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2008 064591

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 SEP 15 AM 9:30

MICHAEL A. BROWN
RECORDER



TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
COUNTY OF HAMILTON SS:

RHONDA NICHOLSON, being first duly sworn upon oath, deposes and says:

- 1. That EDWARD W. PRENTISS died on Nov. 17, 20 1991 at HOBART, INDIANA
- 2. That EDWARD W. PRENTISS and LOVELLA J PRENTISS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

See Attached
1730 E CLEVELAND AVENUE, HOBART, 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 date of (his) (her) death.
- 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 for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were no sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Rhonda Nicholson
Rhonda Nicholson Affiant Signature

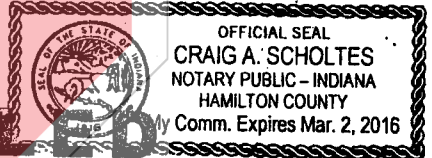
Subscribed and sworn to before me, a Notary Public this 15th day of August, 2008.

Craig A. Scholtes
Craig A. Scholtes Notary Public

My Commission Expires: Mar. 2, 2016

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. Craig A. Scholtes 250 W 161st St, Westfield, IN 46074
[Name and Address]

County of Residence: Hamilton, IN
This Instrument prepared by Rhonda Nicholson



FILED
SEP 11 2008

015002

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

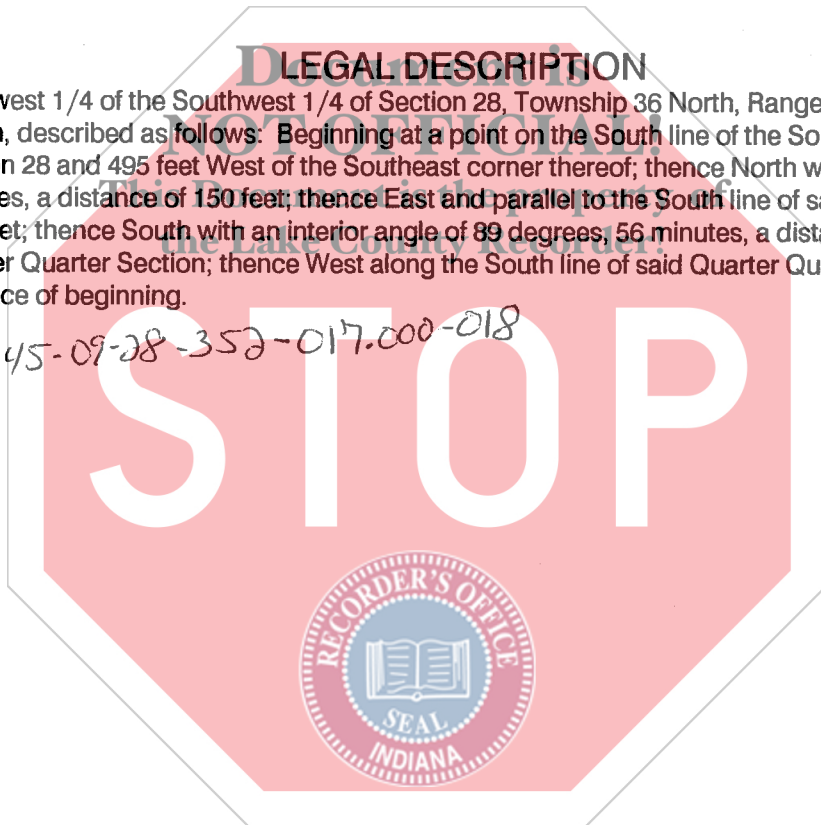
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SS

No: 808177PT

LEGAL DESCRIPTION

Part of the Southwest 1/4 of the Southwest 1/4 of Section 28, Township 36 North, Range 7 West of the Second Principal Meridian, described as follows: Beginning at a point on the South line of the Southwest 1/4 of the Southwest 1/4 of said Section 28 and 495 feet West of the Southeast corner thereof; thence North with an interior angle of 89 degrees 68 minutes, a distance of 150 feet; thence East and parallel to the South line of said Quarter Quarter Section, a distance of 100 feet; thence South with an interior angle of 89 degrees, 56 minutes, a distance of 150 feet to the South line of said Quarter Quarter Section; thence West along the South line of said Quarter Quarter Section, a distance of 100 feet to the place of beginning.

