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TICOR TITLE INSURANCE

AFFIDAVIT

2008 064571

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

_____ LOLA M VANBLACK _____, being first duly

Sworn upon oath, deposes and says:

1. That _____ ROBERT R VANBLACK _____
died on _____ JANUARY 1, 2005 _____ at _____ 3:31AM _____

2. That _____ ROBERT R VANBLACK _____ and _____ LOLA M VANBLACK _____
were duly and legally married at the time they acquired title as husband and wife
to the following described real estate:

LOT 7 IN HOMEWOOD SUBDIVISION, IN THE CITY OF HOBART, AS PER PLAT
THEREOF, RECORDED IN PLAT BOOK 21 PAGE 12, IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA.

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 death of said decedent.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable on decedent's life insurance 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.

*Lola M. VanBlack by Veronica Gearhart
as Attorney in fact*

LOLA M. VANBLACK BY VERONICA GEARHART
AS ATTORNEY IN-FACT

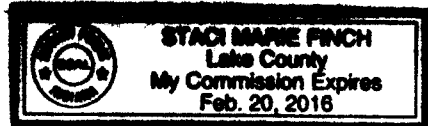
Subscribed and sworn to before me, a Notary Public, this _____ 5TH _____ day of _____ SEPTEMBER _____, 2008

St Marie Finck

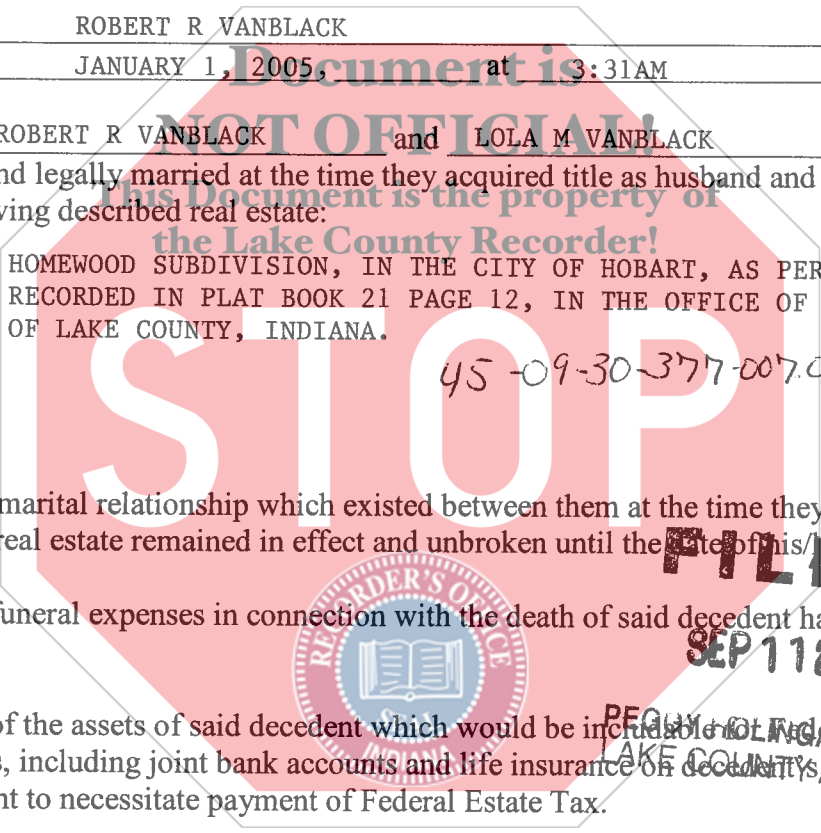
Notary Public: STACI MARIE FINCH

My commission expires: 2/20/2008

County of Residence: LAKE 014997



This Instrument prepared by: _____ LOLA M. VANBLACK BY VERONICA GEARHART AS ATTY. INFAC



MICHAEL A. BROWN
RECORDER

2008 SEP 15 AM 9:27

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

45-09-30-377-007.000-018

FILED

SEP 11 2008

PEGGY G. KATONA
LAKE COUNTY AUDITOR

15-
TS
SS

0014-05

* 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

Local No. 0014-05

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) ROBERT R. VanBLACK				2. SEX Male		3a. TIME OF DEATH 3:31 AM		3b. DATE OF DEATH (Month, Day, Year) January 1, 2005	
4. SOCIAL SECURITY NUMBER 722-12-8609		5a. AGE—Last Birthday (Years) 77	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) January 26, 1927		7. BIRTHPLACE (City and State or Foreign Country) Gary Indiana		
8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1947		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) St. Mary Medical Center				9c. CITY, TOWN, OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Lola Garrett		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Maintenance			12b. KIND OF BUSINESS/INDUSTRY Oil Refinery		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hobart		13d. STREET AND NUMBER 137 N. Delaware Street				
13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	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. DECEDENT'S EDUCATION (Specify only highest grade completed) 12	
18. FATHER'S NAME (First, Middle, Last) Russell VanBlack					19. MOTHER'S NAME (First, Middle, Maiden Surname) Ethel Kurts				
20a. INFORMANT'S NAME (Type/Print) Lola VanBlack				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 137 N. Delaware Street, Hobart, IN 46342			20c. Relationship Wife		
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) Jan 5, 2005 McCool Cemetery			21c. LOCATION—City or Town, State Portage IN			
22a. EMBALMERS NAME James J. Krause			22b. EMBALMERS LICENSE NO. FD01006463		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) FD01006463		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488				
26. 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) Resp failure DUE TO (OR AS A CONSEQUENCE OF) Septic Shock Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I									
			27. WAS DECEDENT PREGNANT OR 90 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>[Signature]</i>					29c. MEDICAL LICENSE NO. 01055547A		29d. DATE SIGNED (Month, Day, Year) 1-5-05		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Kais Yehyawi MD 8895 Broadway, Merrillville, IN 46410									
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. B...</i>							32. DATE FILED (Month, Day, Year) January 6, 2005		
33. MANNER OF DEATH <input checked="" 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.						

