

3

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

2009 063835

On this 9/4/09 before me personally appeared _____
(insert date)

Leo T Hatch Jr.

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 owner

(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 Leo T Hatch Sr and Leo T Hatch Jr

4. Said Leo T Hatch Sr

(fill in name of co-tenant who died)

died on August 5, 2007

leaving no will;
(insert "a" or "no"; if will left, attach a copy)

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

Lots 37 and 38 in Block 27 in Second Subdivision
to East Gary, as per plat thereof, recorded in
Plat Book 7 page 25 in the Office of the Recorder
of Lake County, Indiana. 1515 Central Ave, Lake Station, IN
(45-09-18-429-018.000-021 & 45-09-18-429-017.000-021)

6. Is there Federal or State inheritance tax liability by reason of the death of said
decedent? Yes No

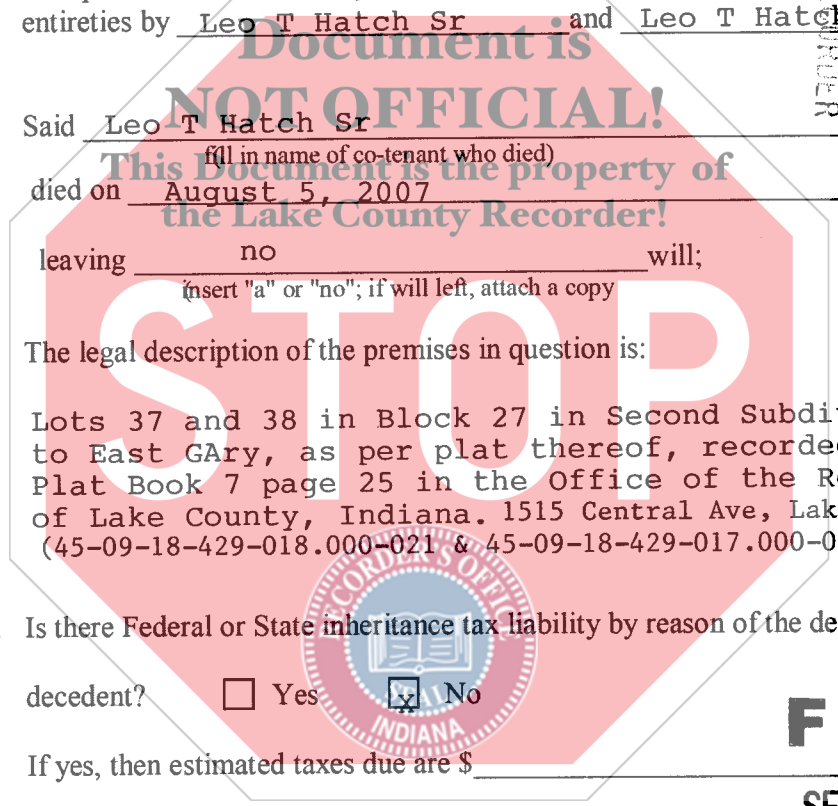
If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

2009 SEP 18 AM 9:00
RECORDED
INDEXED
A. CROWN
LAKE COUNTY RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER

Chicago Title Insurance Company



FILED

SEP 17 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

CTIC has made an accommodation
recording of the instrument

82092C

016508

16⁰⁰
CT
RM

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? _____

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

_____):

8. Affiant's relationship to the deceased was son

Signature: *Leo T Hatch Jr.*

Printed Name Leo T Hatch Jr.

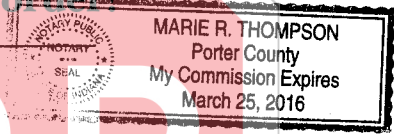
Address: 5744 Central Ave

Portage IN 46368

Subscribed and sworn to before me by the affiant

This September 4, 2009
(insert date)

