

2

2009 071508

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 OCT 23 AM 10:25

MICHAEL A. BROWN  
RECORDER

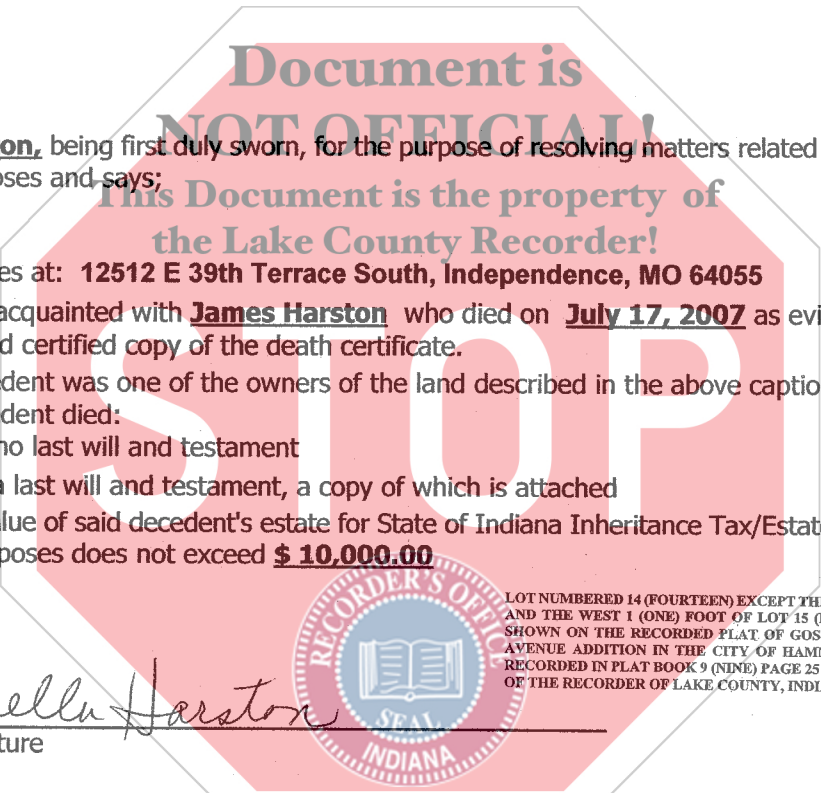
DECEASED JOINT TENANT AFFIDAVIT

STATE OF MISSOURI }  
COUNTY OF JACKSON } SS

DATE: October 16, 2009

I, **Comella Harston**, being first duly sworn, for the purpose of resolving matters related to the title of real property, deposes and says:

1. That she resides at: **12512 E 39th Terrace South, Independence, MO 64055**
2. That she was acquainted with **James Harston** who died on **July 17, 2007** as evidenced by the attached certified copy of the death certificate.
3. That said decedent was one of the owners of the land described in the above captioned commitment.
4. That said decedent died:  
 leaving no last will and testament  
 leaving a last will and testament, a copy of which is attached
5. That the total value of said decedent's estate for State of Indiana Inheritance Tax/Estate Tax and Federal Estate Tax purposes does not exceed **\$ 10,000.00**



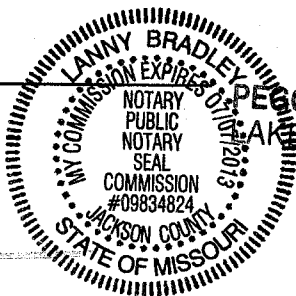
LOT NUMBERED 14 (FOURTEEN) EXCEPT THE WEST 1 (ONE) FOOT THEREOF, AND THE WEST 1 (ONE) FOOT OF LOT 15 (FIFTEEN) IN BLOCK 1 (ONE) AS SHOWN ON THE RECORDED PLAT OF GOSTLIN MEYN & CO.'S CALUMET AVENUE ADDITION IN THE CITY OF HAMMOND AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 9 (NINE) PAGE 25 (TWENTY-FIVE) IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Comella Harston  
Affiant's Signature



Subscribed and sworn to before me this 16 day of October, 2009.

Lanny Bradley  
Notary Public



FILED

OCT 23 2009

PEGGY HOLINGA KATONA  
COUNTY AUDITOR

COPY HOLD PAT

\$13  
CS  
CA

20209

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

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

SUPPLEMENTAL

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) James Harston		2. SEX Male		3a. TIME OF DEATH 4:15 A M		3b. DATE OF DEATH (Month, Day, Year) July 19, 2007							
4. *SOCIAL SECURITY NUMBER 411-78-7908		5a. AGE—Last Birthday (Years) 61		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) FEB 15, 1946		7. BIRTHPLACE (City and State or Foreign Country) Ripley, Tennessee			
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1966		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 type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				9b. FACILITY NAME (If not institution, give street and number) 3609 N. Campbell Street		9c. CITY, TOWN, OR LOCATION OF DEATH Valparaiso		9d. COUNTY OF DEATH Porter	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Comella Moore		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Maintenance Engineer				12b. KIND OF BUSINESS/INDUSTRY Indiana University NW					
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hobart				13d. STREET AND NUMBER 7706 E. 71st Court					
13e. ZIP CODE 46342		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT 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) Black		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 12			
18. FATHER'S NAME (First, Middle, Last) Not Available						19. MOTHER'S NAME (First, Middle, Maiden Surname) Allie Bell Harston							
20a. INFORMANT'S NAME (Type/Print) Comella Harston				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 7706 E 71st Court, Hobart, IN 46342				20c. Relationship Wife					
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) July 24, 2007 Concordia Cemetery				21c. LOCATION—City or Town, State Hammond, Indiana					
22a. EMBALMER'S NAME: Tracy Cheri Williams				22b. EMBALMER'S LICENSE NO. FD08600238		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes							
24a. SIGNATURE OF FUNERAL DIRECTOR Tracy Cheri Williams				24b. LICENSE NUMBER (of Licensee) FD08600238		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Hinton & Williams Funeral Home, Inc. 4859 Alexander Avenue East Chicago, IN 46312 (FH83001520)							
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. Approximate Interval Between Onset and Death													
IMMEDIATE CAUSE (Final disease or condition resulting in death)													
a. Cardiac Tamponade													
DUE TO (OR AS A CONSEQUENCE OF):													
b. Dissecting Ascending Aortic Aneurysm													
DUE TO (OR AS A CONSEQUENCE OF):													
c. Cardiomegaly													
DUE TO (OR AS A CONSEQUENCE OF):													
d. Hypertension													
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.													
Smoker's Bronchiolitis						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or No) Yes		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) Yes			
29a. CERTIFIER (Check only one) <input 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 checked="" 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 AND TITLE OF CERTIFIER Deputy Coroner Porter County								29c. MEDICAL LICENSE NO. CORONER - 64		29d. DATE SIGNED (Month, Day, Year) August 6, 2007			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) (Representative of office) Doris A. Amling, 155 Indiana Avenue, Valparaiso, IN 46383													
31. HEALTH OFFICER'S SIGNATURE Ray A. Bobroka MD										32. DATE FILED (Month, Day, Year) August 8, 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"/> Could Not Be Determined <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year) July 19, 2007		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or No) No		34d. DESCRIBE HOW INJURY OCCURRED Decedent had cardiac event while at residence of friend				
			34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) A residence				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3609 N. Campbell Street Valparaiso, Indiana						
34g. DATE PRONOUNCED DEAD (Month, Day, Year) July 19, 2007				34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. No									

CD 16-37-1-10 (REV. 10-1-00)