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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 066967

2008 SEP 25 AM 10:28

MICHAEL A. BROWN
RECORDER

Deceased Joint Tenant Affidavit

State of Indiana }
 } ss.
County of «Lake County»

Date: 8/18/2008

} File No.: 08000790

Coriella Harston, being first duly sworn, for the purpose of inducing Residential Title Services, Inc. to issue its title insurance policy covering the land described in the above captioned commitment, deposes and says:

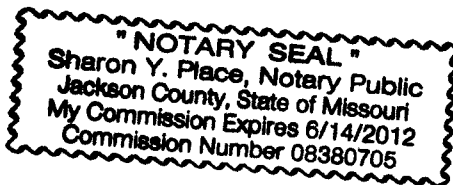
1. That he/she resides at: 3100 S. Duquesne Drive - C142, Independence, MO 64057
2. That he/she was acquainted with James Harston who died on July 19, 2007, as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:
 - leaving no will and last testament.
 - leaving a last will and testament, a copy of which is attached.
5. That the total value of said decedent's estate for State of ^{Indiana} ~~Illinois~~ Tax/Estate Tax and Federal Estate Tax purposes does not exceed \$ 10,000.00

LOT 26 IN NORTH HILL, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 49, PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA AND AMENDED BY CERTIFICATE OF CORRECTION RECORDED 10-10-1979 AS DOCUMENT NO. 5.54026, IN LAKE COUNTY, INDIANA.

Coriella Harston
Affiant's Signature

Subscribed and sworn to before me this
18 day of Aug, 2008.

Sharon Place
Notary Signature



CK 7121
13 RTS
PB

110

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY
CERTIFICATE OF DEATH

PORTER COUNTY
HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

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

SUPPLEMENTAL

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED-NAME (First, Middle, Last) James Harston				2. SEX Male	3a. TIME OF DEATH 4:15 A M	3b. DATE OF DEATH (Month, Day, Year) July 19, 2007	
4. *SOCIAL SECURITY NUMBER 411-78-7908		5a. AGE - Last Birthday (Years) 61	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) FEB 15, 1946		7. BIRTHPLACE (City and State or Foreign Country) Ripley, Tennessee
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1966		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) 3609 N. Campbell Street				9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Comella Moore		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Maintenance Engineer		12b. KIND OF BUSINESS/INDUSTRY Indiana University NW	
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hobart		13d. STREET AND NUMBER 7706 E. 71st Court	
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? USA		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) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +)					
18. FATHER'S NAME (First, Middle, Last) Not Available				19. MOTHER'S NAME (First, Middle, Maiden Surname) Allie Bell Harston			
20a. INFORMANT'S NAME (Type/Print) Comella Harston			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 7706 E 71st Court, Hobart, IN 46342			20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) July 24, 2007 Concordia Cemetery			21c. LOCATION - City or Town, State Hammond, Indiana	
22a. EMBALMER'S NAME: Tracy Cheri Williams			22b. EMBALMER'S LICENSE NO. FD08600238		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tracy Cheri Williams</i>			24b. LICENSE NUMBER (of Licensee) FD08600238		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312 (FH83001520)		
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.							Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)							
a. Cardiac Tamponade							
DUE TO (OR AS A CONSEQUENCE OF):							
b. Dissecting Ascending Aortic Aneurysm							
DUE TO (OR AS A CONSEQUENCE OF):							
c. Cardiomegaly							
DUE TO (OR AS A CONSEQUENCE OF):							
d. Hypertension							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Smoker's Bronchiolitis							
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		
29a. 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 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>Deputy Coroner Porter County</i>				29c. MEDICAL LICENSE NO. CORONER - 64		29d. DATE SIGNED (Month, Day, Year) August 6, 2007	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Doris A. Amling, 155 Indiana Avenue, Valparaiso, IN 46383							(Representative of office)
31. HEALTH OFFICER'S SIGNATURE <i>Doris A. Amling MD</i>						32. DATE FILED (Month, Day, Year) August 8, 2007	
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"/> Homicide <input type="checkbox"/> Could Not Be Determined		34a. DATE OF INJURY (Month, Day, Year) July 19, 2007		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or No) No	
		34d. DESCRIBE HOW INJURY OCCURRED Decedent had cardiac event while at residence of friend					
		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) A residence			34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3609 N. Campbell Street Valparaiso, Indiana		
34g. DATE PRONOUNCED DEAD (Month, Day, Year) July 19, 2007			34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. No				