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DA

MAIL TAX BILLS TO: James C. Board, et. al.
7999 Mackinaw Avenue
Calumet City, Illinois 60404

Taxing Unit No. 16
Tax Key No. 27-51-8

AFFIDAVIT OF HEIRSHIP

JAMES C. BOARD, of full legal age, being first duly sworn upon his oath, deposes and says:

1. That he resides at 7999 Mackinaw Avenue, Calumet City, Illinois 60404.
2. That he makes this affidavit for the purpose of establishing the legal ownership of certain property described as follows:

Lot 8, Block 4, Brantwood Second Addition, to the Town of Highland, as per plat thereof recorded in Plat Book 21, page 29 in the Office of the Recorder of Lake County, Indiana.

Commonly Known as: 8810 Prairie Avenue, Highland, Indiana 46322

3. The original death certificates of **MARILYN DAVIS BOARD** also known as **MARILYN D. BOARD** and **JAMES A. BOARD**, attached hereto as Exhibits "A" and "B";

4. The decedent **MARILYN DAVIS BOARD** also known as **MARILYN D. BOARD** died on the 17th day of April, 2003, at the age of Sixty-Seven (67), and was survived by her husband, **JAMES A. BOARD**, who died on 11th day of March, 2004, and was survived by his children, **JAMES C. BOARD**, **SUE ELLEN D. NEILSON**, **ROBERT A. BOARD**, and **RICHARD W. BOARD**;

That he is the son of the decedents and was acquainted with the decedents until the decedents' death;

That your affiant is making this affidavit in order to clear the title, to Stewart Title commitment number 66001687;

7. That there is no Federal Estate Tax or Indiana Inheritance Tax that is due and owing as a result of the death of said decedents;
8. That the Decedents, **MARILYN DAVIS BOARD** also known as **MARILYN D. BOARD** and **JAMES A. BOARD**, have the following children: **JAMES C. BOARD**, **SUE ELLEN D. NEILSON**, **ROBERT A. BOARD**, and **RICHARD W. BOARD**; and

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

DEC 27 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



STEWART TITLE SERVICES
Of Northwest Indiana
5521 W. Lincoln Highway
Crown Point, IN 46307

026335

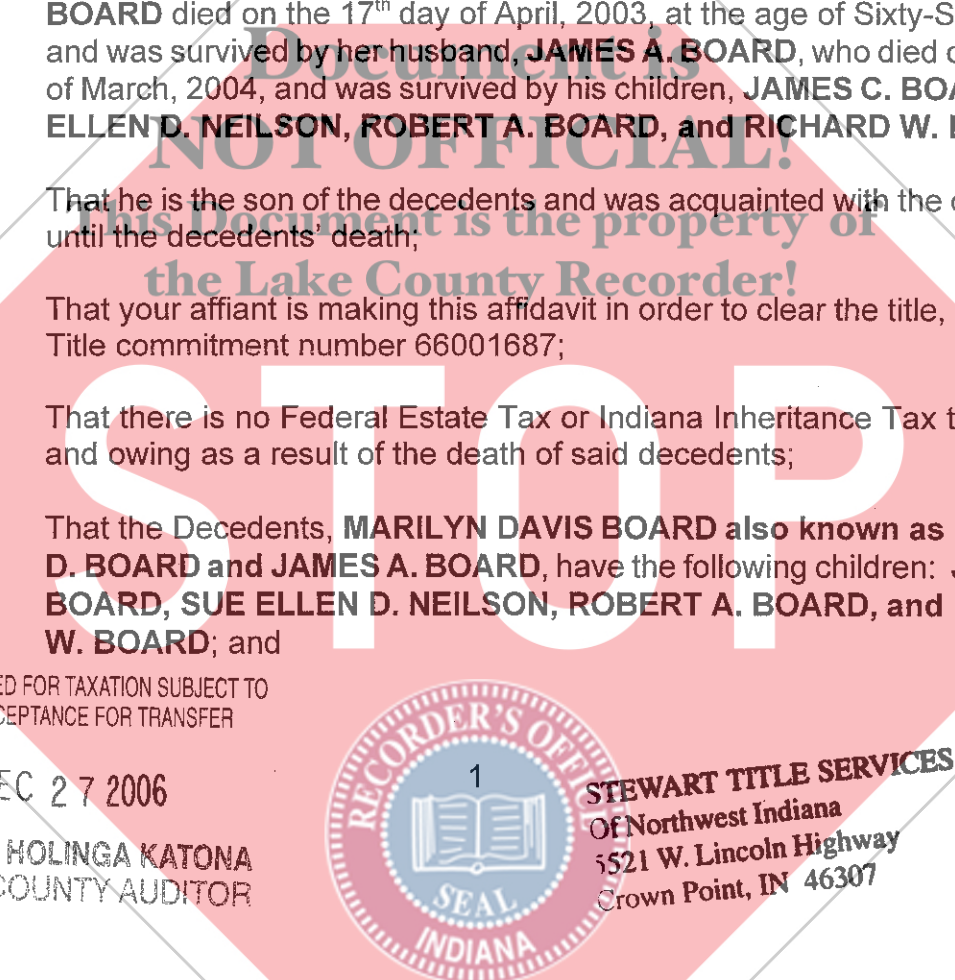
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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 DEC 28 PM 12:00

