4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 060102

2009 SEP -1 AM 9:05

MICHAEL A. BROWN
RECORDER

Chicago Title Insurance Company

CHICAGO TITLE INSURANCE COMPANY

620093195

SURVIVORSHIP AFFIDAVIT

On this 8-20-09 (insert date) before me personally appeared Becky Montgomery

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is Co-Personal Representative of The Estate of Richard Parker
(state interest of affiant in the above premises as "owner"," son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Richard N. Parker and Beverly J. Parker;

4. Said Beverly J. Parker
(fill in name of co-tenant who died)
died on April 16, 2008
leaving ~~no known~~ a will; BM
(insert "a" or "no"; if will left, attach a copy

5. The legal description of the premises in question is:

Lot 43 (except the East 7 feet thereof) and all of Lot 44, block 2 Southmoor Addition to the City of Hammond, as shown in Plat Book 20, Page 27, Lake County, Indiana

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? ☐ Yes ☒ No - not to Co-Personal Representative's knowledge

If yes, then estimated taxes due are $

The taxes due are ☐ paid or ☐ unpaid..

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STOP

RECORDER'S OFFICE INDIANA

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

AUG 31 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

016120

ct 18- [illegible]

(1)

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes" , identify the divorce proceedings:

____):

8. Affiant's relationship to the deceased was ~~None~~ niece by marriage BM

Signature: Becky Montgomery, Personal Representative

Printed Name Becky Montgomery

Address: P.O. Box 3

Flat Rock, IL 62427

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NOT OFFICIAL!
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the Lake County Recorder!
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Subscribed and sworn to before me by the affiant

This 20th of August 2009
(insert date)

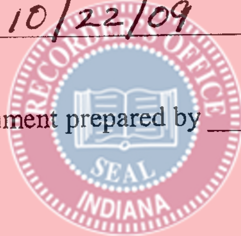
Judy Leigh Branson
Notary Public

Printed Name Judy Leigh Branson

My County of Residence is: Crawford

In the State of Illinois

My Commission Expires 10/22/09



This instrument prepared by ________________

...under the penalties for perjury, that I have ...able care to redact each Social Security ...s document, unless required by law. ...uler

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1826-08 State No. ....

1. Decedent's Legal Name (First, Middle, Last): RICHARD NEIL PARKER
1a. Maiden Last Name (If Female): NA
2. Sex: M
3. Time Of Death: 12:28 AM
4. Date Of Death (Month/Day/Year): MAY 19, 2008

5. Social Security Number: [redacted]2419
6a. Age Yrs: 78
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): October 23, 1929
8. Birthplace (City And State Or Foreign Country): HAMMOND, INDIANA

9. Ever In U.S. Armed Forces? ☒ Yes ☐ No Unknown ☐
10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☒ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): WILLIAM J. RILEY HOSPICE HOUSE

12. City Or Town, State, And Zip Code: MUNSTER, INDIANA 46321
13. County Of Death: LAKE
14. Marital Status At Time Of Death: ☐ Married ☐ Married, But Separated ☐ Divorced ☒ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name: NA
15a. (If Wife)Give Maiden Last Name: NA
16. Decedent's Usual Occupation: LABORATORY WORKER
17. Kind Of Business/Industry: PIPELINE/OIL

18. Residence – State: INDIANA
18a. County: LAKE
18b. City Or Town: HAMMOND

18c. Street And Number: 218 173RD PLACE
18d. Apt. No.: NA
18e. Zip Code: 46324
18f. Inside City Limits? ☒ Yes ☐ 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): JAMES BRIAN PARKER
23. Mother's Name (First, Middle, Last): BESS PARKER
23a. Mother's Maiden Last Name: HAAG

24. Informant's Name: BECKY MONTGOMERY
24a. Relationship To Decedent: NIECE
24b. Mailing Address (Street And Number, City, State, Zip Code): PO BOX 3, FLAT ROCK, ILLINOIS 62427

25. Place Of Disposition
25a. Method Of Disposition: ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place): OAKLAND CREMATORY
25c. Location – City, Town, And State: DOLTON, ILLINOIS

26. Was Coroner Contacted? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: CHAPEL LAWN FUNERAL HOME, 8178 S. CLINE AVE., SCHERERVILLE, INDIANA 46375
27a. Funeral Home License Number: FH19900051

