes	6. DATE OF BIRTH (Month Day Year) <b>August 29, 1939</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, Illinois</b>	
8a. WAS DECEDENT A U.S. VETERAN? <b>yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1960</b>	HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA		OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
9a. FACILITY NAME (If not institution, give street and number) <b>259 N. Lake Street</b>		9b. CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>		9c. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Divorced</b>	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") <b>Mechanic</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Elevator</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Gary</b>		13d. STREET AND NUMBER <b>259 N. Lake Street</b>	
14a. ZIP CODE <b>46403</b>	14b. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14c. CITIZENSHIP (Specify) <b>USA</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify any highest grade completed) Elementary/Secondary (9-12) <b>10</b> College (14 or 16+)		18. FATHER'S NAME (First Middle Last) <b>Michael J. Crowley</b>			
19. MOTHER'S NAME (First Middle Last) <b>Margaret Bowler</b>		20. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>15051 LaPalm Dr. Oak Forest, IL 60452</b>			
21a. METHOD OF DEPOSITION <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DEPOSITION (Name of cemetery, crematory, or other place) <b>July 8, 2006 Holy Sepulchre</b>		21c. LOCATION—City or Town, State <b>Alsip, Illinois</b>	
22a. EMBALMER'S NAME <b>Hank Frietag</b>		22b. EMBALMER'S LICENSE NO. <b>10332</b>			
23a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		23b. LICENSE NUMBER (If Licensed) <b>29300105</b>			
24. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Schmaedeke Funeral Home 10701 S. Harlem Worth, IL.FH10332</b>		25. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
PART I. Cause the diseases, injuries, or complications that caused the death. Do not enter prolonged 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) <b>Vascular collapse</b>					
A. DUE TO (OR AS A CONSEQUENCE OF): <b>Due to arteriosclerotic heart and vascular disease</b>					
B. DUE TO (OR AS A CONSEQUENCE OF):					
C. DUE TO (OR AS A CONSEQUENCE OF):					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					
27. WAS DECEDENT PREGNANT OR 15 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
30. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the condition 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 condition as stated. <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 condition as stated. <b>Chief Investigator</b>					
31. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		32. MEDICAL LICENSE NO. <b>N/A</b>		33. DATE SIGNED (Month Day Year) <b>July 11, 2006</b>	
34. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM #31 (If not specified)					
<b>Paul R. Castro, Chief Investigator, 2900 West 93rd Avenue, Crown Point, Indiana 46307</b>					
35. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					
36. DATE FILED (Month Day Year) <b>JUL 20 2006</b>					
37. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		38a. DATE OF INJURY (Month Day Year)	38b. TIME OF INJURY	38c. INJURY AT WORK? (Yes or no)	38d. DESCRIBE HOW INJURY OCCURRED
39a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		39b. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
39c. DATE PROHOUNCED DEAD (Month Day Year)		39d. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

