TICOR TITLE INSURANCE

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STATE OF INDIANA)) SS:	0759
COUNTY OF LAKE)	80
	• •
RHONDA DENNY	, being first duly
Sworn upon oath, deposes and says:	
1. That RICHARD SUMMERLIN died on JANUARY 29	at 6:04AM
2. That RHONDA DENNY NOT OF and	RICHARD SUMMERLIN C CO
were duly and Vegally/ matried at the time they act to the following described real estate:	c property
SEE ATTACHED LEGAL 45-09-30-359-008.000-018	
	NOV - 4 2008
	PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR
3. That the marital relationship which existed be title to said real estate remained in effect and unb	
4. That all funeral expenses in connection with t paid in full.	ne death of said decedent have been
5. That all of the assets of said decedent which vertax purposes, including joint bank accounts and I Not sufficient to necessitate payment of Federal I	ife insurance on decedent's life were
Further affiant sayeth not.	
	Thoras Jenny envel
Subscribed and sworn to before me, a Notary Pub OCTOBER, 2008	polic, this $\frac{30\text{TH}}{200}$ day of
STACI MARIE FINCH Lake County My Commission Expires Feb. 20, 2016	Notary Public: STACI MARIE FINCH
My commission expires: 2/20/16	"I affirm, under the penalties for perjury, that I have taken
County of Residence:LAKE	reasonable care to redact each Social Security number in

this document, unless required by law." Chris Burk

This Instrument prepared by: _____RHONDA DENNY

No: 920063788

LEGAL DESCRIPTION

The East 132 feet of the West 535 feet of the South half of the Southwest Quarter of the Southwest Quarter of the Southwest Quarter of Section 32, Township 36 North, Range 7 West of the Second Principal Meridian, in the City of Hobart, Lake County, Indiana.



ATTENTION ESTATE: The Social Security # is sing requested by this state agency in order to ursue its statutory responsibility. Disclosure is pluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

