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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)

2007 096415

2007 DEC 10 AM 9:24

AFFIDAVIT OF SURVIVORSHIP MICHAEL A. BROWN
RECORDER

620076188

Comes now Patricia A. Loiacano, and upon being duly sworn does attest and say:

Chicago Title Insurance Company

1. That the affiant is the Daughter of Don C. Forrest, and Dorothy Ann Forrest, deceased.
2. That Don C. Forrest and Dorothy Ann Forrest were the owners as Tenants by the Entirety of real property located in Lake County, Indiana, more particularly described as:

Lot 1 in Joryville Addition to Hobart, as per plat thereof, recorded in Plat Book 3 page 87, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 759 East 8th Street, Hobart, Indiana 46342
3. That Don C. Forrest and Dorothy Ann Forrest acquired the property during the term of their marriage.
4. That Dorothy Ann Forrest died on the 18th day August, 2001.
SEE ATTACHED DEATH CERTIFICATE "EXHIBIT" A
5. That Don C. Forrest died on the 29th day of August, 2007.
6. That Patricia A. Loiacano is a surviving child of Don C. Forrest and Dorothy Ann Forrest.

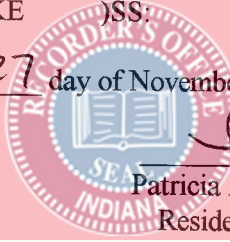
I affirm under the penalties for perjury that the foregoing statements are true.

Patricia A. Loiacano
Patricia A. Loiacano

STATE OF INDIANA COUNTY OF LAKE)SS:

Subscribed and sworn to before me this 27 day of November, 2007.

My Commission
Expires: 03/25/2010



Patricia A. Rees
Patricia A. Rees, Notary Public
Resident of Lake County

FILED
DEC - 7 2007
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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
Patricia A. Rees

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

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

EXHIBIT "A"

620076188

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Chicago Title Insurance Company

1. DECEASED-NAME (First Middle Last) DOROTHY A. FORREST				2. SEX Female		3a. TIME OF DEATH 3:55PM		3b. DATE OF DEATH (Month Day Yr) August 18, 2001			
4. SOCIAL SECURITY NUMBER 6435		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 17, 1922			
7a. WAS DECEDENT A U.S. VETERAN? No		7b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A		7. BIRTHPLACE (City and State or Foreign Country) Revere, Massachusetts							
8a. FACILITY NAME (If not institution, give street and number) Miller's Merry Manor				8b. 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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				8c. CITY TOWN OR LOCATION OF DEATH Portage		8d. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Don C. Forrest		12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker				12b. KIND OF BUSINESS INDUSTRY Home			
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Hobart		13d. STREET AND NUMBER 759 E. 8th Street					
13e. ZIP CODE 46342		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. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input checked="" type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/>		18. FATHER'S NAME (First, Middle, Last) Thomas Blewett		19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Schnitzlein							
20a. INFORMANT'S NAME (Type/Print) Don C. Forrest				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 759 E. 8th Street, Hobart, IN 46342				20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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 21, 2001 Graceland Cemetery				21c. LOCATION - City or Town State Valparaiso, Indiana			
22a. EMBALMER'S NAME James J. Krause				22b. EMBALMER'S LICENSE NO. FDO1006463		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 License) FDO1006463		24c. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 Rees Funeral Home, Inc. 600 W. Old Ridge Road, Hobart, IN 46342					
25. PART I. Enter the disease 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. <i>Atherosclerosis</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>Myoexence</i> DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d. Approximate Interval Between Onset and Death											
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.						27. WAS DECEDENT PREGNANT OR 30 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>Anthony Maddack</i>						29c. MEDICAL LICENSE NO. 02001180		29d. DATE SIGNED (Month Day Year) 08-20-01			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Donald J. Maddack DO 3125 Willowcreek Road, Portage, IN 46368											
31. HEALTH OFFICER'S SIGNATURE <i>Gary A. Babcock MD</i>								32. DATE FILED (Month Day Year) August 20, 2001			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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					
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.							