Marie R Thompson
Notary Public



Printed Name Marie R Thompson

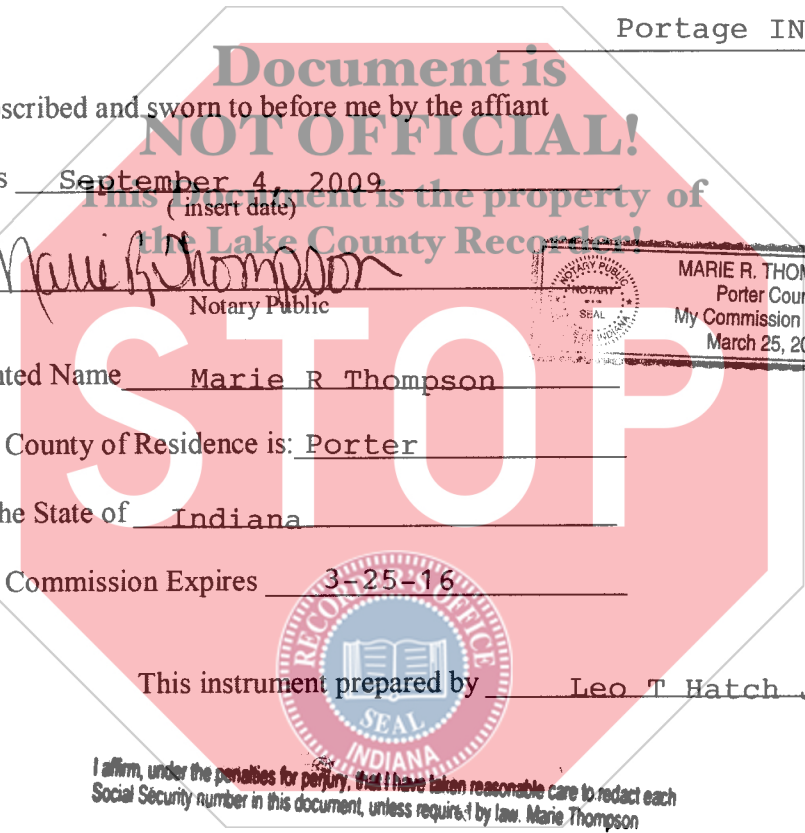
My County of Residence is: Porter

In the State of Indiana

My Commission Expires 3-25-16

This instrument prepared by Leo T Hatch Jr

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. Marie Thompson



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

2007-0811

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

TYPE / PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Leo T. Hatch Sr.				2. SEX Male		3a. TIME OF DEATH 8:15 pm		3b. DATE OF DEATH (Month, Day, Yr) August 05, 2007					
4. * SOCIAL SECURITY NUMBER [REDACTED] 0957		5a. AGE - Last Birthday (Years) 79		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) April 26, 1928		7. BIRTHPLACE (City and State or Foreign Country) Smethport, Pennsylvania			
8a. WAS DECEASED A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence									
9b. FACILITY NAME (If not institution, give street and number) Millers Merry Manor						9c. CITY, TOWN, OR LOCATION OF DEATH Portage			9d. COUNTY OF DEATH Porter				
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Dorothy Borman			12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Self Employed			12b. KIND OF BUSINESS/INDUSTRY Real Estate Development					
13a. RESIDENCE - STATE IN		13b. COUNTY Porter		13c. CITY, TOWN, OR LOCATION Portage			13d. STREET AND NUMBER 2770 Carmen St.						
13e. ZIP CODE 46368		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 DECEASED 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) White		17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6	
18. FATHER'S NAME (First, Middle, Last) Allen Hatch						19. MOTHER'S NAME (First, Middle, Maiden Surname) Marion Unknown							
20a. INFORMANT'S NAME (Type / Print) Dorothy Hatch				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2770 Carmen St. Portage, IN 46368				20c. Relationship Wife					
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) August 08, 2007 Heritage Crematory				21c. LOCATION - City or Town, State Portage, Indiana					
22a. EMBALMER'S NAME John A. Evans				22b. EMBALMER'S LICENSE NO. FD01012072				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John A. Evans</i>				24b. LICENSE NUMBER (of Licensee) FD01012072		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Edmonds & Evans Funeral Home FH19700013 6941 Central Ave. Portage, IN 46368							
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause last. a. <u>Arteriosclerosis</u> b. <u>Hypertensive Cardiomyopathy</u> c. <u>Cardiac Arrhythmia</u> d. _____ PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.										Approximate interval Between Onset and Death			
27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)						28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)					
29a. CERTIFIER (Check only one) <input checked="" 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 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 OF TITLE OF CERTIFIER <i>Donald Maddack</i>				29c. MEDICAL LICENSE NO. 02001180		29d. DATE SIGNED (Month, Day, Year) 8-7-07			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Donald Maddack D.O., 3125 Willowcreek Rd. Portage, IN 46368													
31. HEALTH OFFICER'S SIGNATURE <i>Henry A. Bobrook, MD</i>								32. DATE FILED (Month, Day, Year) August 7, 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)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED					
34a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)						34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
34g. DATE PRONOUNCED (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.									