numary and mere	will be no penalty for reids	oat.	_		- AF DF	- A T. I					
ocal No	247-07		C	ERTIFICAT	E OF DE	AIH	State	No			
ESUBMIT	' THE RECORDS IN THIS	SERIES ARE	CONFIDENTIAL F	PER IC 16-37-1-10							
PE/PRINT	1. DECEASED-NAME (First. A	Aiddle, Last)				2. SEX	3a. TIME OF DEA		OF DEATH (Month, Day, Yr.)		
IN	Richard Summ	nerlin			1	Male	6:04 A	ы Janu	ary 29 , 2007		
RMANENT	4. *SOCIAL SECURITY NUMBER		AGE—Last Birthday Years)	56. UNDER 1 YEAR			BIRTH (Mo. Day. Yr)	7. BIRTHPLA	CE (City and State or Foreign Coun	ry)	
LACK INK	0219	`	39	Months Days	Hours Mir	™ April	22, 1967	Birmin	ngham, Alabama		
	8. WAS DECEDENT		AST SERVED IN			9a. PLACE C	F DEATH (Check only or	ne. See instruction	ns.)		
	A U.S. VETERAN?			HOSPITAL Inputie	ent	<u>отн</u>	IER: Nursing Home	Other (Spe	ecify)		
	No	N/		☐ ER/O	utpatient DOA		Residence	10.00			
CEDENT	96. FACILITY NAME (If not institu	-			90		LOCATION OF DEATH	I _	INTY OF DEATH		
	The Community	- 				Munster			ake		
	10. MARITAL STATUS (Specify)	(If wife, a	ING SPOUSE give maiden name)		done during n	SUSUAL OCCUP! nost of working life.	ATION (Give kind of worl . Do not use retired)		OF BUSINESS/INDUSTRY		
	Single		V/A		Mechar	11C			notive		
	13a. RESIDENCE—STATE	13b. COUN1	_	13c. CITY, TOWN, OR L			13d. STREET AND N				
	Indiana		ike	Hoba			130 E. 10		*		
	13e. ZIP CODE 13f. INSIDE CI		4. CITIZEN OF WHAT COUNTRY				ACE—American Indian, Black, White, etc.	1	17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
	13g. ON A FA			Mexican, Puerto Rii		i i	Specify)	Elementary/Se	econdary (0-12) College (1-4 or	5+)	
	46342 No No	1-	J.S.A.				White		1		
ARENTS	18. FATHER'S NAME (First, Midd	le, Last)			1		ME (First Middle, Maiden	Surname)			
	Jack Summerli	1 ~.				Trel1	a Hagood				
FORMANT	20a. INFORMANT'S NAME (Type	/Print)		1			ral Route Number. City or				
	Rene Garcia			3423 E	. 171st	Street	Lansing,	IL	Sister		
	21a. METHOD OF DISPOSITION	☐ Entombr	nent	216 DATE AND PLACE			y, cremetory, or	21c. LOCATION	I—City or Town, State		
	Buriel Cremetion	Removal	I from State	other place) Feb			00 Td===1=				
	Donation Dother (Spec	c#y)		Oakland Me Avenue Do	lton. I	nes 1320 L 6040	9 Lincoln	Dolton	, IL 60419		
SPOSITION	228. EMBALMER'S NAME:			22b EMBALMER'S	LICENSE NO	15	23. WAS DEATH REPOR		NER?		
	Henry Allen G	ray	/270	FD2990	0123		□ No X □ Y	'es			
	24a. SIGNATURE OF FUNERAL I	DIRECTOR	NU		CENSE NUMBER		ME. ADDRESS. AND LIC				
	46	^ / _{TE}	L. D			621	zier Funer S. Hallec otte, IN	k Stree	et		
	Henry A.	Max	mis Doc	cumentyz	9900123	rop DeM	otte, IN	46310	FH1040029		
				used the death. Do not ente	er nonspecific terms	s, such as cardiac o	or respiratory		Approximate		
	arrest shock	NE ABOVE 18	A TRUE AND FILE WITH	THE					Interval Betv		
i	MANAGONA TE PORTINE / Cinade 100 ACC		THUXIC HV	puxia					Unknown		
USE OF	disease or conducts CORNLY HE	N	DUE TO ()	verdose of		iazanovi	de				
ATH	Conditions, if any, which gave	b. =		R AS A CONSEQUENCE		Lubeponi		-			
		THE C	7.001								
	cause last		DUE TO (C	R AS A CONSEQUENCE	OF)						
l		d.									
	PART II. Other aignificant condition	ns - Conditions o	contributing to death b	ut net previously stated in		VAS DECEDENT	28a WAS AT		285. WERE AUTOPSY FINDINGS	;	
ļ	And the same of th					PREGNANT OR 9 POSTPARTUM?	O DAYS PERFORI		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
				THE	2000	(Yes or no)	37		OF DEATH? (Yes or no)		
				AL RULE	20.1	No	Ye		Yes		
	(Check only			ast of my knowledge, death	-105						
				examination and/or investig							
F	Chief Deputy K		n the basis of examina	tion and/or investigation, in	n my opinion, death		//	· · · · · · · · · · · · · · · · · · ·			
RTIFIER	296 SIGNATURE AND THE OF	CERTIFIER	111	OE OE	112		29c. MÉDICAL LICENSE N/A	- 1	29d. DATE SIGNED (Month. Day.) March 19, 2007	'eer)	
	70 20	7 4 1	OWO COLOR	OF DEATH (ITEM 26) (Type	ANA		N/A		March 19, 2007		
}.	Jeffrey R. Well				•	Δυαρμα	Crown Pod	nt Ind	diana 46307		
r	31. HEALTH OFFICER'S SIGNATU						CLOWII 101				
ALTH FICER	JI. HEALTH OFFICER'S SIGNATE	JNE.	Susa	~ W 5	IT. D.	.O.			32. DATE FILED (Month, Day, Year	, . – –	
-	33 MANNER OF DEATH		4. DATE OF BUILD	/ 245 TIME OF	340 INTRIB	Y AT WORK?	144 05550055110		1 Janch 24 20	<u>~</u>	
	33 MANNER OF DEATH	, ,	4e. DATE OF INJURY (Month, Dey, Yeer	1	(Yes or		34d. DESCRIBE HO	W INJURY OCC	UHRED	l	
		1		Unknown		Vo	Denie area	rdooo			
1	☐ Natural ☐ Pending] .	TT 1		, r	10	Drug over	.นบรัย			
	☐ Natural ☐ Pending Investigatio	 	Unknown		factory office	341.0	<u> </u>		- Number Court To Court	\dashv	
	Accident Accident Could not be	3-		RYAt home, farm, street,	factory, office	34f. LO	<u> </u>		le Number, City or Town, State)		
	Accident Investigatio	3-	40 PLACE OF INJUR	RYAt home, farm, street,	factory, office		<u> </u>		le Number, City or Town, State)		
	Accident Accident Could not be Determined	3-	4n PLACE OF INJUE building, etc. (Spec Unknown	RYAt home, farm, street,		Unkı	CATION (Street and Num		te Number, City or Town, State)		
	Accident Suicide Could not to Determined	(Month, Day, Ye	4n PLACE OF INJUF building, etc. (Spec-Unknow) Unknow) 34h MOTOF	RYAt home, farm, street. cify)		Unkı	CATION (Street and Num		te Number, City or Town, State)		

SDH06-004 State Form 10110 (R5/1-99)