

2007 048536

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

3

AFFIDAVIT OF SURVIVORSHIP

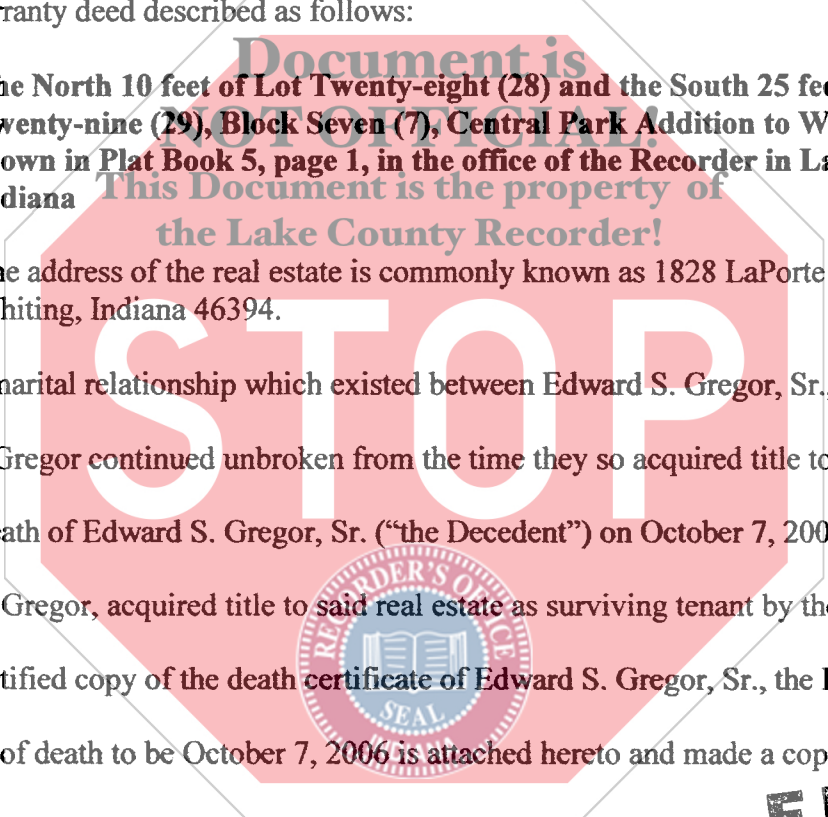
Edward S. Gregor, Jr. ("Affiant"), being duly sworn upon his oath deposes and says:

1. That the Affiant is the son of Dorothy M. Gregor and Edward S. Gregor, Sr. and was born on July 10, 1963.
2. That the Affiant resides in Lake County, State of Indiana.
3. That Edward S. Gregor, Sr. ("the Decedent") and Dorothy M. Gregor were husband and wife at the time they acquired title as husband and wife, on or about December 9, 1959 to certain real estate by warranty deed described as follows:

The North 10 feet of Lot Twenty-eight (28) and the South 25 feet of Lot Twenty-nine (29), Block Seven (7), Central Park Addition to Whiting, as shown in Plat Book 5, page 1, in the office of the Recorder in Lake County, Indiana

This Document is the property of the Lake County Recorder!
The address of the real estate is commonly known as 1828 LaPorte Avenue, Whiting, Indiana 46394.

4. That the marital relationship which existed between Edward S. Gregor, Sr., the Decedent, and Dorothy M. Gregor continued unbroken from the time they so acquired title to said real estate until the death of Edward S. Gregor, Sr. ("the Decedent") on October 7, 2006 at which time Dorothy M. Gregor, acquired title to said real estate as surviving tenant by the entirety.
5. That a certified copy of the death certificate of Edward S. Gregor, Sr., the Decedent, showing his date of death to be October 7, 2006 is attached hereto and made a copy of this affidavit by reference.
6. That all debts, estate and inheritance taxes, funeral expenses, and expenses on the last illness of Edward S. Gregor, Sr., the Decedent, have been fully paid and satisfied.



FILED

JUN 14 2007

REGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1600
CK
2458

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ATTENTION: 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

City Of East Chicago
East Chicago, In 46312

Local No. 237

CERTIFICATE OF DEATH

State No.

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) EDWARD STEPHEN GREGOR				2 SEX MALE		3a TIME OF DEATH 7:42P M		3b DATE OF DEATH (Month, Day, Yr.) OCTOBER 7, 2006				
4 *SOCIAL SECURITY NUMBER 313-14-0816		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) OCT. 17, 1921		7 BIRTHPLACE (City and State or Foreign Country) WHITING, INDIANA		
8a WAS DECEDENT A U.S. VETERAN? YES		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		9a 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				
9b FACILITY NAME (If not institution, give street and number) ST. CATHERINE HOSPITAL						9c CITY, TOWN OR LOCATION OF DEATH EAST CHICAGO			9d COUNTY OF DEATH LAKE			
10 MARITAL STATUS MARRIED		11 SURVIVING SPOUSE (If wife, give maiden name) DOROTHY M. PATRICK			12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) FOREMAN			12b KIND OF BUSINESS/INDUSTRY AMOCO OIL COMPANY				
13a RESIDENCE—STATE INDIANA		13b COUNTY LAKE		13c CITY, TOWN OR LOCATION WHITING			13d STREET AND NUMBER 1828 LA PORTE AVENUE					
13e ZIP CODE 46394		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) WHITE		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+) 2		
18 FATHER'S NAME (First, Middle, Last) JOHN GREGOR						19 MOTHER'S NAME (First, Middle, Maiden Surname) ANNA PIETER						
20a INFORMANT'S NAME (Type/Print) MRS. DOROTHY M. GREGOR				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1828 LA PORTE, WHITING, IN 46394				20c Relationship WIFE				
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) OCTOBER 11, 2006 HERITAGE CREMATORY				21c LOCATION—City or Town, State PORTAGE, INDIANA				
22a EMBALMER'S NAME HENRY J. BLAKE				22b EMBALMER'S LICENSE NO. FDE01019406				23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR <i>Walter J. Steele</i>				24b LICENSE NUMBER (of Licensee) FDE01019456		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394						
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. ASPIRATION PNEUMONIA										Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) ATRIAL FIBRILLATION												
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last CORONARY ARTERY DISEASE												
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) N/A				28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A						
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>Joseph C. Legaspi</i>								29c MEDICAL LICENSE NO. 01059155A		29d DATE SIGNED (Month, Day, Year) OCT. 9, 2006		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) JOSEPH LEGASPI, M.D., 9307 CALUMET AVENUE, MUNSTER, INDIANA 46321												
31 HEALTH OFFICER'S SIGNATURE <i>Gina Bonnie Aburnia MD</i>										32 DATE FILED (Month, Day, Year) 10/10/06		
33 MANNER OF DEATH <input 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				
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.								

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

IVRA-20 (7/05)