

3

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORD

2008 064344

2008 SEP 12 AM 10:17



MICHAEL A. BROWN
RECORDER

STATE OF ILLINOIS)
)SS:
COUNTY OF COOK)

DECEASED JOINT TENANT AFFIDAVIT

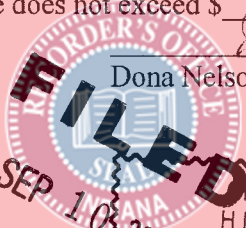
DATE: 9/10/08

COMMITMENT NO: RM-80789

DONA NELSON being first duly sworn, for the purpose of inducing COMMERCIAL LAND TITLE INSURANCE CO., to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

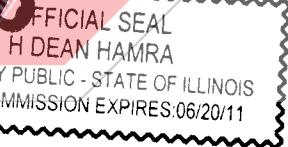
1. That she resides at 134 OAK STREET, LOWELL, INDIANA 46356 That She was A JOINT TENANT with CONWAY R. NELSON who died on May 5, 2008 as evidenced by the attached certified copy of the death certificate.
2. That said decedent was one of the owners of the land described in the above captioned commitment.
3. That said decedent died: 05-05-2008 Leaving no Last Will and Testament.
Leaving a Last Will and Testament, a copy of which is attached.
4. That the total value of said decedent's estate for State of Illinois Inheritance Tax/Estate Tax and Federal Estate Tax purpose does not exceed \$ _____

Subscribed and Sworn to
before me this 19 day
of June, 2008



Dona Nelson

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



513703

H. Dean Hamra
NOTARY H. Dean Hamra

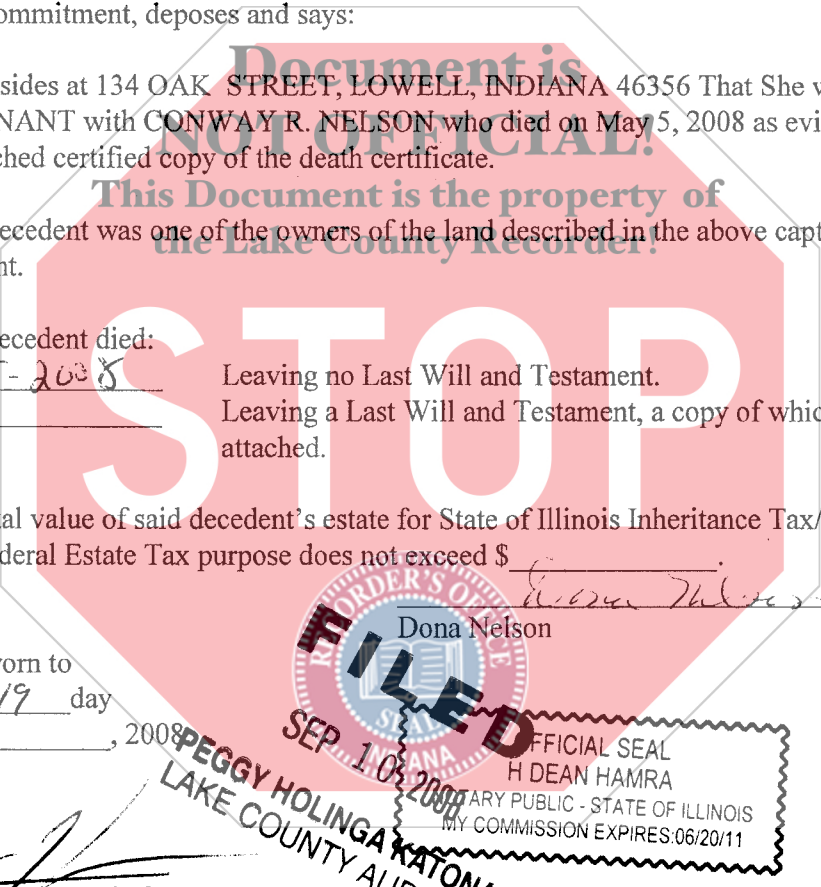
Grantee Address:
134 Oak St.
Lowell, IN 46356

Commercial Land Title Insurance Co.
134 N. LaSalle, Suite 2000
Chicago, IL 60602



#003002
15
RB

RM-80789
10/14
179



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**



Local No. 1783-08

State No. _____

1 Decedent's Legal Name (First, Middle, Last) Conway R. Nelson				1a. Maiden Last Name (if Female)		2 Sex Male	3 Time Of Death 09:15 AM	4 Date Of Death (Month/Day/Year) May 5, 2008	
5 Social Security Number 358-26-8662	6a Age - Yrs 74	6b Under 1 Year Months	6c Under 1 Month Days	6d Under 1 Day Hours	6e Under 1 Hour Minutes	7 Date Of Birth (Month/Day/Year) January 21, 1934	8 Birthplace (City And State Or Foreign Country) Chicago, IL		
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10 If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11 Facility Name (if Not Institution, Give Street And Number) St. Anthony Inpatient Hospice									
12 City Or Town, State, And Zip Code Crown Point				13 County Of Death Lake		14 Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15 Surviving Spouse's Name Dona C. Nelson		15a (If Wife) Give Maiden Last Name Hanson		16 Decedent's Usual Occupation General Contractor		17 Kind Of Business/Industry Self Employed			
18 Residence - State Indiana		18a County Lake		18b City Or Town Lowell					
18c Street And Number 134 Oak St.				18d Apt. No.	18e Zip Code 46356		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18 Decedent's Education High school Graduate or GED		20 Decedent Of Hispanic Origin No		21 Decedent's Race White					
22 Father's Name (First, Middle, Last) Carl Einar			23 Mother's Name (First, Middle, Last) Violet Nelson			23a Mother's Maiden Last Name Erickson			
24 Mother's Name Dona C. Nelson		24a Relationship To Decedent Wife		24b Mailing Address (Street And Number, City, State, Zip Code) 134 Oak St., Lowell, In 46356					
25a Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Lowell Memorial Cemetery		25c Location - City, Town, And State Lowell IN					
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Sheets Funeral Home 604 E. Commercial Ave., Lowell, IN 46356				27a Funeral Home License Number FH83004277			
27b Signature Of Indiana Funeral Director Licensee <i>Molly Peterson</i>				27c License Number (Of Licensee) FD09200061					
28 PART I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Pulmonary Fibrosis</u> Due To Or As A Consequence Of _____ Approximate Interval: Onset To Death <u>Years</u> B. _____ Due To Or As A Consequence Of _____ C. _____ Due To Or As A Consequence Of _____ D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Part I: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32 If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input checked="" type="checkbox"/> Pregnant Within Past Year		33 Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		30 Were Autopsy Findings Available To Corroborate The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38 Location Of Injury - State		38a City Or Town		38c Apt. No.			38d Zip Code		
39 Describe How Injury Occurred				40 If Repetition Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
41 Signature, Of Person Certifying Cause Of Death <i>George Babchuk MD</i>				42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43 Name, Address And Zip Code Of Person Certifying Cause Of Death: Dr. George Babchuk 1121 S. Indiana Ave., Crown Point, IN 46307				44 License Number 01031717		45 Date Certified 5/15/08			
46 Additional Funeral Service Provider				47 "Alas"					
48 Signature of Local Health Officer: <i>Susan J Best, D.O.</i>				49 For Registrar Only - Date Filed (Month/Day/Year) <i>May 16, 2008</i>					

LAWYERS TITLE INSURANCE CORPORATION

Commitment Number: RM-80789

**SCHEDULE C
PROPERTY DESCRIPTION**

The land referred to in this Commitment is described as follows:

LOT 43 IN H. R. NICHOLS' ADDITION TO THE TOWN OF LOWELL, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 1, PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PIN #17-04-0042-0061 now known as 45-19-23-478-002.00D-008

CKA: 134 OAK STREET, LOWELL, INDIANA 46356

