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2007 034931

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 APR 27 11:12:30

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

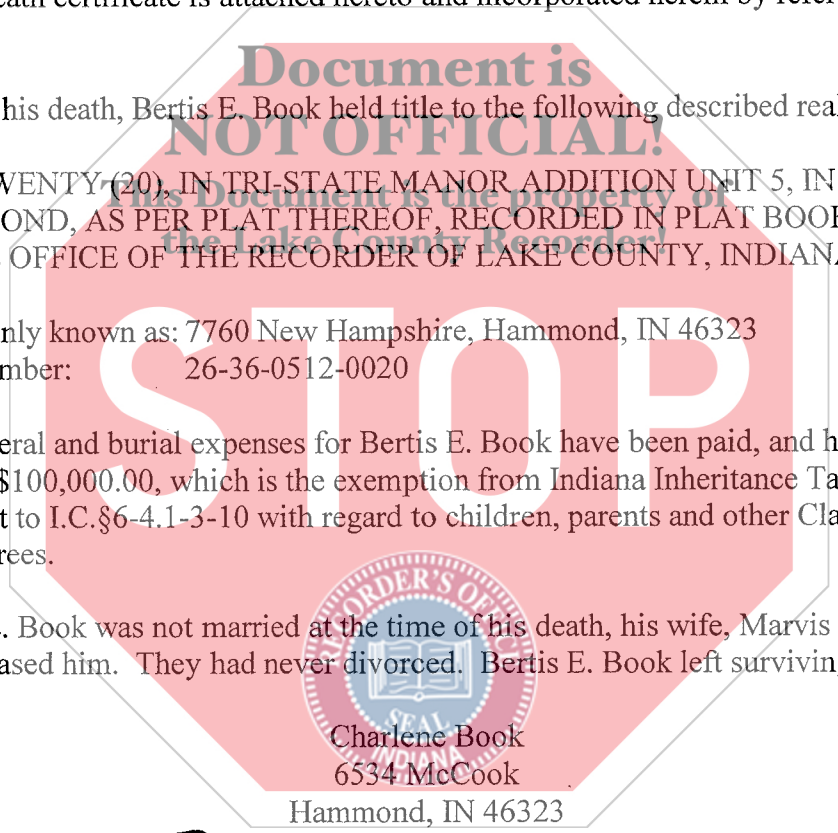
AFFIDAVIT OF SURVIVORSHIP

Charlene Book, being first duly sworn upon her oath, deposes and states as follows:

1. She is the sole surviving heir and natural daughter of Bertis E. Book.
2. Bertis E. Book died testate on February 15, 2007, in Munster, Lake County, Indiana, and at the time of his death was a resident of Lake County, Indiana. A true and accurate copy of his death certificate is attached hereto and incorporated herein by reference as Exhibit "A."
3. Prior to his death, Bertis E. Book held title to the following described real estate:

LOT TWENTY (20), IN TRI-STATE MANOR ADDITION UNIT 5, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32 PAGE 88, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 7760 New Hampshire, Hammond, IN 46323
Key Number: 26-36-0512-0020
4. The funeral and burial expenses for Bertis E. Book have been paid, and his estate did not exceed \$100,000.00, which is the exemption from Indiana Inheritance Taxes allowed pursuant to I.C. §6-4.1-3-10 with regard to children, parents and other Class A. Transferees.
5. Bertis E. Book was not married at the time of his death, his wife, Marvis L. Book having predeceased him. They had never divorced. Bertis E. Book left surviving him as his sole heir:



