STATE OF INDIAMA LAKE COUNTY FILED FOR RECORD

2009 063154

2009 SEP 16 AM 9: 21

MICHAEL A. BROWN RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

LUCILLE A. MATHIS, being first duly sworn upon her oath, states:

- 1. That she resides at 9007 Kleinman Road, Highland, Lake County, Indiana.
- 2. That she is the surviving widow of THOMAS L. MATHIS, who died a resident of Highland, TLake County, Indiana on February 5, 2009.
- 3. That she is the surviving and exclusive owner of the the Lake County Recorder! following parcel of real property, which is located at 9005 Kleinman Road, Highland, Lake County, Indiana, and legally described as:

Beginning at a point on the West line of The Northeast Quarter of the Northeast Quarter of Section 27, Township 36 North, Range 9 West of 2nd P.M., Lake County, Indiana, said point being 528.6 feet North of the Southwest corner of said above described tract, thence East rectangular 333.37 feet to the East line of the West half of the said Northeast Quarter of the Northeast Quarter, thence North 132.2 feet on said line; (thence West 133.45 feet to the Mest line of said Northeast Quarter of the Northeast Quarter; thence South 132.2 feet to the place of beginning, containing 1.012 acres more or less, situated in the County of Lake in the State of Indiana.

PARCEL/PROPERTY NO. 45 07 27 227 002.000 026 / 16-27-0017-0029

016494

FILED

SEP 16 2009

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 15 = 4765 1m 4. That Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid THOMAS L. MATHIS.

Lucille A. Mathis

SUBSCRIBED and SWORN to before me, a Notary Public, this 21st day of May, 2009.

Document is A.

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

This Document is the property of

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

THIS INSTRUMENT PREPARED BY:

KENNETH M. WILK, Attorney at Law 3235 - 45th Street, Highland, Indiana 46322 219/924-2640

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	10		*******	State No								
1. Decedent's Legal Name (Fin THOMAS L. MATHIS	ssr.		1a. Maiden Last Name (If Fernale) NOT APPLICABLE			2. Sex 3. Time Of 5:36 A.N		Time Of Death	Of Death 4. Date Of Death (Month/Day/Year)			
5. Social Security Number 415-52-5281	6a. Age Yrs 72	6b. Under 1 Months	Year 6c. Under 1 Mo	onth 6d. Under 1 Day Hours	6e. Under 1 Hour Minutes					City And State Or Foreign Country)		
9. Ever In U.S. Armed Forces Yes No Unknown	eath Occurred In A	☐ 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 COMMUNITY HOSPI		And Number)			1				·		-	
12. City Or Town, State, And 2					13 Count	y Of Death			14 Marital St	tatus At Time C	Of Death	
MUNSTER, INDIANA			LAKE				Married					
15. Surviving Spouse's Name LUCILLE MATHIS				5a. (If Wife)Give Maiden Last Name			16. Decedent's Usual Occupation OWNER & OPERATOR			17. Kind Of Business/Industry FLORIST		
18. Residence – State 18a. Cour			18a. County	Lamprecht			ity Or Town					
			LAKE		i i	HIGHLAND						
18c. Street And Number							Т	18d. Apt. No.	18e.	Zip Code	18f. Inside City Limits?	
9007 KLEINMAN F						N/A 46		322	☑ Yes ☐ No			
				1			edent's Race					
		mpleted	No, not Spar	nish/Hispanic/Latir		Vhite				A. H-M	Maiden Last Name	
22. Father's Name (First, Middle, Last) ROBERT MATHIS						23. Mother's Name (First, Middle, Last) FRANCIS MATHIS			1	OWIN	Maidell Cast Maille	
24. Informant's Name LUCILLE MATHIS			ship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code) 9007 KLEINMAN ROAD, HIGHLAND, INDIANA 46322								
			WIFE	25. F	Place Of Disposition	13	10112					
☐ Donation ☐ Entombment	☐ Burial 🖾 Cre	anation (me Of Cemetery, Cremator LANES CREMAT	ry. Other Place)		1	Town, And State	· · · · · · · · · · · · · · · · · · ·	-		
Other (Specify): 26. Was Coroner Contacted?	27.	Name And Com	plete Address Of Funeral	acility Iment	is the p	roper	ty	of		27a. F	uneral Home License Number:	
☐ Yes No	KU	JIPER FUNE	RAL HOME 9039	KLEINMAN RD. I	HIGHLAND, INI	DIANA 46322	r!			FH10	0300021	
27b. Signature Of Indiana Fur	meral Service Licer	nsee:				_		27c. Lice FD010	nse Number (Of t 14511	Licensee)		
28. Part I. Enter The <u>Ch</u> Such As Cardiac Arrest, I A Line. Add Additional Li	Respiratory Arr	est, Or Ventric	ries, Or Complication	s—That Directly Caus at Showing The Etiolog	ed The Death, Do	Not Enter Term	inal Eve	ents ause On			Approximate Interval: Onset	
Immediate Cause (Final I		•	g In Death	A. Ad	roud	Due To (Or As	A Conseque	Cfu Ce			_ (yew	
Sequentially List Condition Line A. Enter The Under The Events Resulting In I	lying Cause (D			B		Due To (Or As	A Conseque	ince Of):		· · · · · · · · · · · · · · · · · · ·		
				D	THE TOTAL PROPERTY.	Due To (Or As		,				
Part II. Enter Other Significan	t Conditions Contr	ibuting To Death	But Not Resulting In The	Inderlying Cause Given In	Part I	30. Were A		Performed?		No Cause Of Death	Yes No	
31. Did Tobacco Use Contribe			f Fernale:	☐ Pregnant At Time Of Death	C Not December 21 Co	annet lacthin 42 Down O	of Co-oth	33. Manner O				
☐ Yes ☐ Probably ☐ No ☑Un 34. Date Of Injury (Month/Day		□ N		lays To 1 Year Before Death		Vithin The Past Year		Suicide C	omicide	ned	37. Injury At Work?	
on bases many (monarba)	yr i Gary		THIO ORNING		: 1.45 : 60V: X	A TIKUE AMUN	J. J. J.	on one, iteatairan	, wooded Aleaj		Yes No	
38. Location Of Injury - State		38a.	City Or Town	The second secon	Street & Number		/	1457 - 1	38c. A	pt. No.	38d. Zip Code	
				The state of the s		/		1				
39 Describe How Injury Occur	red	\mathcal{N}_{-}	_		Wasan Ka	2000			nsportation I		•	
41. Signature, Of Person Cer	tifying Cause Of D	Death	_/				42. Certi	Driver/Ope	rator Passenger ne)	☐ Pedestrian ☐	Other (Specify)	
	1	JY 1					☑ Cer	tifying Physician 🗖	Coroner 🔲 H	ealth Officer		
43. Name, Address And Z	ip Code Of Pers	son Certifying	ause Of Death:					-	ense Number		. Date Certified	
G. Jano 9	929 Ri	dge Ro	oadMun	ster,Indi	iana 46	321		8 (9407 as:	>6	2506	
48. Signature of Local Health				**************************************	40 E/20	trar Only – Date Fi	lad /\$4oc4			EXHI	BIT	
Orginature or Local riestiff			But	10	45 Forregis	A 110 11/	/S	7/1/19	ies.	λ		
State Form 10110 (R7/9-0					statutory responsibility. Dis	Closure is voluntary and	there will he	no penalty for refund	atabbies.	A	7110	