MICHAEL J. BOARD
RECORDER

2008 113668



9. This affidavit is also made for the purpose of inducing the Auditor of Lake County, Indiana to transfer ownership of the above-described Real Estate on the transfer records to **JAMES C. BOARD, SUE ELLEN D. NEILSON, ROBERT A. BOARD, and RICHARD W. BOARD** and to induce STEWART TITLE to provide title insurance for the above described property.

Further Affiant saith not.

Dated this 11th day of December, 2006.

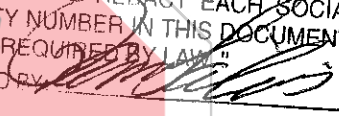

JAMES C. BOARD

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, in and for said county and state, this 11th day of December, 2006.





David E. Mears, Notary Public

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This Document is the property of the Lake County Recorder's Office.
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO RETRACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY: 

STOP

THIS INSTRUMENT PREPARED BY:
David E. Mears
Attorney at Law
3527 Ridge Road
Highland, Indiana 46322
(219) 972-0990
Attorney ID # 9119-45



OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

TYPE OR
PRINT IN
PERMANENT
BLACK INK

| | | |
|---|---|--|
| LOCAL FILE NO. | 1. DECEDENT'S NAME FIRST: Marilyn MIDDLE: Davis LAST: Board | 2. SEX Female |
| 3. DATE OF DEATH (Month, Day, Year) April 17, 2003 | 4. SOCIAL SECURITY NUMBER 370-34-6622 | 5a. AGE-Last Birthday (years) 67 |
| 5b. UNDER YEAR Months: Days: Hours: Minutes: | 5c. UNDER 1 Day Hours: Minutes: | 6. DATE OF BIRTH (Month, Day, Year) February 23, 1936 |
| 7. BIRTHPLACE (City and State or Foreign Country) Louisville, KY | 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No | 9a. PLACE OF DEATH (Check only one; see instructions on other side) HOSPITAL: Inpatient: ER/Outpatient: DOA: OTHER: Nursing Home <input checked="" type="checkbox"/> Residence: Other (Specify): |
| 9b. INSIDE CITY LIMITS? (Yes or No) No | 9c. FACILITY NAME (If not institution, give street and number) 4802 Easy Street | 9d. CITY, TOWN, OR LOCATION OF DEATH Tallahassee |
| 9e. COUNTY OF DEATH Leon | 10a. DECEDENT'S USUAL OCCUPATION Teacher | 10b. KIND OF BUSINESS/INDUSTRY High School |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married | 12. SURVIVING SPOUSE (If wife, give maiden name) James A. Board | 13a. RESIDENCE - STATE FL |
| 13b. COUNTY Leon | 13c. CITY, TOWN, OR LOCATION Tallahassee | 13d. STREET AND NUMBER 4802 Easy Street |
| 13e. INSIDE CITY LIMITS? (Yes or No) No | 13f. ZIP CODE 32303 | 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No |
| 15. RACE - American Indian, Black, White, etc. Specify: White | 16. DECEDENT'S EDUCATION (Specify only highest grade completed) (0-12) College (1-4 or 5+) 5+ | 17. FATHER'S NAME (First, Middle, Last) Charles Ford |
