



3. Ardetta Burnham died on February 1, 2010. (Copy of death certificate attached)
4. Under Indiana law, the life estate interest in the real property contained in the aforementioned deed was extinguished upon the death of the Grantor.

I affirm, under the penalties for perjury, that the foregoing representations are true.

Dated this 18 day of February, 2010.

Mary Jane Patchin  
 Mary Jane Patchin

STATE OF INDIANA )

COUNTY OF Johnson )

**Document is  
 NOT OFFICIAL!**

SS:

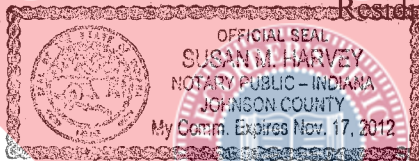
**This Document is the property of  
 the Lake County Recorder!**

Before me, a Notary Public in and for said County and State, personally appeared Mary Jane Patchin, this 18<sup>th</sup> day of February, 2010, who is personally known to me or proved her identity by showing a government issued photo identification, who executed the foregoing Affidavit in my presence and acknowledged the same to be her voluntary act and deed, and acknowledged the truth of the statements contained therein.

My Commission Expires:

11-17-2012

Susan M Harvey  
Susan M Harvey, Notary Public  
 Residing in Johnson County, IN



This instrument was prepared by Robert Delano Jones, Attorney at Law.

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. /s/ Robert Delano Jones, Attorney

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No

93

State No

1. Decedent's Legal Name (First, Middle, Last) <b>Ardetta G. Burnham</b>				1a. Maiden Last Name (If Female) <b>Vallee</b>		2. Sex <b>Female</b>	3. Time of Death <b>9:37 AM</b>	4. Date of Death (Month/Day/Year) <b>February 1, 2010</b>	
5. Social Security Number	6a. Age - Yrs <b>97</b>	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) <b>August 11, 1912</b>		8. Birthplace (City And State Or Foreign Country) <b>Lowell, Indiana</b>	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred In A Hospital: <input checked="" 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 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) <b>Johnson Memorial Hospital</b>									
12. City Or Town, State, and Zip Code <b>Franklin IN 46131</b>				13. County Of Death <b>Johnson</b>		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>N/A</b>			15a. (If Wife) Give Maiden Last Name <b>N/A</b>		16. Decedent's Usual Occupation <b>Homemaker</b>		17. Kind Of Business/Industry <b>Own Home</b>		
18. Residence - State <b>Indiana</b>		18a. County <b>Brown</b>		18b. City Or Town <b>Nineveh</b>					
18c. Street And Number <b>4533 Gatesville Rd.</b>				18d. Apt. No.		18e. Zip Code <b>46164</b>		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education <b>Grade 9-12, no diploma</b>			20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latina</b>		21. Decedent's Race <b>Caucasian</b>				
22. Father's Name (First, Middle, Last) <b>Emil Vallee</b>				23. Mother's Name (First, Middle, Last) <b>Oca Vallee</b>		23a. Mother's Maiden Last Name <b>Palmer</b>			
24. Informant's Name <b>Mary Patchin</b>		24a. Relationship To Decedent <b>Daughter</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>4533 Gatesville Rd. Nineveh, IN 46164</b>					
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) <b>South Central Indiana Crematory</b>		25c. Location - City, Town, And State <b>Bloomington, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Allen Funeral Home 4155 S. Old State Road 37, Bloomington, Indiana 47401</b>				27a. Funeral Home License Number <b>FH10800010</b>			
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee): <b>FD29500032</b>			
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									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>Acute Myocardial Infarction</b> Due To (Or As A Consequence Of):									
B. <b>Hypertensive cardiovascular disease</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" 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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						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: 						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Wm D Province Jr 100 N. Main St Franklin IN 46131</b>						44. License Number <b>01030437</b>		45. Date Certified <b>2-2-10</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>C. A. Province, MD/PS</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>February 2, 2010</b>			