1# 45-09-28-353-017.000-018



**INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH**

Local No. 2357-91

State No. _____

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (Print, Middle, Last) EDWARD W. PRENTISS		2. SEX MALE		3a. TIME OF DEATH 9:47 P		3b. DATE OF DEATH (Month, Day, Year) NOVEMBER 17, 1991	
4. SOCIAL SECURITY NUMBER 313-14-7365		5a. AGE—Last Birthday (Years) 67		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Month, Day, Year) FEB. 9, 1924		7. BIRTHPLACE (City and State or Foreign Country) WESTVILLE, ILLINOIS					
8a. WAS DECEDENT A U.S. VETERAN? WW II-YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945		8c. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DCA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9a. FACILITY NAME (If not institution, give street and number) 1730 EAST CLEVELAND				9b. CITY, TOWN OR LOCATION OF DEATH HOBART		9c. COUNTY OF DEATH LAKE	
10. MARITAL STATUS MARRIED		11. SURVIVING SPOUSE (Print name) LOUELLA J. HIMO		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work) RETIRED VICE-PRESIDENT		12b. INDUSTRY HOBART FEDERAL SAVINGS & LOAN	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN OR LOCATION HOBART		13d. STREET AND NUMBER 1730 EAST CLEVELAND	
13e. ZIP CODE 46342		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" 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.)	
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		16. RACE—American Indian, Black, White, etc. (Specify) WHITE		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 11 College (1-4 or 5+)			
18. FATHER'S NAME (Print, Middle, Last) JOHN PRANATTIS				19. MOTHER'S NAME (Print, Middle, Maiden Surname) ELEANORE YURGUTIS			
20a. INFORMANT'S NAME (Type/Print) LOUELLA J. PRENTISS				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1730 EAST CLEVELAND, HOBART, IN. 46342		20c. Relationship WIFE	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) NOVEMBER 21, 1991 CALUMET PARK CEMETERY		21c. LOCATION—City or Town, State MERRILLVILLE, INDIANA			
22a. EMBALMER'S NAME GORDON L. JONES		22b. EMBALMER'S LICENSE NO. 1010711		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James E. Burns</i>		24b. LICENSE NUMBER (of Licensee) 1009461		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FD#83002380 701 E. 7th STREET, HOBART, IN. 46342			
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, or any other cause on each line. Gunshot wound of head and brain DEATH ON THE WITH THE LAKE COUNTY HEALTH DEPT. Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last JAN 07 1992							
27. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>Alexander S. Williams, MD</i> LAKE COUNTY HEALTH COMMISSIONER							
28a. CERTIFIER (Check only one) <input 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 checked="" type="checkbox"/> CORONER On the basis of investigation and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28b. WAS AN AUTOPSY PERFORMED? (Yes or no) YES		28c. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) YES	
29a. SIGNATURE AND TITLE OF CERTIFIER <i>Daniel D. Thomas</i> Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307				29b. MEDICAL LICENSE NO. 16120		29c. DATE SIGNED (Month, Day, Year) November 19, 1991	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26 (Type/Print) Daniel D. Thomas, M.D., Coroner, 2293 North Main Street, Crown Point, Indiana 46307							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, MD</i>				32. DATE FILED (Month, Day, Year) Nov. 19, 1991			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Could not be determined <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) Nov 17, 1991		34b. TIME OF INJURY Unknown		34c. INJURY AT WORK? (Yes or no) No	
		34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) Home		34e. DESCRIBE HOW INJURY OCCURRED Gunshot wound			
		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1730 East Cleveland Avenue Hobart, Indiana					
34g. DATE PRONOUNCED DEAD (Month, Day, Year) November 17, 1991				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No			

DECEASED

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FORMANT

POSITION

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