	200	DECEASE	JOINT TENAN	Γ AFFIDAVIT		
Sta	te of Indiana	)	Date:	12-4-07		
Co	unty of Leke	SS )	File:	0700087	18	
	gene Thomas We vices, Inc. to issue its ti nmitment, deposes and		irst duly sworn, fo policy covering the	or the purpose of indu e land described in th	icing Residential Titl e above captioned	е
1.	That he/she resides at					f6323
2.	That he/she was acqua	ainted with $\overline{\mathcal{I}}$	udith B. Web	no died on 11-19-	- 88 as	
	evidence by the attach	ed certified co	py of the death co	ertificate.		
3.	That said decedent wa	is one of the o	wners of the land	described in the abo	ve captioned	
	commitment.				20	
4.	That said decedent die	ed: o will and last te	estament.		007	
E	leaving a l	last will and tes	stament, a copy o		0992	
5.	That the total value of			of Indiana Inneritand	ce Tax/Estate Tax	
	and Federal Estate Ta	I ms Doo	ake County	Recorder!  "S SIGNATURE	sell gr.	angeria y gre
Sub	escribed and sworn to be	efore me this			mary files	
4	day of <u>DlC</u> , 2006  Mullin TARY SIGNATURE	m Doel	MARILYN Lake ( My Commiss March 3	Sion Evoiron	AEL A. BROWN AECORDER	E OF INDIANA FOR RECORD
					ANT COMP	
"I af secu	firm, under the penalties urity number in this docu	s for perjury, thus iment, unless	nat I have taken re required by law.	easonable care to recommend the markeyn.	dact each social Shelle Huber	
	Recording Return to: Document was Prepared B Marilyn Huber 2338-844 br Merrillulleith 4	by: 6319 Hami	ne Thoma Nevada A mond, IN	5 Webb 9. VL 46323	# 16 Vapo	

## Scc.

SBH06-004 State Form 10110

Rev. 10/87

DEATH/PD 1

## INDIANA STATE BOARD OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

NOV 2 2 1988

Date Issued Hammond Health Commissioner

SUPPLYING SPOUSE  (If wife, give meiden ne tugene Web!  INTY  13g. ZIP CODE  46323  A6323	13c. CITY, TOWN, OR I Halfmond 14. WAS DECEDENT (Specify No or Ye Mexican Puerto R Specify:  19b. MARLING 62.19  20b. DATE AND PLACE other place) Nor  21b. Li Hadge, death occurred at the Puerto R 3 Years 3 Years 1	Hours Mine  9a. PLACE O  9a. PLACE O  12a. DECEDENT'S USI (Give hind of work Do not use retinal)  LOCATION  OF HISPANIC ORIGIN? 12 - Mo  12 - Mo  12 - Mo  12 - Mo  13 ADDRESS (Street and M) Neveda Hamm  F OF DISPOSITION (Name)  14 CONTROL 23 - 10  CENSON (Name)  15 CONTROL 23 - 10  CENSON (Name)  16 CONTROL 23 - 10  CENSON (Name)  16 CONTROL 23 - 10  CENSON (Name)  16 CONTROL 23 - 10  CENSON (Name)  17 CONTROL 23 - 10  CENSON (Name)  18 CONTROL 23 - 10  CENSON (Name)  19 CONTROL 23 - 10  CENSON (Name)  10 18769 15  10 18769 15	Septer Septer Death (Check only & OTHER DISTRICT	BIRTH (Month 17.  There 13, 17.  The See Instructional one I Residence IN OF DEATH  Thing Me.  ITREET AND NUMBER 6319 Never Incan Indian.  L. etc.  Electrican Indian.  Electrican In	State. Zip Code)  State. Zip Code)  OCATION—City or CYOWN P  NUMBER OF FUNE HOME 722  324 FDH30  State.	DEATH  DENTS EDUCATION Natheat grade complesed  10-12) College (1-4 or 5 + )  19c. Relationship Husband Town, State  0 int, Indiana  RALHOME 165th Street
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or completions that can	sused the death. Do not enter in each line.	trie property Record	der!	(Yee or no)		AL EXAMINER/CORONER?
or complications that cau	n each line.	er the mode of dying, suc	der!		No	
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DUE TO (O	OR AS A CONSEQUENCE	EOD.	roma of	the col	00)	<u> </u>
DUE TO (O	OR AS A CONSEQUENCE	OF):				
to death but not results	ing in the underlying cause					·
			The second second	28s. WAS AN AUT PERFORMED?		ERE AUTOPSY FINDINGS
thingen,	a ; decp	Venous LA	awai !	(Yes or no)	C	OMPLETION OF CAUSE
	A COLLEGE	200		No	O	DEATH? (Yes or no)
	(50)			NU	N/P	<u> </u>
HYSICIAN (Physician c	certifying cause of death in	vhan another obveices he	ta propounced death	control to a 25		
iny knowledge, death oc	ccurred due to the causale	e) and manner as stated.	pro-	- compressed sign 230		
					***************************************	***************************************
my knowledge, death or	coursed to the time date	or pronouncing death and	certifying cause of deal	N .		
***********************			and manner es e			
	NER HEALTH OFF	FICER				***************************************
examination sud/or luve	restigation, in my opinion, d	leath occurred at the time	dess, and place, and du	to the couse(s) and	manner as stated.	
			90-1100	* W W. C. C.	T	P. Didayen A.
	>					E SIGNED (Month, Day, Year)
		<del></del>		00233	Nove	mber 21,198
AMMERITED CALIFE A	OF DEATH (ITEM 27) (Type	e/Print)				
7000 O	Calumet Ave	nue, Munsi	ter, India	na 46321		
. 7905 C					Section 1985	
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Ma. DATE OF INJURY (Month, Day, Year)	alm. 9.0	ALMUNY AT V (Yee or no)	LM. D.		Nov	
	AMNER CORC examination and/or in	AMINER CORONER HEALTH OF Examination and/or investigation. In my opinion, of COMPLETED CAUSE OF DEATH (ITEM 27) (7/18)	AMINER CORONER HEALTH OFFICER  examination and/or investigation, in my opinion, death occurred at the time  COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Prind)	MINER CORONER HEALTH OFFICER  examination and/or investigation. In my opinion, death occurred at the time, date, and place, and the COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print)	examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(a) and a 29c. LICENSE NUMBER 36.259	AMINER CORONER HEALTH OFFICER  Examination and/or investigation. In my opinion, death occurred at the time, date, and place, and due to the cause(a) and menner as sealed.  29c. LICENSE NUMBER 36 2 5 9 NOVE

## **EXHIBIT "A"**

ALL OF LOT 39, (EXCEPT THE SOUTH 8 1/2 FEET THEREOF), ALL OF LOT 40, AND ALL LOT 41, (EXCEPT THE NORTH 16 1/2 FEET THEREOF), IN BLOCK 2, I,F. PRITCHARD'S FIRST ADDITION TO THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 10, PAGE 28B, IN LAKE COUNTY, INDIANA

PARCEL ID NUMBER: 26-35-0244-0040

COMMONLY KNOWN AS: 6319 NEVADA AVENUE HAMMOND, IN 46323