27b. Signature Of Indiana Funeral Service Licensee: [signature]
27c. License Number (Of Licensee): FD20500007

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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)
A. Metastatic brain cancer, primary undetermined
Due To (Or As A Consequence Of):

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
B.
Due To (Or As A Consequence Of):
C.
Due To (Or As A Consequence Of):
D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: chronic renal insufficiency
29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☒ No

31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. If Female: ☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

34. Date Of Injury (Month/Day/Year): NA
35. Time Of Injury: NA
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area): NA
37. Injury At Work? ☐ Yes ☒ No

38. Location Of Injury - State: NA
38a. City Or Town: NA
38b. Street & Number: NA
38c. Apt. No.: NA
38d. Zip Code: NA

39 Describe How Injury Occurred: NA
40. If Transportation Injury, Specify: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

MAY 21 2008

41. Signature, Of Person Certifying Cause Of Death: James B. Walsh MD
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: James B. Walsh MD, 9122 Columbia Ave, Munster, IN 46321
44. License Number: 01027487
45. Date Certified: 5/20/08

46. Additional Funeral Service Provider: NA
47. *Akas: NA

48. Signature of Local Health Officer: Susan W. Best D.O.
49. For Registrar Only – Date Filed (Month/Day/Year): May 21, 2008

State Form 10110 (R7/9-07) 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. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1481-08 State No.

1. Decedent's Legal Name (First, Middle, Last): BEVERLY JANE PARKER
1a. Maiden Last Name (If Female): HOOD
2. Sex: F
3. Time Of Death: 6:50P
4. Date Of Death (Month/Day/Year): APRIL 16, 2008
5. Social Security Number: [redacted]-9119
6a. Age Yrs: 79
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): March 9, 1929
8. Birthplace (City And State Or Foreign Country): INDIANAPOLIS, INDIANA
9. Ever In U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown
10. If Death Occurred In A Hospital: ☒ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival
10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number): ST. MARGARET MERCY HOSPITAL-SOUTH CAMPUS
12. City Or Town, State, And Zip Code: DYER, IN 46311
13. County Of Death: LAKE
14. Marital Status At Time Of Death: ☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown
15. Surviving Spouse's Name: RICHARD PARKER
15a. (If Wife)Give Maiden Last Name: N/A
16. Decedent's Usual Occupation: SALES PERSON
17. Kind Of Business/Industry: RETAIL
18. Residence – State: INDIANA
18a. County: LAKE
18b. City Or Town: HAMMOND
18c. Street And Number: 218 173RD PLACE
18d. Apt. No.:
18e. Zip Code: 46324
18f. Inside City Limits? ☒ Yes ☐ 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): JAMES HOOD
23. Mother's Name (First, Middle, Last): DANA INA HOOD
23a. Mother's Maiden Last Name: MOSIER
24. Informant's Name: RICHARD PARKER
24a. Relationship To Decedent: HUSBAND
24b. Mailing Address (Street And Number, City, State, Zip Code): 218 173RD PLACE, DYER, INDIANA 46311

25. Place Of Disposition

25a. Method Of Disposition: ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ 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? ☐ Yes ☒ No
27. Name And Complete Address Of Funeral Facility: CHAPEL LAWN FUNERAL HOME 8178 CLINE AVE. SCHERERVILLE, IN 46375
27a. Funeral Home License Number: FH19900051
27b. Signature Of Indiana Funeral Service Licensee: [signature]
27c. License Number (Of Licensee): FD20500007

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) A. Acute hemorrhagic shock
Due To (Or As A Consequence Of):
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
B.
Due To (Or As A Consequence Of):
C.
Due To (Or As A Consequence Of):
D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: Acute myocardial infarction

29. Was An Autopsy Performed? ☐ Yes ☒ No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☒ No ☐ Unknown
32. If Female: ☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year
33. Manner Of Death: ☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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? ☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)
41. Signature Of Person Certifying Cause Of Death: James B. Walsh MD
42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: James B. Walsh MD 9122 Columbia Ave, Munster, IN 46321
44. License Number: 01027487
45. Date Certified: 4/18/08
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: Susan W Best D.O.
49. For Registrar Only – Date Filed (Month/Day/Year): April 18 2008

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