2

TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)
) SS:
COUNTY OF: Porter)

On this 22nd day of August, 2008 Before me personally appeared Nancy Coleman, as Guardian for Elizabeth Perry

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 owner ;
(state interest of affiant in the above premises as owner)

2008 061581

3. Said premises described as follows: Lot 12 in Block 2 in A.A. Lewis and Co's Orchard Addition to Hammond, as per plat thereof, recorded in Plat Book 23, page 59, in the Office of the Recorder of Lake County, Indiana
45-07-15-279-012.000-023

4. Said premises were formerly owned as joint tenants or as tenants by entireties by Harlan Perry and Elizabeth Perry

5. Said Harlan Perry
(fill in name of co-tenant who died)
died on November 24, 2007
leaving ______ will;
(insert "a" or "no" if a will has been left; attach a copy)

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6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of $ 600,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decendent;

7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? no
______ (If answer is YES, identify the dissolution proceedings.)

8. Affiant's relationship to the deceased was wife

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
AUG 28 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Signature Nancy Coleman, as Guardian for
Address: Elizabeth Perry

014784

State of Indiana)
)
County of Porter)

Before me, the undersigned, a Notary Public in and for said County and State, this 22nd day of August, 2008 personally appeared as Nancy Coleman, Guardian for Elizabeth Perry

and acknowledged the execution of the foregoing Affidavit.

Karen Kane, Notary Public
Notary Public

14 TI
PB

Resident of Porter County

My Commission expires: 9/12/2015

KAREN KANE
Notary Public - Seal
Porter County, State of Indiana
My Commission Expires Sep 12, 2015

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

Diane Hussey

920085120 Prepared by: Nancy Coleman, as Guardian ~~for Elizabeth Perry~~
PO TICOR TITLE INSURANCE

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* **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.

Local No. 274

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): HARLIN E. PERRY			2. SEX: Male	3a. TIME OF DEATH: 11:50 PM	3b. DATE OF DEATH (Month, Day, Yr.): November 24, 2007
4. *SOCIAL SECURITY NUMBER: [redacted]-2482	5a. AGE—Last Birthday (Years): 85	5b. UNDER 1 YEAR: Months / Days	5c. UNDER 1 DAY: Hours / Minutes	6. DATE OF BIRTH (Mo. Day. Yr.): June 9, 1922	7. BIRTHPLACE (City and State or Foreign Country): GOREVILLE, ILLINOIS
8a. WAS DECEDENT A U.S. VETERAN?: YES	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA		OTHER: ☒ Nursing Home ☐ Other (Specify) ☐ Residence	
9b. FACILITY NAME (If not institution, give street and number): Lake County Nursing & Rehab		9c. CITY, TOWN, OR LOCATION OF DEATH: East Chicago		9d. COUNTY OF DEATH: Lake	
10. MARITAL STATUS (Specify): Married	11. SURVIVING SPOUSE (If wife, give maiden name): ELIZABETH (not available)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): WELDER		12b. KIND OF BUSINESS/INDUSTRY: Steel Worker	
13a. RESIDENCE—STATE: INDIANA	13b. COUNTY: LAKE	13c. CITY, TOWN, OR LOCATION: HAMMOND		13d. STREET AND NUMBER: 3805-177th STREET	
13e. ZIP CODE: 46323	13f. INSIDE CITY LIMITS? ☐ No ☒ Yes / 13g. ON A FARM? ☒ No ☐ Yes	14. CITIZEN OF WHAT COUNTRY?: U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ 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 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): IRA PERRY

19. MOTHER'S NAME (First, Middle, Maiden Surname): HELEN MARTIN

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Catherine D. Huling

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 668 Bristol Street, Pingree Grove, IL 60140

20c. Relationship: GREAT NIECE

DISPOSITION

21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): Dec 1, 2007 CALUMET PARK CEMETERY

21c. LOCATION—City or Town, State: MERRILLVILLE IN

22a. EMBALMER'S NAME: NONE

22b. EMBALMER'S LICENSE NO: NONE

23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]

24b. LICENSE NUMBER (of Licensee): FDO8601373

25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Bocken Funeral Home, Inc. FH10600033, 7042 Kennedy Avenue, Hammond, IN 46323

CAUSE OF DEATH

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. acute & chronic congestive heart failure — Approximate Interval Between Onset and Death: 1-2 days

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I: acute Bronchopneumonia

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): Yes

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): Yes

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ 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.
☐ 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: [signature] MD

29c. MEDICAL LICENSE NO.: 01048374A

29d. DATE SIGNED (Month, Day, Year): 11-28-07

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): JAMES BRYANT, M.D. 333 N. MICHIGAN, CHICAGO, IL 60601

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature]

32. DATE FILED (Month, Day, Year): 11/28/07

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

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.

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RECORDER'S OFFICE SEAL INDIANA

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT