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### DECEASED JOINT TENANCY AFFIDAVIT

STATE OF IN  
COUNTY OF LAKE ss.

Order No.

**CHARLES L. GABRIEL** being duly sworn states that he/she resides at 2939 E 62ND PL, HOBART, IN 46342.

That he/she was acquainted with **MONICA L. GABRIEL** deceased who, at the time of his/her death, was one of the owners of the land in LAKE County, IN, described as:

**SEE ATTACHED LEGAL DESCRIPTION**

That the deceased died 10/19/2006 as evidenced by a certified copy of death certificate of the deceased attached hereto.

That the deceased died:

- Leaving no Last Will & Testament
- Leaving a Last Will & Testament a copy of which is attached hereto. The original of the unproved will should be filed with the Clerk of the Probate Division of the Circuit Court of LAKE County, IN.
- Leaving a Last Will & Testament which was filed in the Unproved Will Box of the Probate Division of the Circuit Court of LAKE County, IN about \_\_\_\_\_

That the total value of the estate of the deceased, including both real and personal property owned by the deceased either individually or in joint tenancy at the time of the death of the deceased, does not exceed the sum of \_\_\_\_\_ dollars.

Affiants make this affidavit for the purpose of inducing CITIBANK, F.S.B. to extend a loan/line of credit to **CHARLES L. GABRIEL**, secured by a mortgage/deed of trust executed by the said **CHARLES L. GABRIEL** alone, covering the above-mentioned property.

(Outside of California)

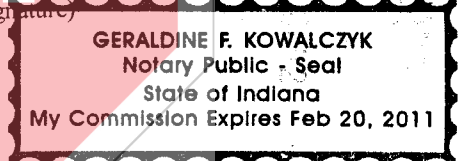
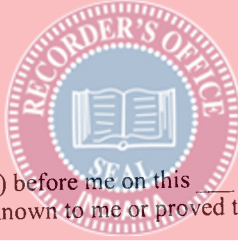
Subscribed and sworn to before me by the said **CHARLES L. GABRIEL** this 16<sup>th</sup> day of MAY, A.D. 2007.

*Geraldine F. Kowalczyk*  
Notary Public

*Charles L. Gabriel*  
**CHARLES L. GABRIEL**  
(Affiant's Signature) 5-16-07 Date

(Within California)

STATE OF CALIFORNIA  
COUNTY OF \_\_\_\_\_



Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by [living titleholder] \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Seal \_\_\_\_\_

Signature \_\_\_\_\_

16<sup>th</sup>  
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\* 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. 2498-06

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) <b>MONICA LYNN GABRIEL</b>				2. SEX <b>Female</b>	3a. TIME OF DEATH <b>1:25 AM</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>October 19, 2006</b>
4. SOCIAL SECURITY NUMBER <b>313-96-5426</b>	5a. AGE—Last Birthday (Years) <b>32</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>September 20, 1974</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Gary Indiana</b>	
8a. WAS DECEASED A U.S. VETERAN? <b>No</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>	8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9a. FACILITY NAME (If not institution, give street and number) <b>2939 E. 62nd Place</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Hobart</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Charles Gabriel</b>	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Foreman</b>			12b. KIND OF BUSINESS/INDUSTRY <b>Utilities</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Hobart</b>		13d. STREET AND NUMBER <b>2939 E. 62nd Place</b>		
13e. ZIP CODE <b>46342</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	15. WAS DECEASED 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) <b>White</b>	17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>6</b> College (1-4 or 5+) <b>+</b>	
18. FATHER'S NAME (First, Middle, Last) <b>Richard Stephens</b>			19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lynnette Cook</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Charles L. Gabriel</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2939 E. 62nd Place, Hobart, In 46342</b>		20c. Relationship <b>Husband</b>	
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)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Oct 23, 2006 Calvary Crematory</b>			21c. LOCATION—City or Town, State <b>Portage IN</b>	
22a. EMBALMER'S NAME <b>James J. Krause</b>		22b. EMBALMER'S LICENSE NO. <b>FD01006463</b>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01006463</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488</b>		
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. <span style="float: right;">Approximate Interval Between Onset and Death</span> <b>Metastatic Carcinoma of ovary</b> IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d.						
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <b>S/P Chemotherapy S/P Surgery.</b>				27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>
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>J. P. Sanghvi MD</i>				29c. MEDICAL LICENSE NO. <b>01035695</b>	29d. DATE SIGNED (Month, Day, Year) <b>10/19/06</b>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>J. P. Sanghvi MD 8127 Merrillville Road, Merrillville, IN 46410</b>						
31. HEALTH OFFICER'S SIGNATURE <i>William W. Best, D.O.</i>						32. DATE FILED (Month, Day, Year) <b>October 20, 2006</b>
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	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT <b>OCT 20 2006</b>	
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, Zip Code)				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				

H106FN1W

## SCHEDULE A

THE FOLLOWING DESCRIBED PROPERTY IN THE COUNTY OF Lake, STATE OF INDIANA:

LOT(S) 7, VALLEY OAKS ESTATES SUBDIVISION THE CITY OF HOBART, Lake COUNTY, INDIANA RECORDED IN PLAT BOOK 51, PAGE 27.

SUBJECT TO RESTRICTIONS, RESERVATIONS, EASEMENTS, COVENANTS, OIL, GAS OR MINERAL RIGHTS OF RECORD, IF ANY.

KNOWN: 2939 EAST 62nd PL

PARCEL: 43-53-0057-0007



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*Intervending Solutions*