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FILED FOR RECORD

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)

RE: Gregory D. Looman, Deceased January 17, 2006

COUNTY OF LAKE)

) SS Legal: Lots 14 and 15, Block 1, Buena Vista Addition to Hammond, as shown in Plat Book 18, Page 31, in the Office of the Recorder of Lake County, Indiana. Tax Unit 26 Key Number 32-0083-0014

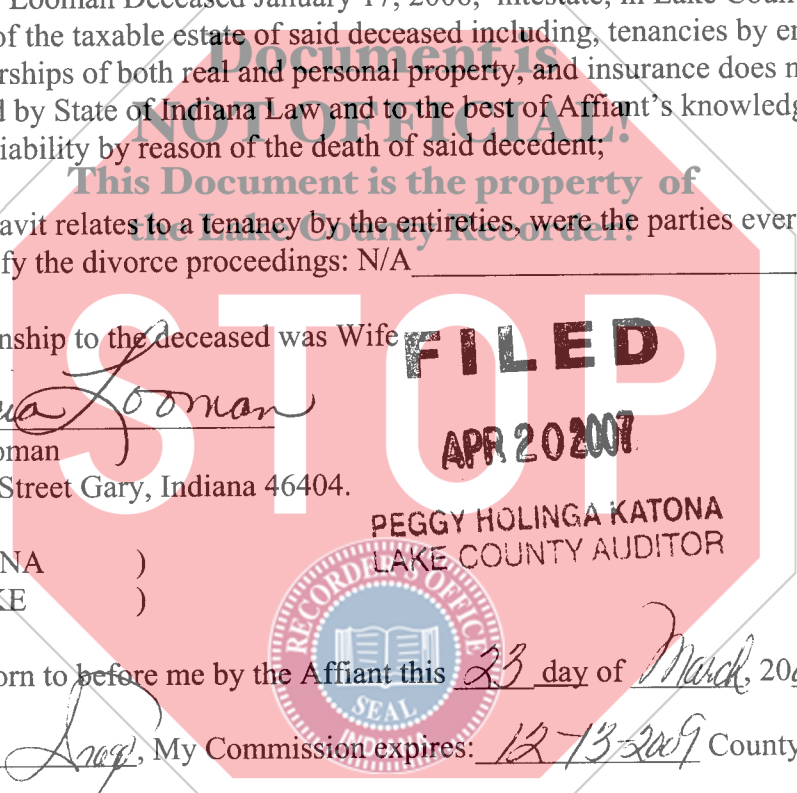
On this 23 day of March 2007 before me personally appeared Patricia Looman identified to me State of Indiana Driver License and/or pictured identification, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below Affiant's signature:
- 2. Affiant is Heir at Law, Wife of Deceased, Gregory D. Looman, owner(s), (Interest of Affiant in the above premises as "owner" "heir of owner" etc.)
- 3. Said premises were formerly owned by Gregory D. Looman, Deceased, January 17, 2006.
- 4. Said Gregory D. Looman Deceased January 17, 2006, intestate, in Lake County, Indiana.
- 5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum required by State of Indiana Law and to the best of Affiant's knowledge there is no Inheritance tax liability by reason of the death of said decedent;

6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No (if yes identify the divorce proceedings: N/A _____);

7. Affiant's relationship to the deceased was Wife

Signature Patricia Looman
Patricia Looman
759 Arthur Street Gary, Indiana 46404.



STATE OF INDIANA)
COUNTY OF LAKE)

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Subscribed and sworn to before me by the Affiant this 23 day of March 2007 (year)

Jacquelyn Drago My Commission expires: 12-13-2009 County of Lake
Notary

I affirm under penalty of perjury that I have taken reasonable Care to redact each Social Security Number, unless required By law.

Jacquelyn Drago

D.D.M.
15.00
5189
M.M.

020980

STATE OF INDIANA) In Re: Gregory D. Looman, Deceased January 17, 2006
)
) SS : Lots 14 and 15, Block 1, Buena Vista Addition
COUNTY OF LAKE) to Hammond, as shown in Plat Book 18, Page 31, in the
) Office of the Recorder of Lake County, Indiana
) Tax Unit 26 Key No. 32-0083-0014

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is the legal heir of decedent: Patricia Looman, wife
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 7117 Tapper Avenue Hammond, Indiana, described as following:

Lots 14 and 15, Block 1, Buena Vista Addition to Hammond, as shown in Plat Book 18, Page 31, in the Office of the Recorder of Lake County, Indiana.
Commonly known as: 7117 Tapper Avenue, Hammond, Indiana
Tax Unit 26 Key No. 32-0083-0014
7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor so far as the same is: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, Gregory D. Looman as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
10. That the decedent's estate was not subject to Indiana Inheritance Tax.

EXHIBIT A

* 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

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

State of Indiana Date Issued January 20, 2006 Hammond Health Commissioner

Local No. 37

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) Gregory D. Looman				2 SEX Male	3a TIME OF DEATH 8:20 P M	3b DATE OF DEATH (Month, Day, Yr.) January 17, 2006	
4 *SOCIAL SECURITY NUMBER 303-54-4736		5a AGE—Last Birthday (Years) 57	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) March 20, 1948		7 BIRTHPLACE (City and State or Foreign Country) East Chicago, IN
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input checked="" type="checkbox"/> Other (Specify) OFFICE			
9b FACILITY NAME (If not institution, give street and number) 7177 Tapper St.				9c CITY, TOWN, OR LOCATION OF DEATH Hammond		9d COUNTY OF DEATH Lake	
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Patricia Flournoy		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Owner/Operator		12b KIND OF BUSINESS/INDUSTRY G&D Electrical Assoc.	
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY, TOWN, OR LOCATION Gary		13d STREET AND NUMBER 759 Arthur St.	
13e ZIP CODE 46404		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		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) White		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 4					
18 FATHER'S NAME (First, Middle, Last) Dean Looman				19 MOTHER'S NAME (First, Middle, Maiden Surname) Mildred Marshall			
20a INFORMANT'S NAME (Type/Print) Patricia Looman				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 759 Arthur St. Gary, IN 46404		20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Regional Cremation SV				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 20, 2006 Regional Cremation SV		21c LOCATION—City or Town, State Munster, IN	
22a EMBALMER'S NAME				22b EMBALMER'S LICENSE NO.		23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR <i>Thomas Burns</i>				24b LICENSE NUMBER (of Licensee) 1045184		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321	
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 Hanging DUE TO (OR AS A CONSEQUENCE OF) b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d Approximate Interval Between Onset and Death Unknown							
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) Yes	
						28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes	
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. Chief Deputy <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>Jeffrey R. Wells</i>				29c MEDICAL LICENSE NO. N/A		29d DATE SIGNED (Month, Day, Year) January 19, 2006	
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 13rd Avenue, Crown Point, Indiana 46307							
31 HEALTH OFFICER'S SIGNATURE <i>Jeffrey R. Wells</i>						32 DATE FILED (Month, Day, Year) January 20, 2006	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year) Jan. 17, 2006		34b TIME OF INJURY Unknown		34c INJURY AT WORK? (Yes or no) No	
		34d DESCRIBE HOW INJURY OCCURRED Hanging		34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Residence			
		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 7177 Tapper Street Hammond, Indiana					
34g DATE PRONOUNCED DEAD (Month, Day, Year) January 17, 2006				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No.			