

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
) SS:
COUNTY OF LAKE)

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2007 02 08 11

On this 3rd day of April, 2007 before me personally appeared Lorine P. Minor 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 the co-owner of the property described as follows:

Property ID	Property Location	Property Description
15-26-0430-0011 25-43-0160-0021	1155 Noble Street Gary, Indiana	Lot 29 and the South 1/2 of Lot 30 in Block 8 in Gary Heights, in the City of Gary, as per plat thereof, recorded in Plat Book 20 page 13, in the Office of the Recorder of Lake County, Indiana

3. Said property was formerly owned as joint tenants by the entireties between Curtis H. Minor and Lorine P. Minor, Husband and Wife;

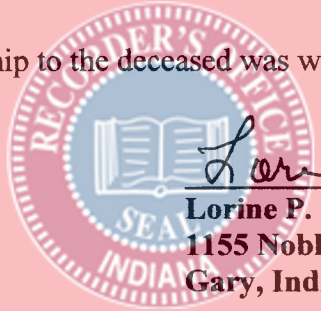
4. The said Curtis H. Minor died on the 11th day of January, 2006 leaving no will, as is more particularly shown by the appended Exhibit 'A';

5. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of Five Thousand Dollars (\$5,000.00) and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of said decedent;

6. The parties, Curtis H. Minor and Lorine P. Minor, were married on or about the 8th day of October, 1949, in Lincoln County, State of Mississippi, U.S.A., and the said Curtis H. Minor and Lorine P. Minor remained so married up to and including the date of death of Curtis H. Minor;

7. The affiant's relationship to the deceased was wife.

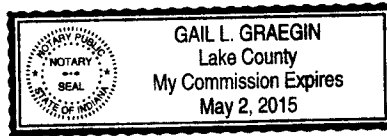
"I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."



Lorine P. Minor
Lorine P. Minor
1155 Noble Street
Gary, Indiana 46404

Subscribed and sworn to before me by the affiant this 3rd day of April, 2007

Gail L. Graegin
Gail L. Graegin, Notary Public



My commission expires: 5/02/2015

This instrument prepared by: Dock McDowell Jr., #9479-45
Attorney at Law
7895 Broadway, Ste. C, Chapel Plaza
Merrillville, IN 46410
(219) 756-7000

FILED

APR - 9 2007

EGGY HOLINGA KATO
LAKE COUNTY AUDITOR

004641, 4th
2128
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This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-1-19.3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

EVENTS

INFORMANT

POSITION

USE OF THIS

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Curtis Henry Minor			2. SEX Male		3a. TIME OF DEATH 1:55 A		3b. DATE OF DEATH (Month, Day, Yr) January 11, 2006				
5a. AGE—Last Birthday (Years) 79		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo, Day, Yr) November 5, 1925		7. BIRTHPLACE (City and State or Foreign Country) Hattiesburg, Mississippi			
8. A U.S. VETERAN? YES		9. YEAR LAST SERVED IN U.S. ARMED FORCES? 1947		9a. PLACE OF DEATH (Check only one, see instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> IDOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Hospice							
5b. FACILITY NAME (if not institution, give street and number) VNA Horton Hospice Center				9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter					
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife's name maiden name) Lorine Furnell		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Craneman		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Corp.					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 1155 Noble Street					
13e. ZIP CODE 46404		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? <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) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 2 Years	
18. FATHER'S NAME (First, Middle, Last) John Minor					19. MOTHER'S NAME (First, Middle, Maiden Surname) Velma Pack						
20a. INFORMANT'S NAME (Type/Print) Lorine P. Minor				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1155 Noble Street Gary, Indiana 46404				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) January 17, 2006 Evergreen Cemetery				21c. LOCATION—City or Town, State Hobart, Indiana				
22a. EMBALMER'S NAME Patrician Owens			22b. EMBALMER'S LICENSE NO. #08700298			23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Michael Smith</i>			24b. LICENSE NUMBER (of Licensee) #08700646		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc 2959 West 11th Avenue Gary, Indiana 46404 83007704						
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. Approximate Interval Between Onset and Death											
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Coronary Artery Disease</i> DUE TO (OR AS A CONSEQUENCE OF)											
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. 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) <i>no</i>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <i>no</i>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <i>no</i>	
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>Michael Smith</i>			29c. MEDICAL LICENSE NO. 01033071		29d. DATE SIGNED (Month, Day, Year) 1/17/06						
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Debra N. Anderson 3335 Broadway Gary Indiana 46405</i>											
31. HEALTH OFFICER'S SIGNATURE <i>Harry A. Probst</i>							32. DATE FILED (Month, Day, Year) January 30, 2006				
33. MANNER OF DEATH <input checked="" 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 (Month, Day, Year)		34c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34d. DESCRIBE HOW INJURY OCCURRED 004641			
				34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) 004641		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. 004641								

FILED APR - 9 2007

EXHIBIT A