

TICOR TITLE INSURANCE

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE MATTER OF THE SUPERVISED
ESTATE OF ARBULAHICE ARETTA WHITE
DECEASED

Ronald Jackson, being first duly
sworn upon oath, deposes and says:

R.J. 1. That Arbulahice A. White ^{R.J.} died on May 10, 1999 ~~December 21, 2007~~ at Hammond, Indiana.

2. That Randolph White and Arbulahice White
were duly and legally married at the time they acquired title as husband and
wife to the following described real estate:
Lot 11 in Block 3 in F.C. McLaughlin's addition to Hammond,
as per plat thereof, recorded in Plat Book 18, page 27,
in the Office of the Recorder of Lake County, Indiana.
45-07-07-476-015.000-023

3. That the marital relationship which existed between them at the time they
acquired title to said real estate remained in effect and unbroken until the
date of (his) (her) death.

4. That all of the assets of said decedent which would be includable for
Federal Estate Tax purposes, including joint bank accounts and life insurance
on decedent's life were not sufficient to necessitate payment of Federal Estate
Tax.

Further affiant sayeth not.

Ronald Jackson
Subscribed and sworn to before me, a Notary Public, Ronald Jackson day of August, 2008.

My Commission expires:
6/2/16

County of Residence:
Lake

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

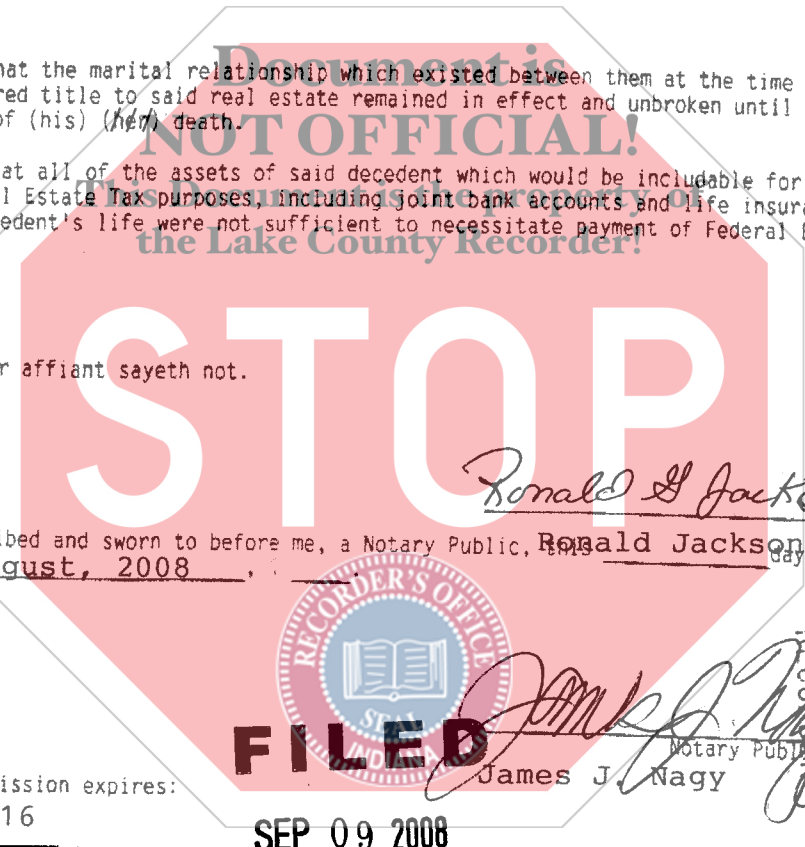
015660

This Instrument prepared by James J. Nagy Attorney No. 9565-45

928-4618
TICOR HO

"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. OPI 0008

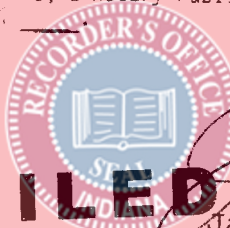
TOTAL P.02



2008 063822

2008 SEP 11 AM 9:03

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



MICHAEL BROWN
RECORDER

H-1-1-SS

* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1149-00

333533 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (RANDOLPH WHITE Jr), SEX (MALE), TIME OF DEATH (5:45 PM), DATE OF DEATH (MAY 10, 1999), SOCIAL SECURITY NUMBER (8525), AGE (87), DATE OF BIRTH (Aug. 12, 1911), BIRTHPLACE (Whipple, West Virginia), FACILITY NAME (THE COMMUNITY HOSPITAL), CITY/TOWN (MUNSTER), COUNTY (LAKE), MARITAL STATUS (Married), SURVIVING SPOUSE (Arbulahice Hyden), DECEASED'S USUAL OCCUPATION (Assembly Line), KIND OF BUSINESS/INDUSTRY (Auto Manufacturing), RESIDENCE-STATE (Indiana), COUNTY (Lake), CITY/TOWN OR LOCATION (Hammond), STREET AND NUMBER (7217 Chestnut Ave.), ZIP CODE (46320), CITIZEN OF WHAT COUNTRY? (U.S.A.), RACE (White), DECEASED'S EDUCATION (6), FATHER'S NAME (John White, Sr.), MOTHER'S NAME (Louise Harris), INFORMANT'S NAME (Arbulahice White), MAILING ADDRESS (7217 Chestnut Ave., Hammond, Indiana 46320), Relationship (Wife), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (May 13, 1999, Memory Lane Cemetery, Schererville, Indiana), EMBALMER'S NAME (Raymond E. White), EMBALMER'S LICENSE NO. (FDO 8700086), SIGNATURE OF FUNERAL DIRECTOR (Raymond E. White), LICENSE NUMBER (FDO 8700086), NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home, 9039 Kleinman Rd., Highland, Indiana 46322 FH 83007500), IMMEDIATE CAUSE OF DEATH (Cardiomyopathy arrest; congestive heart failure), DUE TO (OR AS A CONSEQUENCE OF) MYOCARDIOPLASTIC SYNDROME; severe left ventricular dysfunction; severe right heart failure, PART II Other significant conditions, CERTIFIER (Dale Zimhan), MEDICAL LICENSE NO (01042616), DATE SIGNED (MAY 12, 1999), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ANURADHA DIVAKARUNI, M.D., 7905 CALUMET AVENUE, MUNSTER, INDIANA 46321), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