| 18. MOTHER'S NAME (First, Middle, Maiden Surname) Annie B. Davis | 19a. INFORMANT'S NAME (Type/Print) Sue Ellen D. Neilson | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3108 Kenwood Street Hammond, Indiana 46323 |
| 20a. METHOD OF DISPOSITION Burial: Cremation <input checked="" type="checkbox"/> Removal from State: Donation: Other (Specify): | 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Calumet Park Cemetery | 20c. LOCATION - City or Town, State Merrivale IN |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH | 21b. LICENSE NUMBER (of Licensee) FE 3860 | 21c. NAME AND ADDRESS OF FACILITY Abbey Funeral Home 4037 North Monroe Street Tallahassee, FL 32303 |
| 22a. On the basis of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated (Signature and Title) <i>[Signature]</i> | 22b. DATE SIGNED (Mo., Day, Yr.) 4/17/03 | 22c. HOUR OF DEATH 8:30 AM |
| 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Dr. Andrea Randall | 22e. LOCAL REGISTRAR SIGNATURE <i>[Signature]</i> | 22f. DATE REGISTERED May 1, 2003 |
| 23. 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 (Signature and Title) <i>[Signature]</i> | 23a. DATE SIGNED (Mo., Day, Yr.) | 23b. HOUR OF DEATH |
| 23c. MEDICAL EXAMINER'S CASE # | 24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, Type or Print) Dr. Andrea Randall 2626 Care Drive, #200 Tallahassee, FL 32303 | 25a. SUBREGISTRAR SIGNATURE AND DATE |
| 25b. LOCAL REGISTRAR SIGNATURE <i>[Signature]</i> | 25c. DATE REGISTERED May 1, 2003 | 26. PART I: Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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>Cardiomyopathy</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Coronary Arterial Disease</i> DUE TO (OR AS A CONSEQUENCE OF) c. <i>COPD</i> DUE TO (OR AS A CONSEQUENCE OF) PART II: Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. |
| 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No | 27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) | 27c. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) No |
| 29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? (Yes or No) No | 30a. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED | 30b. DATE OF SURGERY (Mo., Day, Year) |
| 31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined | 32a. DATE OF INJURY (Month, Day, Year) | 32b. TIME OF INJURY |
| 32c. INJURY AT WORK? (Yes or No) | 32d. DESCRIBE HOW INJURY OCCURRED | 32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) |
| 32f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | 32g. LOCATION (Street and Number or Rural Route Number, City or Town, State) | 32h. LOCATION (Street and Number or Rural Route Number, City or Town, State) |

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THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

BY *[Signature]* State Registrar

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DOH FORM 155-1A (3/99)

