

3

LAKE COUNTY
INDIANA
2007 DEC -6 PM 9:20
MICHAEL A. TOWN
RECORDER

2007 095908

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Diane Thews, and upon being duly sworn does attest and say:

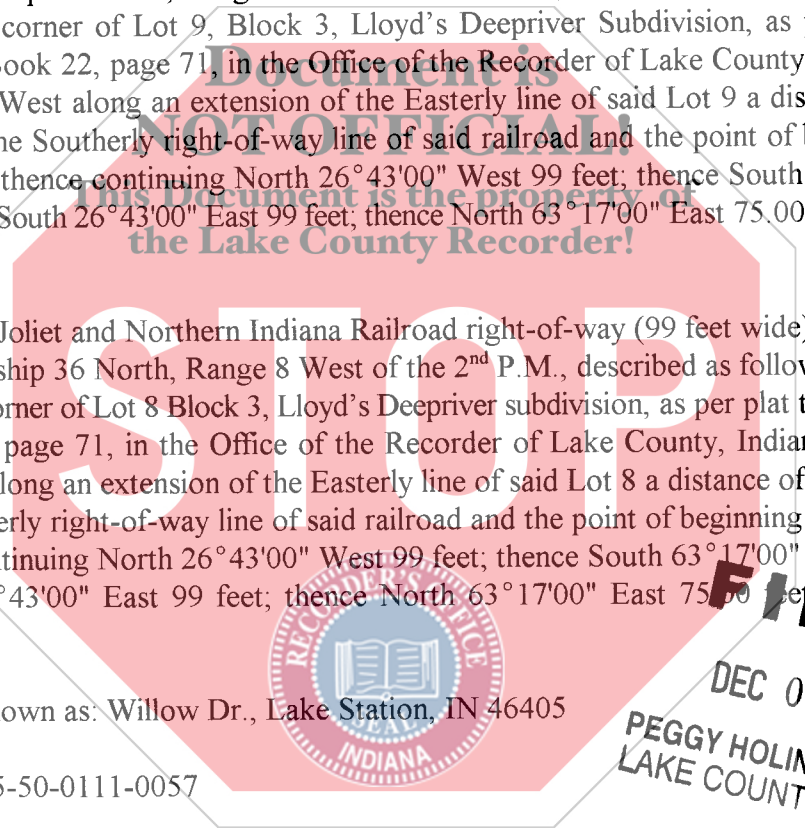
1. That the affiant is the spouse of Robert E. Thews, deceased.
2. That the decedent, Robert E. Thews, and Affiant, Diane Thews, acquired the following real estate as Husband and Wife:

Part of the former Joliet and Northern Indiana Railroad right-of-way (99 feet wide) in the NE1/4 of Section 24, Township 36 North, Range 8 West of the 2nd P.M., described as follows: Commencing at the Northeast corner of Lot 9, Block 3, Lloyd's Deepriver Subdivision, as per plat thereof, recorded in Plat Book 22, page 71, in the Office of the Recorder of Lake County, Indiana; thence North 26°43'00" West along an extension of the Easterly line of said Lot 9 a distance of 20 feet, more or less, to the Southerly right-of-way line of said railroad and the point of beginning of this described parcel; thence continuing North 26°43'00" West 99 feet; thence South 63°17'00" West 75.00 feet; thence South 26°43'00" East 99 feet; thence North 63°17'00" East 75.00 feet to the point of beginning.

Part of the former Joliet and Northern Indiana Railroad right-of-way (99 feet wide) in the NE1/4 of Section 24, Township 36 North, Range 8 West of the 2nd P.M., described as follows: Commencing at the Northeast corner of Lot 8 Block 3, Lloyd's Deepriver subdivision, as per plat thereof, recorded in Plat Book 22, page 71, in the Office of the Recorder of Lake County, Indiana; thence North 26°43'00" West along an extension of the Easterly line of said Lot 8 a distance of 20 feet, more or less, to the Southerly right-of-way line of said railroad and the point of beginning of this described parcel; thence continuing North 26°43'00" West 99 feet; thence South 63°17'00" West 75.00 feet; thence South 26°43'00" East 99 feet; thence North 63°17'00" East 75.00 feet to the point of beginning.

Commonly known as: Willow Dr., Lake Station, IN 46405

Parcel No.: 35-50-0111-0057



FILED
DEC 06 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Part of the former Joliet and Northern Indiana Railroad right of way (99 ft wide) in the NE 1/4 Section , Township 36 North, Range 8 West of the 2nd P.M. described as follows: Commencing at the Northwest corner of Lot 7, Block 3, Lloyd's Deepriver Subdivision, as per plat thereof, recorded in Plat Book 22, page 71, in the office of the Recorder of Indiana; thence North 26 degree 43'00" West along an extension

