2010 002363

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2010 JAN 14 AM 9: 12

CAROLYN IL POLLARD ACTING RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

<u>AFFIDAVIT</u>

ROBERT D. NORTON and SUSAN C. NORTON, being first duly sworn upon their oaths, depose and say:

- 1. That PATRICIA A. NORTON died on April 7, 2009, a resident of Lake County, State of Indiana. A certified copy of her death certificate is attached hereto as "Exhibit A."
- 2. That at the time of her death, PATRICIA A. NORTON was the Trustee of the PATRICIA A. NORTON Declaration of Trust dated May 26, 1998.
- 3. That the PATRICIA A. NORTON Declaration of Trust dated May 26, 1998, is the owner of the following described property:

LOT 19 IN MONALDI-CHAYES MANOR 2ND ADDITION TO THE TOWN OF MUNSTER AS PER PLAT THEREOF RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

INDIANA
Commonly known as: 1254 Fisher Street, Munster, IN 46321 << GRANTEES' ADDRESS
Key No. 45-07-19-458-011.000-027 unent is the property of

That the undersigned are the named Successor Trustees of said PATRICIA A NORTO

- 4. That the undersigned are the named Successor Trustees of said PATRICIA A. NORTON Declaration of Trust dated May 26, 1998.
- 5. That ROBERT D. NORTON and SUSAN C. NORTON became the Co-Trustees of said Trust and accepted their appointment as Co-Trustees at the time of the death of PATRICIA A. NORTON.

Robert D. NORTON SUSAN C. NORTON

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. Thomas L. Kirsch.

THIS AFFIDAVIT SUBSCRIBED and SWORN to before me, by the Affiant, on this

Resident of LAKE County,

PREPARED BY and MAIL TO: THOMAS L. KIRSCH, 5224.45, 131 Ridge Road, Munster, IN 46321

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JAN 13 2010

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

RM

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

EXHIBIT A

Local No. 1480 - 09 4 Date Of Death (Month/Day/Year la Maiden Last Name (If Female) 9:56 a.m. April 7, 2009 Female Patricia Ann Norton Smith 8 Birthplace (City And State Or Foreign Country) 6a Age – Yrs 6d Under 1 Day 5 Social Security Number 303-34-7504 Aug. 17, 1934 Owen County, Indiana 10 If Death Occurred In A Hospit 10a If Death Occurred S ☐ Yes 🔯 Ho Unknown 🔲 ☐ Hospice Facility 💆 Decedent's Home 🔲 Mursing Home/Long-Term Care Facility 🔲 Other (Specify) ☐ Inpalient ☐ Emergency Department Outpatient ☐ Dead On Arrival re-Street And Number) Name (If Not Institu 1254 Fisher Street 12 City Or Town State And Zip Code 13 County Of Death 14 Marital Status At Tune Of Death ☐ Married ☐ Married, But Separated ☐ Divorced Munster, Indiana 46321 Lake Widowed | Hever Married | Unknown 15 Surviving Spouse's Name 15a (If Wite)Give Maiden Last Nam 16 Decedent's Usual Occupation School Teacher Elementary School None 18 Residence - State Munster Indiana Lake 18d Apt No 18e Zip Code X) Yes □ No 1254 Fisher Street 46321 20 Decedent Of Hispanic Origin 21 Decedent's Race Master's Degree No White 23 Mother's Name (First Middle Fast) 33a Molher's Maiden Last Name Smith Bennett Marjorie Roy Allen Smith 24 Informant's Name 4b Mailing Address (Street And Nümber, City, State Zip Code) Susan C. Norton Daughter 6916 Carmel Ridge Road, Morgantown, IN 46160 25 Place Of Disposition (Name Of Centelery, Crematory, Other Place) 25a Method Of Disposition 25c Lucation - City, Town, And State April 11, 2009 Marshall Cemetery **XX**Qurial ☐ Cremation ☐ Donation ☐ Entonibment ☐ Removal From State Marshall, Illinois Other (Specify)

26 Was Coroner Contact 27a Funeral Home License Numbe Anthony & Dziadowicz Funeral Home P 9445 Calumet Avenue ¥ Yes □ No Munster, Indiana 46321 83002916 27b Signature Of Indiana Funeral Service the Lake County Recorder! licensee 27c License Number (Of Licensee) Nan litho 01001447 Cause Of Death (See Instructions And Examples) ons—That Directly Caused The Death, Do Not Enter Terminal Events out Showing The Etiology Do Not Abbreviate Enter Only One Caus Approximate Interval. Onset To Death 28 Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—To Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Sho A Line Add Additional Lines If Necessary Me 15 Reas mediate Cause (Final Disease Or Condition Resulting In Death Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A Enter The Underlying Causé (Disease Or Injury That Initiated The Events Resulting In Death) Last 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 29 Was An Autopsy Performed? 29 Was An Autopsy Performed?

TYES No

Were Autopsy Findings Available To Complete The Cause Of Death? GNEER ☐ Yes 🗶 No olun Program At Time Of Death 124 Hot Program But Program Within 42 Days Of Death Days To 1 Year Before Death Disknown if Program Within The Past Your 36 Place Of Injury (E.G., Decedent's Home, Constru ☐ Yes ☐ Probably 110 ☐ Unknown 34 Date Of Injury (Month/Day/Year) 37 Injury At Work? ☐ Yes ☐ No 38 Location Of Injury - State Zip Code 38a City Or Tow 38b Street & Number 38c Apt No 40 If Transportation Injury Specific 39 Describe How Injury Occurred ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 42 Certifier (Check Only One) 42 Certifier (Check Office) | Coroner | Health Officer 43 Hame. Address And Zip Code Of Person Certifying Cause Of Death 0102705 16373 09 1660 WICKER 46 Additional Funeral Service Provider 47 *Akas 48 Signature of Local Health Officer 49 For Registrar Only - Date Filed (Month/Day/Year)

But. D.O.

State Form 10110 (R7/9 07) ATTINITION COLOR The Good Seconds To being requested by this state agency model to pursue its statistics respirate