CERTIFICATION OF VITAL RECORD

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

TYPE OR
PRINT IN
PERMANENT
BLACK INK

| | | | |
|---|--|---|--|
| 1. DECEDENT'S NAME FIRST: James MIDDLE: A LAST: Board | | 2. SEX Male | |
| 3. DATE OF DEATH (Month, Day, Year) March 11, 2004 | | 4. SOCIAL SECURITY NUMBER 313-26-1354 | |
| 5a. AGE-Last Birthday (years) 74 | | 5b. UNDER 1 YEAR Months: Days: Hours: Minutes: | |
| 6. DATE OF BIRTH (Month, Day, Year) November 22, 1929 | | 7. BIRTHPLACE (City and State or Foreign Country) Princeton, Indiana | |
| 8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) Yes | | 9a. PLACE OF DEATH (Check only one - see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: Nursing Home Residence Other (Specify) | |
| 9b. INSIDE CITY LIMITS? (Yes or No) Yes | | 9c. FACILITY NAME (If not institution, give street and number) Tallahassee Memorial Hospital | |
| 9d. CITY, TOWN, OR LOCATION OF DEATH Tallahassee | | 9e. COUNTY OF DEATH Leon | |
| 10a. DECEDENT'S USUAL OCCUPATION Metallurgist | | 10b. KIND OF BUSINESS/INDUSTRY Steel | |
| 11. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Widowed | | 12. SURVIVING SPOUSE (If wife, give maiden name) | |
| 13a. RESIDENCE - STATE Florida | | 13b. COUNTY Leon | |
| 13c. CITY, TOWN, OR LOCATION Tallahassee | | 13d. STREET AND NUMBER 4802 Easy Street | |
| 13e. INSIDE CITY LIMITS? (Yes or No) No | | 13f. ZIP CODE 32303 | |
| 14. WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes - If yes, specify Haitian, Cuban, Mexican, Puerto Rican, etc.) No | | 15. RACE - American, Indian, Black, White, etc. Specify White | |
| 16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary College (1-4 or 10-12) 2 | | 17. FATHER'S NAME (First, Middle, Last) William A. Board | |
| 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nettie Coleman | | 19a. INFORMANT'S NAME (Type/Print) Richard Board | |
| 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4802 Easy Street Tallahassee, Florida 32303 | | 20a. METHOD OF DISPOSITION Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) | |
| 20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Bevis McEllan Crematory | | 20c. LOCATION - City or Town, State Quincy, Florida | |
| 21a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH | | 21b. LICENSE NUMBER (of Licensee) 3860 | |
| 21c. NAME AND ADDRESS OF FACILITY Abbey Riposta Funeral Home 4037 N. Monroe Tallahassee, Florida | | 22. 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 (Signature and Title) James W. Cade, MD | |
| 22b. DATE SIGNED (Mo., Day, Yr.) 3/11/04 | | 22c. HOUR OF DEATH 9:57 AM | |
| 22d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) | | 22e. MEDICAL EXAMINER'S CASE # | |
| 24. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER, etc.) (Type or Print) James W. Cade, MD, 1234 N. Monroe, Tallahassee, FL 32303 | | | |
| 25a. SUBREGISTRAR - SIGNATURE AND DATE Quinn R. Hasty, March 22, 2004 | | 25b. LOCAL REGISTRAR - SIGNATURE Quinn R. Hasty | |
| 25c. DATE REGISTERED March 22, 2004 | | 26. PART I - Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, 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) Sepsis DUE TO (OR AS A CONSEQUENCE OF): Abdominal infection DUE TO (OR AS A CONSEQUENCE OF): Pre-existing Gastrointestinal Stomach Ulcers PART II - Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Aspiration Pneumonia | |
| 27a. WAS AN AUTOPSY PERFORMED? (Yes or No) No | | 27b. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? (Yes or No) | |
| 28. CASE REPORTED TO MEDICAL EXAMINER? (Yes or No) Yes | | 29. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST 3 MONTHS? Yes No | |
| 30a. IF SURGERY IS MENTIONED IN PART I, ENTER CONDITION FOR WHICH IT WAS PERFORMED | | 30b. DATE OF SURGERY (Mo., Day, Year) | |
| 31. PROBABLE MANNER OF DEATH (Specify) Natural, accident, suicide, homicide, or undetermined | | 32a. DATE OF INJURY (Month, Day, Year) | |
| 32b. TIME OF INJURY | | 32c. INJURY AT WORK? (Yes or No) | |
| 32d. DESCRIBE HOW INJURY OCCURRED | | 32e. PLACE OF INJURY - At home, farm, street, factory, etc. (Specify) | |
| 32f. LOCATION (Street and Number or Rural Route Number, City or Town, State) | | | |

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BY *Quinn R. Hasty* State Registrar
3/22/04

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CERTIFICATION OF VITAL RECORD