

2007 060181

2007 JUL 24 AM 10:49

MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

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On this 11TH day of JULY, 2007, before me personally appeared SHIRLEY J. REID, who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

LOT 31 AND THE NORTH HALF OF LOT 32, BLOCK 19, RESUBDIVISION OF GARY LAND COMPANY'S SIXTH SUBDIVISION IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK 14 PAGE 21 IN LAKE COUNTY, INDIANA.

2. That said premises were formerly owned as tenants by the entireties by HAROLD E. REID a/k/a HAROLD EDWARD REID and SHIRLEY J. REID, husband and wife.

3. That said HAROLD E. REID a/k/a HAROLD EDWARD REID died on 1-21-07, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of HAROLD E. REID a/k/a HAROLD EDWARD REID, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of HAROLD E. REID a/k/a HAROLD EDWARD REID said parties, namely, HAROLD E. REID a/k/a HAROLD EDWARD REID and SHIRLEY J. REID, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

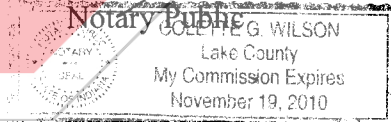
Shirley J. Reid
SHIRLEY J. REID

Before me, the undersigned, a Notary Public in and for said County and State, this 11TH day of JULY, 2007, personally appeared SHIRLEY J. REID and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

County of Residence:



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LP

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356
FILE 07-15938

14174

NOTARY PUBLIC PENALTIES FOR
NEGLIGENCE THAT I HAVE TAKEN REASONABLE
CARE TO REDACT EACH SOCIAL SECURITY
NUMBER IN THIS DOCUMENT UNLESS
REQUIRED BY LAW.

Richard Zunica

FILED

JUL 23 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

12662

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

Local No. 07 0039

State No.

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) Harold Edward Reid		2 SEX Male	3a TIME OF DEATH 6:40p.	3b DATE OF DEATH (Month, Day, Year) January 21, 2007	
4 SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 69	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) September 1, 1937	
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1962	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) Methodist Hospital Northlake		9b CITY, TOWN, OR LOCATION OF DEATH Gary	9c COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Shirley Jackson	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Electrician		12b KIND OF BUSINESS/INDUSTRY Daybright Electrical Co.	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Gary	13d STREET AND NUMBER 2930 W. 2nd Avenue		
13e ZIP CODE 46404	13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input 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 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Harry Reid			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Versie Parker		20a INFORMANT'S NAME (Type/Print) Shirley Reid			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2930 W. 2nd Avenue 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"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 27, 2007 Oak Hill Cemetery		21c LOCATION—City or Town, State Gary, Indiana	
22a EMBALMER'S NAME Rosenwald D. Allen Jr.		22b EMBALMER'S LICENSE NO. #29400047	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24 SIGNATURE OF FUNERAL DIRECTOR 		24b LICENSE NUMBER (of Licensee) #08700298	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors Inc. 2959 W. 11th Ave. Gary, Indiana 46404 83007704		
26. PART I Enter the disease, injury, 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. Congestive Heart Failure DUE TO (OR AS A CONSEQUENCE OF) b. Gastrointestinal Bleeding 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		Approximate Interval Between Onset and Death 2 WEEKS 1 DAY			
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b 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 Janet Seabrook M.D.			
29c MEDICAL LICENSE NO. 01044720		29d DATE SIGNED (Month, Day, Year) 1/24/07			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Typed name) Janet Seabrook M.D. 021 W. 5th Ave Gary, IN. 46402					
31 HEALTH OFFICER'S SIGNATURE 				32 DATE FILED (Month, Day, Year) JAN 26 2007	
33 MANNER OF DEATH <input checked="" 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
34a 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.			

FROM K & L REAL ESTATE INVESTMENT CONSULTANTS (WED) JUL 11 2007 23:31/ST. 23:28/NO. 6312422068 P 1