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2006 111270

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE) SS:

MARIE L. ELLIS, being first duly sworn upon oath, deposes and says:

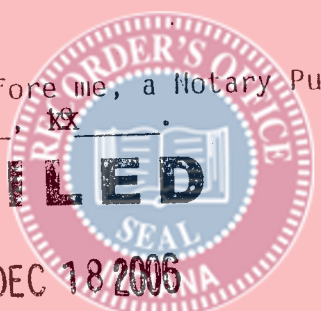
1. That MICHAEL W. ELLIS died on October 1, 2007 at 13418 Fir Street Cedar Lake
2. That MICHAEL W. ELLIS and MARIE L. ELLIS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 422, 423 AND 424 IN CEDAR POINT PARK, IN THE TOWN OF CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 15 PAGE 5, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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 funeral expenses in connection with the death of said decedent have been paid in full.
 5. 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.

Subscribed and sworn to before me, a Notary Public, this 13TH day of DECEMBER, 2006

Marie L. Ellis
MARIE L. ELLIS



PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
My Commission expires: 07-10-14

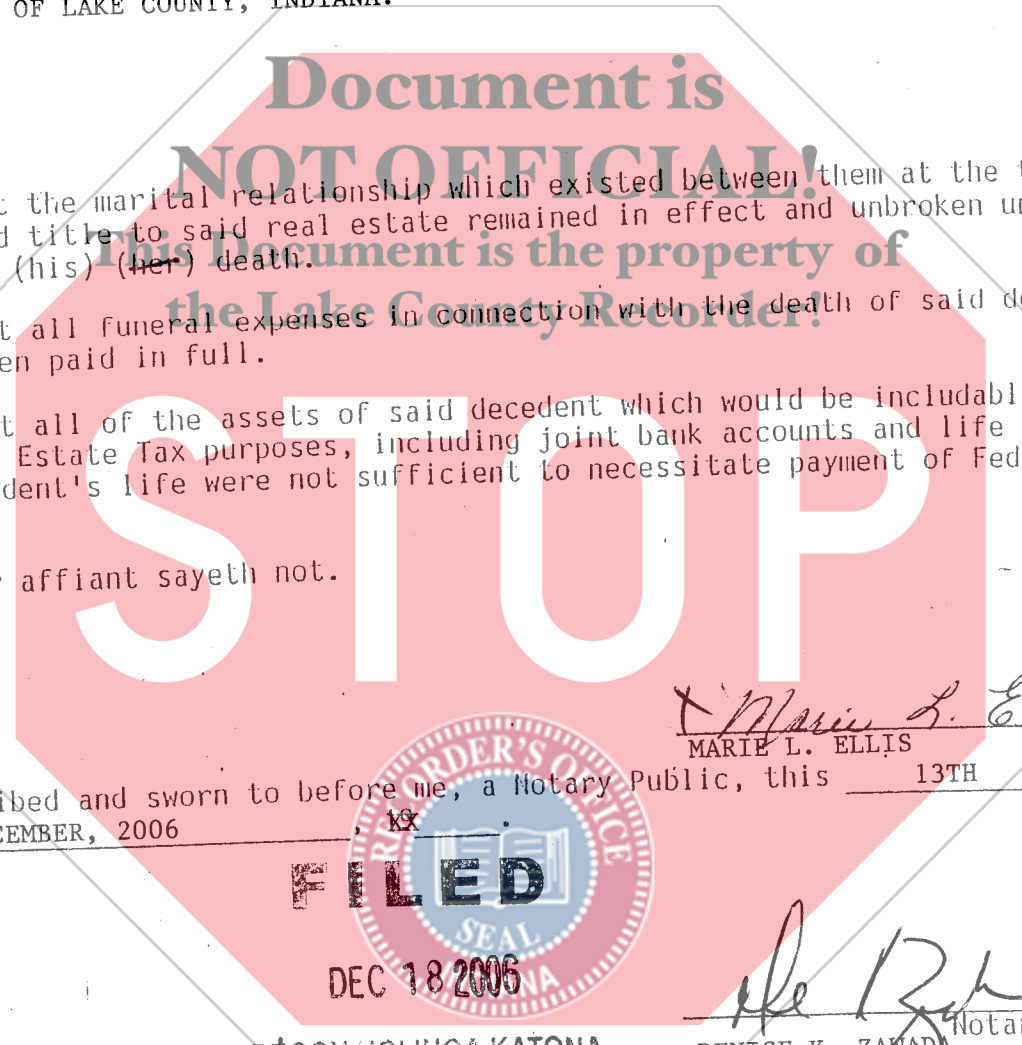
Denise K. Zawada
Notary Public

County of Residence:
LAKE

This Instrument prepared by MARIE L. ELLIS

"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." Chris Burk

926-9700
TICOR SO
025530



STATE OF INDIANA
LAKE COUNTY
FILED
NOV 20 2006
MICHAEL W. ELLIS

#14
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CAR

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 or refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2462-04

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) Michael William Ellis		2 SEX Male	3a TIME OF DEATH 10:16 # III	3b DATE OF DEATH (Month, Day, Yr.) 10-1-04	
4 *SOCIAL SECURITY NUMBER 333-367-300	5a AGE—Last Birthday (Years) 60	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) 11-27-1943	
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1-13-66		7 BIRTHPLACE (City and State or Foreign Country) Alton, IL 62002	
9a PLACE OF DEATH (Check only one See instructions)		9b FACILITY NAME (If not institution, give street and number) 13418 Fir Street			
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		9c CITY, TOWN, OR LOCATION OF DEATH Cedar Lake	
9d COUNTY OF DEATH Lake		10 MARRITAL STATUS (Specify) Married			
11 SURVIVING SPOUSE (If wife, give maiden name) Marie Ellis		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Kimbleglass		12b KIND OF BUSINESS/INDUSTRY Bottlemaker	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Cedar Lake		13d STREET AND NUMBER 13418 Fir St.	
13e ZIP CODE 46303	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? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 RACE—American Indian, Black, White, etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed)		17a ELEMENTARY/SECONDARY (0-12) 12			
17b COLLEGE (1-4 or 5+) none		18 FATHER'S NAME (First, Middle, Last) William O. Ellis			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Delores E. Abernathy		20a INFORMANT'S NAME (Type/Print) Marie Ellis			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13418 Fir St.		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) Godfrey, IL 10-6-04 Valhalla Memorial		21c LOCATION—City or Town, State Alton, IL 62002	
22a EMBALMER'S NAME Fred Oparka		22b EMBALMER'S LICENSE NO. FD01016076		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Fred Oparka</i>		24b LICENSE NUMBER (of Licenses) 1009893		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Eller Brady Funeral Home 8510 Lake Shore Dr. Cedar Lake	
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. DUE TO (OR AS A CONSEQUENCE OF) Vascular collapse b. DUE TO (OR AS A CONSEQUENCE OF) Due to arteriosclerotic heart and vascular disease				Approximate Interval Between Onset and Death Unknown	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) 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 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 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 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>David J. Pastrick</i>		29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month, Day, Year) October 12, 2004	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) David J. Pastrick, Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307					
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>				DATE FILED (Month, Day, Year) October 12, 2004	
33 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY DEC 18 2006	34c INJURY AT WORK? (Yes or no)	
34d PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR		34e LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 2005			
34g DATE PRONOUNCED DEAD (Month, Day, Year) October 1, 2004		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian. 025531			