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LAKE COUNTY AUDITOR

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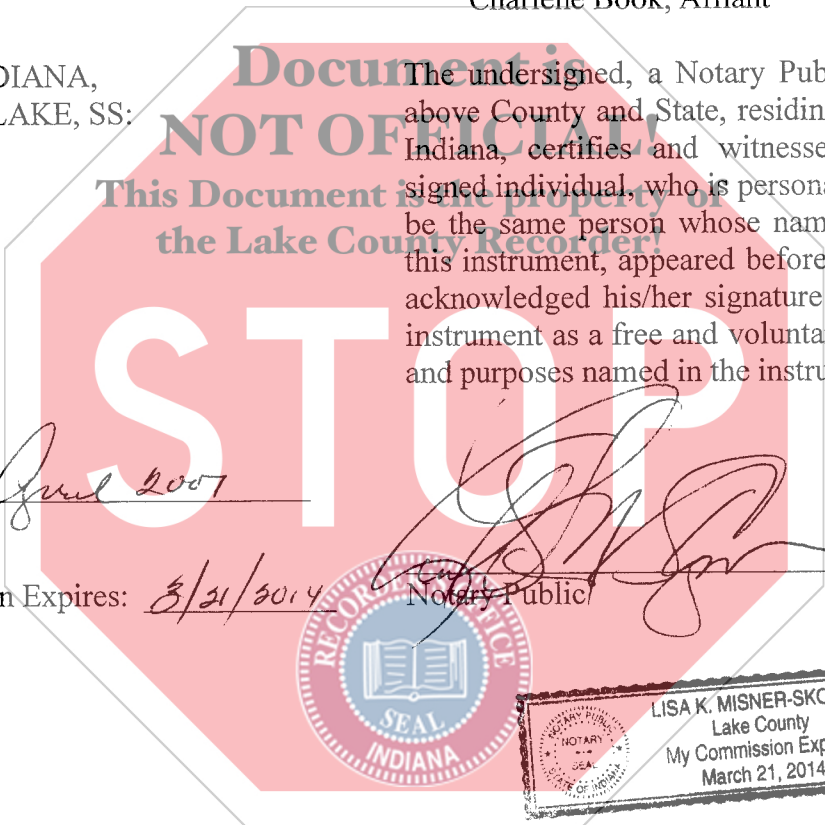
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6. There are no claims as a result of Bertis E. Book's death.
7. This Affidavit of Survivorship is made in order to transfer title to the above-referenced real property to Charlene Book.
8. That the decedent's estate was not subject to Indiana Inheritance Taxes.
9. This Affidavit of Survivorship is made in order to transfer title to the above-referenced real property to Charlene Book.

Charlene Book
 Charlene Book, Affiant

STATE OF INDIANA,
 COUNTY OF LAKE, SS:



The undersigned, a Notary Public in and for the above County and State, residing in Lake County, Indiana, certifies and witnesses that the above signed individual, who is personally know to me to be the same person whose name is subscribed to this instrument, appeared before me in person and acknowledged his/her signature and delivered the instrument as a free and voluntary act, for the uses and purposes named in the instrument.

Date:

12 April 2007

My Commission Expires:

3/21/2014

Notary Public



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 for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 451-07

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

TYPE/PRINT IN PERMANENT INK

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

USE OF PATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) BERTIS Eugene BOOK		2. SEX MALE	3a. TIME OF DEATH 12:00 P.M.	3b. DATE OF DEATH (Month, Day, Year) FEBRUARY 15, 2007	
4. SOCIAL SECURITY NUMBER 431-20-3812	5a. AGE—Last Birthday (Years) 84	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) March 19, 1922	
7. BIRTHPLACE (City and State or Foreign Country) Carryville, AR	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) THE COMMUNITY HOSPITAL		9c. CITY, TOWN, OR LOCATION OF DEATH MUNSTER	9d. COUNTY OF DEATH LAKE		
10. MARITAL STATUS (Specify) widowed	11. SURVIVING SPOUSE (If wife, give maiden name) none	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Car Inspector		12b. KIND OF BUSINESS/INDUSTRY Indiana Harbor Belt R.R.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond	13d. STREET AND NUMBER 7760 New Hampshire		
13a. ZIP CODE 46323	13e. 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) white	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) 				
18. FATHER'S NAME (First, Middle, Last) Floyd E. Book		19. MOTHER'S NAME (First, Middle, Maiden Surname) Ernesteen Wright			
20a. INFORMANT'S NAME (Type/Print) Charlene Book		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6534 McCook Ave., Hammond, IN 46323	20c. Relationship Daughter		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) February 22, 2007 Kelly-Carroll Cremation Serv. Gary, IN		21c. LOCATION—City or Town, State Gary, IN	
22a. EMBALMER'S NAME Jose G. Corona		22b. EMBALMER'S LICENSE NO. FD08601373	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD08601373	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Bocken Funeral Home, FH10600033 7042 Kennedy Ave., Hammond, IN		
26. PART I. Enter the disease, 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. Cerebro-vascular accident DUE TO (OR AS A CONSEQUENCE OF) b. severe cerebral occlusive disease DUE TO (OR AS A CONSEQUENCE OF) c. Diabetic Mellitus DUE TO (OR AS A CONSEQUENCE OF) d. 		PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Respiratory failure End Stage renal disease			
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01027402A	29d. DATE SIGNED (Month, Day, Year) FEBRUARY 20, 2007		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) CONRADO CASTOR, M.D. 911-A FRAN LIN PARKWAY MUNSTER, INDIANA 46321					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) February 22, 2007	
33. MANNER OF DEATH <input 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	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.			