15-1-DG
9477

23974

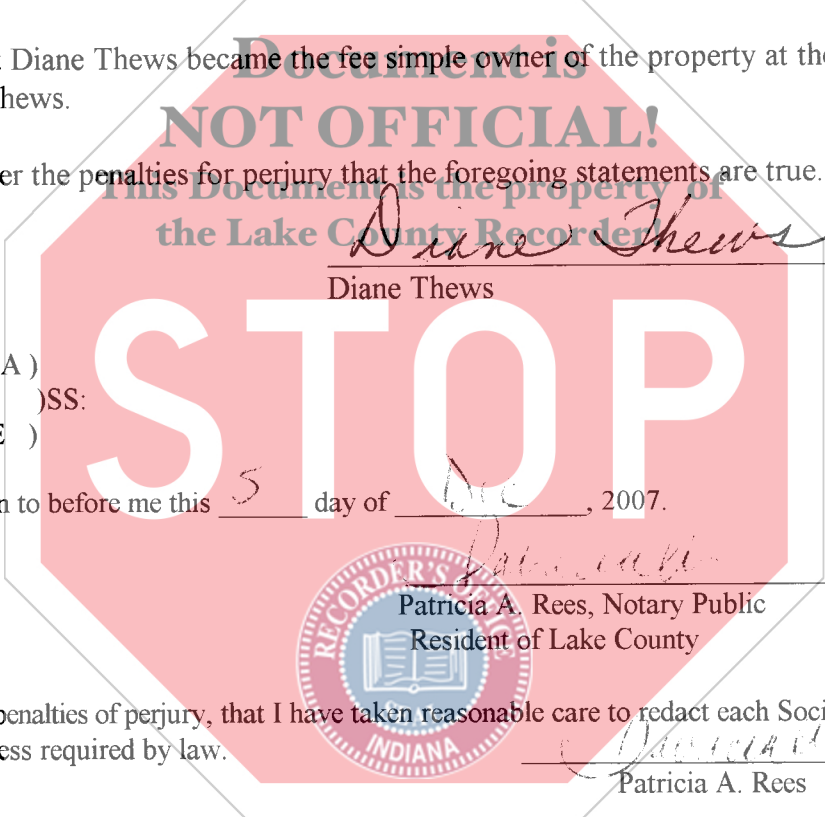
of the Westerly line of said Lot 7 a distance of 20 feet more or less to the Southerly right-of-way line of said railroad and the point of beginning of this described parcel; thence continuing North 26 degree 43'00" west 99 feet; thence North 63 degree 17'00" East 50.00 feet; thence South 26 degree 43'00" East, 99 feet; thence South 63 degree 17'00" West 50.00 feet to the point of beginning.

Commonly known as: 4600 - BL Willow Dr., Lake Station, IN 46405

Parcel No.: 35-50-0111-0065

- 3. That Robert E. Thews and Diane Thews were married on the 5th day of August, 1967.
- 4. That Robert E. Thews and Diane Thews acquired the property during the term of their marriage, and remained married until the death of Robert E. Thews, on the 14th day of August, 2007.
- 5. That Diane Thews became the fee simple owner of the property at the death of Robert E. Thews.

I affirm under the penalties for perjury that the foregoing statements are true.



Diane Thews
Diane Thews

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 5 day of Dec, 2007.

My Commission
Expires: 3-25-2010

Patricia A. Rees, Notary Public
Resident of Lake County

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Patricia A. Rees

➔ This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368
(219) 947-1692.

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue 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. 2002-07

360139 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) ROBERT E. THEWS			2 SEX Male		3a TIME OF DEATH 4:50a.m.		3b DATE OF DEATH (Month, Day, Yr.) August 14, 2007	
4 *SOCIAL SECURITY NUMBER 310-36-7437		5a AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) May 30, 1936		7 BIRTHPLACE (City and State or Foreign Country) So. Chicago, Ill.	
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	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. Mary's Medical Center				9c CITY, TOWN, OR LOCATION OF DEATH Hobart		9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Diane Amos		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self-employed		12b KIND OF BUSINESS/INDUSTRY Tavern Owner		
13a RESIDENCE—STATE Indiana		13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Lake Station		13d STREET AND NUMBER 4617 Willow Drive			
13e ZIP CODE 46405	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.)		16 RACE—American Indian, Black, White, etc. (Specify) White		17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)	
18 FATHER'S NAME (First, Middle, Last) Elmer Thews				19 MOTHER'S NAME (First, Middle, Maiden Surname) Mildred Baumeister				
20a INFORMANT'S NAME (Type/Print) Diane Thews			20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4617 Willow Drive Lake Station, In			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) August 17, 2007 Calvary Cemetery			21c LOCATION—City or Town, State Portage, Indiana			
22a EMBALMER'S NAME Anthony S. Rendina Jr.		22b EMBALMER'S LICENSE NO. FD01010402		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b LICENSE NUMBER (of Licensee) FD01010402		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In46408				
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. Approximate Interval Between Onset and Death								
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardio Respiratory Arrest DUE TO (OR AS A CONSEQUENCE OF) b. Acute Respiratory Distress Syndrome (ARDS) DUE TO (OR AS A CONSEQUENCE OF) c. Bronchoalveolar cancer Lung DUE TO (OR AS A CONSEQUENCE OF) d. Hypertension								
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Peripheral vascular insufficiency								
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)								
28a WAS AN AUTOPSY PERFORMED? (Yes or no)								
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)								
29a CERTIFIER (Check only one) <input 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. Best</i>				29c MEDICAL LICENSE NO. 01031797		29d DATE SIGNED (Month, Day, Year) 8/16/07		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Shashikant R. Rame 10 N. Michigan Ave. Hobart, In. 46342								
31 HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>						32 DATE FILED (Month, Day, Year) August 17, 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			
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.						