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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 075009

2007 SEP 18 AM 9:46

MICHAEL A. BROWN
RECORDER

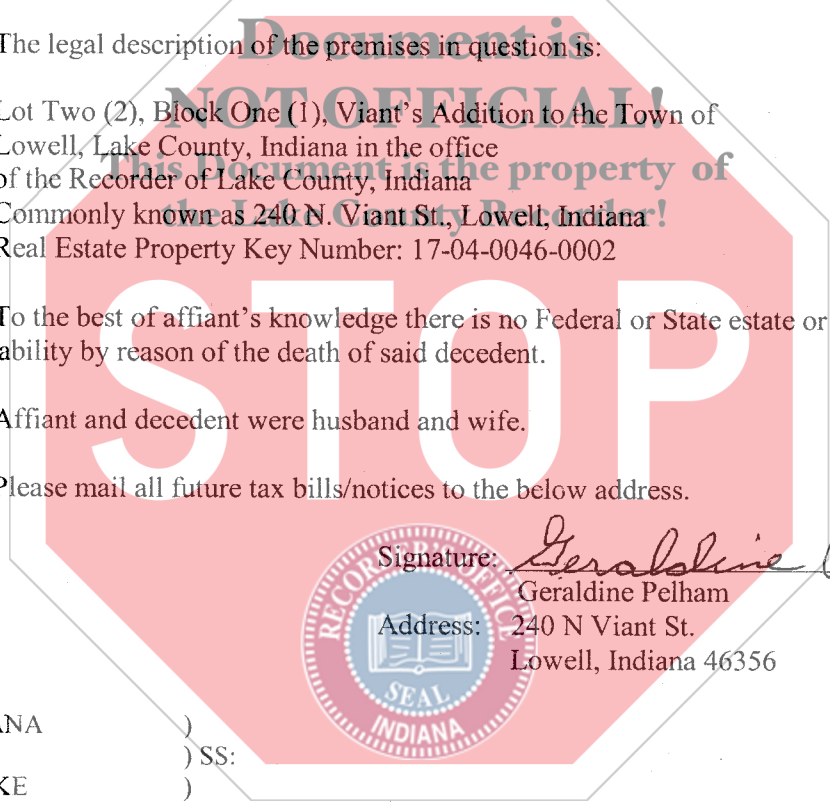
SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

On this 13th day of SEPTEMBER, 2007, before me personally appeared Geraldine Pelham to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is the wife and surviving joint tenant.
3. Said premises were formerly owned by, and titled in the names of, Phillip E. Pelham and Geraldine Pelham, husband and wife.
4. Phillip E. Pelham died on October 23, 2006 leaving no will. .
5. The legal description of the premises in question is:

Lot Two (2), Block One (1), Viant's Addition to the Town of Lowell, Lake County, Indiana in the office of the Recorder of Lake County, Indiana Commonly known as 240 N. Viant St., Lowell, Indiana! Real Estate Property Key Number: 17-04-0046-0002
6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
7. Affiant and decedent were husband and wife.
8. Please mail all future tax bills/notices to the below address.



Signature: Geraldine Pelham
 Geraldine Pelham
 Address: 240 N Viant St.
 Lowell, Indiana 46356

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Geraldine Pelham, who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained therein to be true.
 WITNESS my hand and Notarial Seal this 13th day SEPTEMBER, 2007.
 My Commission Expires: 12-12-2012
 Resident of Lake County

Kenneth A. Manning
 Kenneth A. Manning, Notary Public

I affirm under the penalties of perjury, that I have taken reasonable care and steps to redact each social security number in the document, including attachments, unless required by law.
Kenneth A. Manning
 Kenneth A. Manning

Instrument Prepared By: Kenneth A. Manning, 200 Monticello Drive, Dyer, Indiana 46311; phone: (317) 865-8376

FILED

SEP 18 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

16200

13-10
 OK
 3579
 [Signature]

672

ATTENTION: The Social Security # is requested by this state agency in order to determine its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.
al No. 2572-06

