2

TICOR TITLE INSURANCE

2010 058087

AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Robert D. LaBelle, Jr., being first duly sworn upon oath, deposes and says:

1. That Gail LaBelle died on January 17, 2010, ~~19~~ ~~XX~~ at St. Anthony Hospice

2. That Robert LaBelle and Gail LaBelle were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

182 West 126th Avenue, Crown Point, In 46307

Legal description:
Lot 160 in Pine Hill Phase Three, an Addition to the City of Crown Point, as per plat thereof, recorded in Plat Book 94 page 75, in the Office of the Recorder of Lake County, Indiana

45-16-21-227-009.000-042

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of ~~XXXXX~~ (her) death.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 OCT -7 AM 9:18
MICHAEL B. BROWN
RECORDER

FILED
SEP 29 2010
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Robert D. LaBelle, Jr.

Subscribed and sworn to before me, a Notary Public, this 22nd day of September, ~~19~~ 2010.

"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." Chris Burk

Notary Public

My Commission expires:

07-05-14

PHILIP J. IGNARSKI
Lake County
My Commission Expires
July 5, 2014

County of Residence:

Lake

029575

This Instrument prepared by Robert D. LaBelle

FN
14.00
BB

FIDELITY CP
9201059360

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 161-10 State No

1. Decedent's Legal Name (First, Middle, Last)		1a. Maiden Last Name (If Female)	2. Sex	3. Time of Death	4. Date of Death (Month/Day/Year)
Gail	LaBelle	Doughty	Female	10:00 AM	January 17, 2010

5. Social Security Number	8a. Age - Yrs	8b. Under 1 Year: Months	8c. Under 1 Month: Days	8d. Under 1 Day: Hours	8e. Under 1 Hour: Minutes	7. Date of Birth (Month/Day/Year)	8. Birthplace (City And State Or Foreign Country)
[redacted]1215	59					July 21, 1950	Hammond, Indiana

9. Ever In U.S. Armed Forces?	10. If Death Occurred In A Hospital:	10a. If Death Occurred Somewhere Other Than A Hospital:
☐ Yes ☒ No ☐ Unknown	☐ Inpatient ☐ Emergency Department/Outpatient ☐ Dead On Arrival	☒ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number)
St. Anthony Hospice

12. City Or Town, State, and Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Crown Point, Indiana 46307	Lake	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
Robert D. LaBelle	N/A	Bookkeeper	Lumber

18. Residence - State	18a. County	18b. City Or Town	18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
Indiana	Lake	Crown Point	182 W. 126th Ave.	N/A	46307	☐ Yes ☒ No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
14	Non-Hispanic	Caucasian

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
Elmer Doughty	Esther Doughty	Bates

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Robert D. LaBelle	Husband	182 W. 126th Ave. Crown Point, Indiana 46307

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify):	Geisen Cremation Centre	Crown Point, Indiana

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	Geisen Funeral Home, Crown Point 606 E. 113th Ave., Crown Point, Indiana 46307	FH19900060

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
[signature]	FD09000013

Cause Of Death (See Instructions And Examples)

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. Non Hodgkins Lymphoma	
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): JAN 19 2010	
	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? ☐ Yes ☐ No

30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☐ No ☒ Unknown	☒ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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:
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
Kathryn Mulligan	☒ Certifying Physician ☐ Coroner ☐ Health Officer

43. Name, Address, And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
Kathryn Mulligan, MD 919 Main Street, #102, Dyer, IN 46311	010523[illegible]A	1/19/10

46. Additional Funeral Service Provider:	47. *Akas:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
Susan J Burt D.O.	January 19, 2010