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STATE OF INDIANA)
COUNTY OF LAKE)

2007 SS: 020383

STATE OF INDIANA
LAKE COUNTY
RECORDER OF DEEDS
MICHELLE A. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Carolyn M. Biggs, being duly sworn upon her oath, and states as follows:

1. Carolyn M. Biggs is the owner of the following described real estate located in Lake County, Indiana, more particularly described as follows:

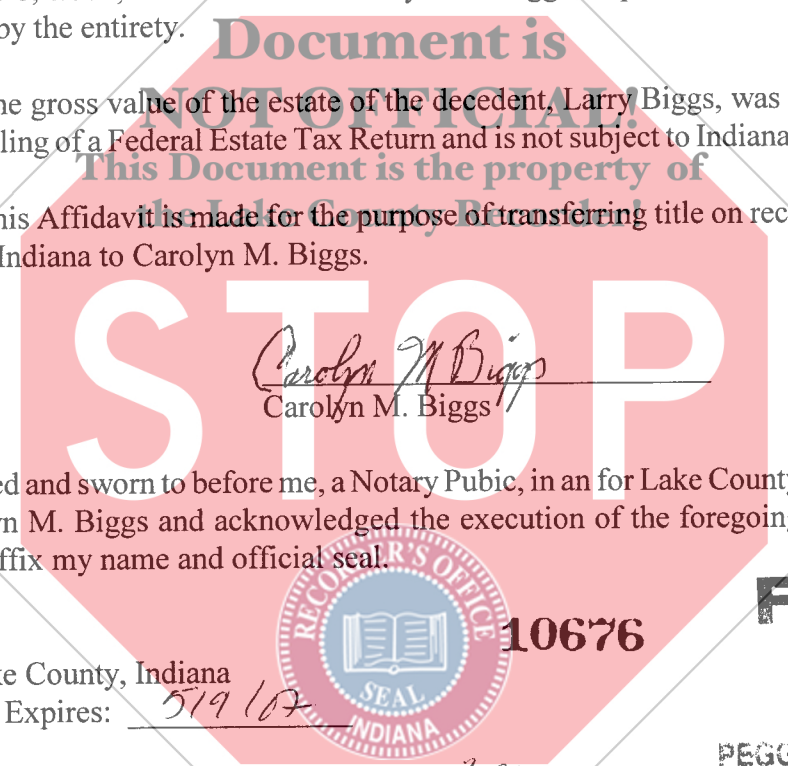
LOT 3 IN HIGHLAND ADDITION TO LOWELL, AS PER PLAT THEROF, RECORDED IN PLAT BOOK 2 PAGE 49 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

2. Larry Biggs and Carolyn M. Biggs acquired the real estate located at 250 West Main Street, Lowell, Indiana by Warranty Deed on July 13, 1987.

3. Larry Biggs and Carolyn M. Biggs remained husband and wife until the death of Larry Biggs on August 6, 2006, at which time Carolyn M. Biggs acquired title to the real estate as surviving tenant by the entirety.

4. The gross value of the estate of the decedent, Larry Biggs, was less than the value required for the filing of a Federal Estate Tax Return and is not subject to Indiana Inheritance Taxes.

5. This Affidavit is made for the purpose of transferring title on records of the Auditor of Lake County, Indiana to Carolyn M. Biggs.



Carolyn M. Biggs
Carolyn M. Biggs

Subscribed and sworn to before me, a Notary Public, in and for Lake County, Indiana appeared the above Carolyn M. Biggs and acknowledged the execution of the foregoing deed. In witness whereof, I now affix my name and official seal.



10676

FILED

MAR 08 2007

Resident of: Lake County, Indiana
My Commission Expires: 5/19/07

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Date: March 6, 2007 Time: 3:30 p.m.

Tamatha J. Kall
Tamatha J. Kall, Notary Public
\$1.3
CS
CAH

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 1880-006

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

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED--NAME (First, Middle, Last) Larry Bontique Biggs
2. SEX Male
3a. TIME OF DEATH 8:10 P M
3b. DATE OF DEATH (Month, Day, Yr.) August 06, 2006
4. SOCIAL SECURITY NUMBER 308-32-3129
5a. AGE--Last Birthday (Years) 71
5b. UNDER 1 YEAR Months Days
5c. UNDER 1 DAY Hours Minutes
6. DATE OF BIRTH (Mo. Day, Yr) March 02, 1935
7. BIRTHPLACE (City and State or Foreign Country) Crown Point, Indiana
8a. WAS DECEDENT A U.S. VETERAN? Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1957
9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: X Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point
9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married
11. SURVIVING SPOUSE (If wife, give maiden name) Carolyn Murry Burr
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Factory
12b. KIND OF BUSINESS/INDUSTRY Manufacturing
13a. RESIDENCE--STATE Indiana
13b. COUNTY Lake
13c. CITY, TOWN, OR LOCATION Lowell
13d. STREET AND NUMBER 250 W. Main Street
13e. ZIP CODE 46356
13f. INSIDE CITY LIMITS No X Yes
13g. ON A FARM? X No Yes
14. CITIZEN OF WHAT COUNTRY? USA
15. WAS DECEDENT OF HISPANIC ORIGIN? X No 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) 12
18. FATHER'S NAME (First, Middle, Last) William LeRoy Biggs
19. MOTHER'S NAME (First, Middle, Maiden Surname) Grace Frances Smith
20a. INFORMANT'S NAME (Type/Print) Carolyn Biggs
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 250 W. Main Street Lowell, Indiana 46356
20c. Relationship Wife

DISPOSITION

21a. METHOD OF DISPOSITION Entombment X Burial Cremation Removal from State Donation Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) August 06, 2006 Chapel Lawn Memorial Gardens
21c. LOCATION--City or Town, State Schererville, Indiana
22a. EMBALMER'S NAME NOT APPLICABLE
22b. EMBALMER'S LICENSE NO.
23. WAS DEATH REPORTED TO CORONER? No X Yes
24a. SIGNATURE OF FUNERAL DIRECTOR
24b. LICENSE NUMBER (of Licensee) FD20500007
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Chapel Lawn Funeral Home, FH19900051 8178 Cline Avenue, Schererville, Indiana, 46375

CAUSE OF DEATH

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.
a. - C.O.P.D. DUE TO (OR AS A CONSEQUENCE OF):
b. - Pneumothorax DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. 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) No

CERTIFIER

29a. CERTIFIER (Check only one) X CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. 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. 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 Paul Gianaris M.D.
29c. MEDICAL LICENSE NO. 01045745
29d. DATE SIGNED (Month, Day, Year) 8/7/06
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Paul Gianaris M.D. 1600 South Lake Park Ave Suite 1104 Hobart, Indiana 46342

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE Susan J. Best D.O.
32. DATE FILED (Month, Day, Year) 8, 2006

33. MANNER OF DEATH Natural Pending Investigation Accident Suicide Could not be Determined Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. 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.