

6. As a matter of law, affiant, is entitled to a \$100,000.00 exemption for inheritance tax purposes, as a consequence of which decedent's estate was not subject to Federal Estate Tax or State Inheritance Tax.

Donald M McClaran
DONALD M. McCLARAN

Subscribed and sworn to before me, a Notary Public, this 18th day of August,
2009.

My Commission Expires:
March 19, 2017

Lois J. Pennock
LOIS J. PENNOCK, Notary Public
Resident of Lake County, Indiana

THIS INSTRUMENT PREPARED BY:

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Merrillville, IN 46410
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. **2112-09**

RESUBMIT

State No.

1. Decedent's Legal Name (First, Middle, Last) CATHERINE MARY McCLARAN			1a. Maiden Last Name (if Female) N/A		2. Sex Female	3. Time Of Death 12:10 PM	4. Date Of Death (Month/Day/Year) March 17, 2009	
5. Social Security Number 313-82-3166	6a. Age - Yrs 47	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) December 22, 1961		8. Birthplace (City And State Or Foreign Country) Gary, Indiana
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input 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 checked="" 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) 3655 Oregon Street								
12. City Or Town, State, And Zip Code Lake Station Indiana Lake				13. County Of Death Lake		14. Marital Status At Time Of Death <input 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			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation Artist		17. Kind Of Business/Industry Art	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Lake Station				
18c. Street And Number 3655 Oregon Street				18d. Apt. No.	18e. Zip Code 46405		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School Graduate or GED		20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Donald McClaran			23. Mother's Name (First, Middle, Last) Margaret McClaran			23a. Mother's Maiden Last Name Pettingail		
24. Informant's Name Donald McClaran		24a. Relationship To Decedent Father		24b. Mailing Address (Street And Number, City, State, Zip Code) 2568 Orange Street, Lake Station, IN 46405				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <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) Kelly-Carroll Cremation Service			25c. Location - City, Town, And State Gary, Indiana 46408			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, Brady Chapel, 3781 Central Ave., Lake Station, Indiana 46405				27a. Funeral Home License Number: FH19300009		
27b. Signature Of Indiana Funeral Service Licensee: <i>Charles Bennett</i>				27c. License Number (Of Licensee): FD01006049				
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: Unknown								
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Massive overdose of morphine			Due To (Or As A Consequence Of)			JUN 15 2009		
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.			Due To (Or As A Consequence Of)					
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 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 type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year) Unknown		35. Time Of Injury Unknown		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) Residence			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State Indiana		38a. City Or Town Lake Station		38b. Street & Number 3655 Oregon Street		38c. Apt. No.	38d. Zip Code 46405	
39. Describe How Injury Occurred: Overdose					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>Jeffrey R. Wells</i>					42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307					44. License Number N/A		45. Date Certified June 15, 2009	
46. Additional Funeral Service Provider:					47. *Akas:			
48. Signature of Local Health Officer: <i>Susan W Best, D.O.</i>					49. For Registrar Only - Date Filed (Month/Day/Year): June 15, 2009			