

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 052504

2009 JUL 29 AM 11:29

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL A. BROWN
RECORDER

A F F I D A V I T

ETHEL CHRISTINE HENRY, being first duly sworn upon her oath, states:

1. That she resides at 2630 Monaldi Parkway in Dyer, Lake County, Indiana.
2. That she is the surviving widow of RICHARD T. HENRY, who died a resident of Dyer, Lake County, Indiana on February 11, 2009.
3. That she is the surviving and exclusive owner of the following parcel of real property, which is located at 2630 Monaldi Parkway, Dyer, Lake County, Indiana, and legally described as:

Dyer Estates 1st Addition to the Town of Dyer
All of Lot 50 (45-10-13-303-016.000-034)

4. That Exhibit "A" attached hereto, is a true, correct and authentic copy of the death certificate of the above said RICHARD T. HENRY.

Ethel Christine Henry

ETHEL CHRISTINE HENRY

SUBSCRIBED and SWORN to before me, a Notary Public, this 17th day of July, 2009.

Michele A. Ippolito

MICHELE A. IPPOLITO

My Commission Expires: August 8, 2015
County of Residence : Lake

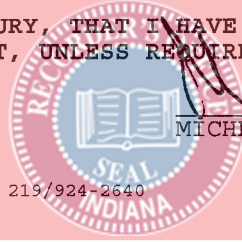
I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW

Michele A. Ippolito

MICHELE A. IPPOLITO

THIS INSTRUMENT PREPARED BY:
KENNETH M. WILK, Attorney at Law
3235 - 45th Street, Highland, Indiana 46322

219/924-2640



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13.00
5013TH
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FILED

JUL 27 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

005704

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 435-09

State No. _____

1. Decedent's Legal Name (First, Middle, Last) RICHARD T. HENRY				1a. Maiden Last Name (If Female) N/A		2. Sex M	3. Time Of Death 2:24 P.M.	4. Date Of Death (Month/Day/Year) FEBRUARY 11, 2009	
5. Social Security Number 308-46-6629		6a. Age Yrs 61	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) February 23, 1947		8. Birthplace (City And State Or Foreign Country) GARY, IN
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input 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. MARGARET MERCY HOSPITAL									
12. City Or Town, State, And Zip Code DYER, INDIANA 46311					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 ETHEL CHRISTINE HENRY			15a. (If Wife) Give Maiden Last Name JENNINGS			16. Decedent's Usual Occupation STEELWORKER		17. Kind Of Business/Industry STEEL MILL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER					
18c. Street And Number 2630 MONALDI PARKWAY						18d. Apt. No.	18e. Zip Code 46311	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High school graduate or GED completed		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) VIRGIL F. HENRY				23. Mother's Name (First, Middle, Last) CECELIA T. HENRY			23a. Mother's Maiden Last Name MAZZARO		
24. Informant's Name ETHEL CHRISTINE HENRY		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2630 MONALDI PARKWAY, DYER, INDIANA 46311					
25a. Method Of Disposition: <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) CHAPEL LAWN MEMORIAL GARDENS		25c. Location - City, Town, And State SCHERERVILLE, INDIANA					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number: 83002445		
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee) 20700059			
Document is NOT OFFICIAL!									
Property of the Lake County Recorder!									
STOP									
CAUSE OF DEATH (See Instructions And Examples)									
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.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)								minutes	
A. <u>Acute congestive heart failure</u>									
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								minutes	
B. <u>cardiac arrhythmia</u>									
C. _____									
D. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 type="checkbox"/> Unknown If Pregnant Within The 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				
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		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation 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>James Bryant M.D.</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: James Bryant M.D. 333 N. Michigan Chicago 60601						44. License Number 01048074A	45. Date Certified 2-14-09		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>Susan J. But. D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) February 17, 2009			

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