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

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

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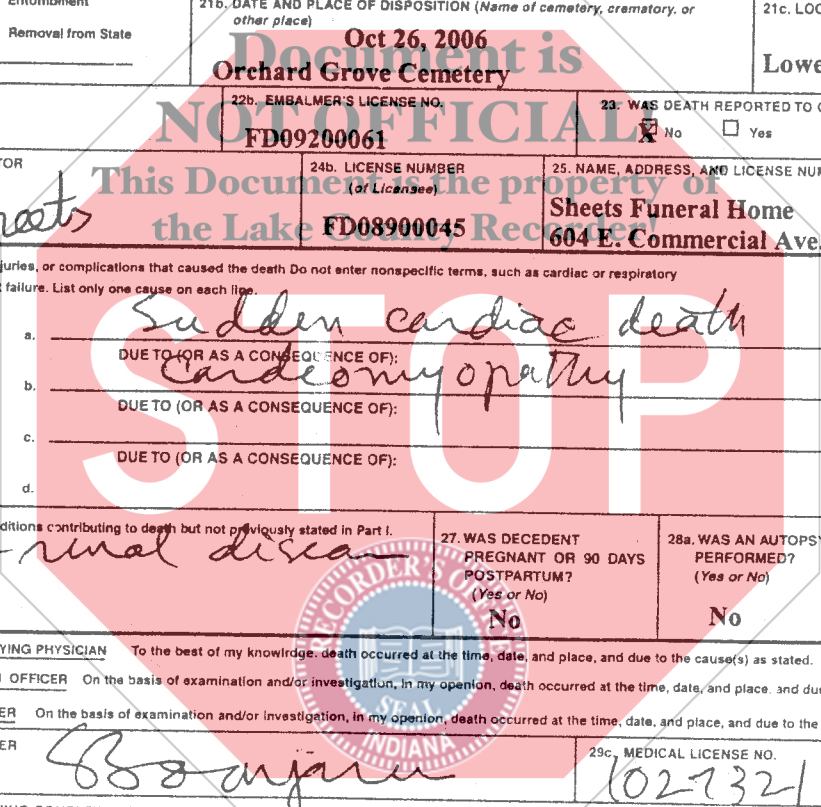
DISITION

OF

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ER

1. DECEASED—NAME (First, Middle, Last) Phillip E. Pelham				2. SEX Male	3a. TIME OF DEATH 09:45 AM	3b. DATE OF DEATH (Month, Day, Yr) October 23, 2006
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 79	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo, Day, Yr) July 26, 1927	
7a. WAS DECEDENT A U.S. VETERAN? YES		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946		7. BIRTHPLACE (City and State or foreign Country) Lawrence Co. IL		
8a. 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. Anthony's Medical Center				9c. CITY, TOWN OR LOCATION OF DEATH Crown Point		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Geraldine Martin		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Plant Supervisor		12b. KIND OF BUSINESS, INDUSTRY Auto Manufacturer
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Lowell		13d. STREET AND NUMBER 240 Viant
13e. ZIP CODE 46356		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.)
13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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
16. FATHER'S NAME (First, Middle, Last) Roy H. Pelham				17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____		
18. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth J. Crouch				19. MOTHER'S NAME (First, Middle, Maiden Surname) Ruth J. Crouch		
20a. INFORMANT'S NAME (Type/Print) Geraldine Pelham			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 240 Viant, Lowell, IN 46356			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"/> Donation <input type="checkbox"/> Other (Specify) _____			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Oct 26, 2006 Orchard Grove Cemetery		21c. LOCATION—City or Town, State Lowell IN	
22a. EMBALMER'S NAME: Molly E. Tucker			22b. EMBALMER'S LICENSE NO. FD09200061		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Ken Sheets</i>			24b. LICENSE NUMBER (of Licensee) FD08900045		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356	
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. Sudden cardiac death			Approximate Interval Between Onset and Death	
Conditions, if any, which gave rise to the immediate cause, starting the underlying cause last		b. Cardiomyopathy			minutes	
		c. _____			years	
		d. _____				
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. End stage renal disease						
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) 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>Susan W. Boonjarern</i>				29c. MEDICAL LICENSE NO. 1027321		29d. DATE SIGNED (Month, Day, Year) 10/26/06
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. S. Boonjarern 297 W. Franciscan Ln. #207, Crown Point, IN 46307						
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Boonjarern, D.O.</i>						
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. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34e. DESCRIBE HOW INJURY OCCURRED OCT 31 2006		
		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.			



THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. **October 31, 2006**