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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 076708

2010 DEC 29 AM 10:05

MICHELLE R. FAJMAN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Othella Hall, Deceased

AFFIDAVIT OF SURVIVORSHIP
FOR TRANSFER OF REAL ESTATE

MARTHA R. PRINCE, being first duly sworn, states:

1. Your Affiant is the adult daughter of JOHN W. HALL and OTHELLA HALL, both deceased, and makes this Affidavit based upon personal knowledge of the facts stated herein.

2. John W. Hall and Othella Hall were the owners of the following described real estate located in Lake County, Indiana:

> Lot No. 5, as marked and laid down on the recorded Plat of Parrish Avenue Second Addition, being a subdivision of part of the Southeast Quarter of the Southeast Quarter of Section 9, Township 36 North, Range 9 West of the Second Principal Meridian, in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 28, page 24, in the Recorder's Office of Lake County, Indiana.
>
> Commonly known as: 7150 Parrish Avenue, Hammond, Indiana
>
> Parcel ID No.: 45-07-09-479-012.000-023

3. The real estate was transferred by Warranty Deed to John W. Hall and Othella Hall, husband and wife, as tenants by the entireties on May 18, 1993.

4. John W. Hall and Othella Hall were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

acquired title until the death of John W. Hall on October 27, 1995, at which time Othella Hall acquired title to the real estate as surviving tenant by the entireties. (A certified copy of the death certificate of John W. Hall is attached hereto and incorporated herein by reference as Exhibit "A".)

5. Othella Hall ("Decedent") died testate on December 21, 2006, while domiciled in Lake County, Indiana. (A certified copy of the death certificate of Othella Hall is attached hereto and incorporated herein by reference as Exhibit "B".)

6. No application of petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, and the Decedent's Last Will and Testament was never spread of record or presented for probate within three (3) years of the Decedent's death.

7. Upon the death of the Decedent and expiration of the period for presenting the decedent's Last Will and Testament for probate, said Property became vested in the following heirs of the Decedent, as tenants in common:

Name	Relationship	Interest
Martha R. Prince	Adult daughter	1/3
Johnnie D. Hall	Adult son	1/3
Sean P. Murray (Child of Wanda F. Murray, deceased daughter)	Adult grandson	1/12
George D. Murray (Child of Wanda F. Murray, deceased daughter)	Adult grandson	1/12

Susan M. Pangburn (Child of Wanda F. Murray, deceased daughter)	Adult granddaughter	1/12
Name	Relationship	Interest
Katherine L. Wages (Child of Wanda F. Murray, deceased daughter)	Adult granddaughter	1/12

(A true and accurate photocopy of the death certificate of Wanda F. Murray, predeceased child of Othella Hall, is attached hereto and incorporated herein by reference as Exhibit "C".)

8. The Decedent was not married at the time of her death and left no surviving children or descendants of predeceased children other than those listed above.

9. The Affiant requests that the Lake County Auditor transfer title of the Decedent's Property to Martha R. Prince (as to an undivided 1/3 interest), Johnnie D. Hall (as to an undivided 1/3 interest), Sean P. Murray (as to an undivided 1/12 interest), George D. Murray (as to an undivided 1/12 interest), Susan M. Pangburn (as to an undivided 1/12 interest) and Katherine L. Wages (as to an undivided 1/12 interest).

Dated this 28th day of December, 2010.

Martha R. Prince

MARTHA R. PRINCE

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Martha R. PRince, and he being first duly sworn by me upon her oath, states that the facts alleged in the foregoing instrument are true.

Signed and sealed this 28th day of December, 2010.

Lisa M. Juergens
Notary Public

LISA M. JUERGENS
Notary Public, State of Indiana
My Commission Expires 4-29-15

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.

Laura L. Rybicki
Laura L. Rybicki

This instrument prepared by and after recording return to:
Laura L. Rybicki (21389-45) of Beckman, Kelly & Smith
5920 Hohman Avenue, Hammond, Indiana 46320
(219) 933-6200

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2458-95 ..... CERTIFICATE OF DEATH State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
John W. Hall	Male	9:50 A_M	October 27, 1995

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
414-14-3395	76			Oct. 1, 1919	Newbern, Tennessee

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
YES	1946	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA — OTHER: [ ] Nursing Home [ ] Other (Specify) [ ] Residence

DECEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
The Community Hospital	Musnter	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Otella Nunnery	Hammersmith	Forging Co.

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Hammond	7150 Parrish

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46320	[ ] No [X] Yes	[X] No [ ] Yes	U.S.A.	[X] No [ ] Yes	White	7	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Jess Hall	Ora Marlin

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Otella Hall	7150 Parrish Hammond, Indiana	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) _____	October 30, 1995 Chapel Lawn cemetery	Schererville, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
David Peterson	FDO 8601585	[X] No [ ] Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
THIS CERTIFIES THE ABOVE IS TRUE AND COMPLETE COPY OF THE CERTIFICATE OF [illegible] HEALTH DEPT. James J. Solarek	FDO 1010850	Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana fH83007500

CAUSE OF DEATH

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. CHRONIC Respiratory Failure	
	DUE TO (OR AS A CONSEQUENCE OF): b. Sepsis Secondary Urinary Disease	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.	DUE TO (OR AS A CONSEQUENCE OF): c. Chronic Obstructive Pulmonary Disease	
	DUE TO (OR AS A CONSEQUENCE OF): d. Bronchogenic Carcinoma	

OCT 31 1995 [illegible] M.D. LAKE COUNTY HEALTH COMMISSIONER

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Heart Failure, Peripheral Vascular Disease

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	No

CERTIFIER

29a. CERTIFIER (Check only one)
[X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
[ ] 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.
[ ] 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
[signature] M.D.	21655	10-27-95

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Felicia O. Fajardo M.D. 500 MacArthur, Munster, IND. 46321

31. HEALTH OFFICER'S SIGNATURE: Alexander D. Williams M.D.

32. DATE FILED (Month, Day, Year): October 30, 1995

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
[ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

EXHIBIT A

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

ATTENTION ESTATE: The Social Security # is ing requested by this state agency in order to rsue its statutory responsibility. Disclosure is luntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 3069-06 State No. .....

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

'PE/PRINT IN ERMANENT LACK INK

1. DECEASED—NAME (First, Middle, Last)		2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
OTHELLA HALL		FEMALE	11:10 AM	DECEMBER 21, 2006
4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months Days / 5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day. Yr)	7. BIRTHPLACE (City and State or Foreign Country)
412-22-2812	85		December 4, 1921	Holiday, Tennessee
8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA / OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence		
no	N/A			

:CEDENT

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
THE COMMUNITY HOSPITAL	MUNSTER	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
widowed	None	Home Maker	Own Home

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Hammond	7150 Parrish Avenue

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46323	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	white	8	

.RENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Ocie Nunnery	Allie Medlin

FORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Martha Prince	7150 Parrish Ave. Hammond, Indiana 46323	daughter

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____	December 23, 2006 Chapel Lawn Memorial Gardens	Schererville, Indiana

SPOSITION

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Jose Corona	FD08601373	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Paul R Peter	FD08601585	Kuiper Funeral Home 9039 Kleinman Road Highland, Indiana 46322 FH10300021

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. Metastatic Adenocarcinoma to the stomach - unknown DUE TO (OR AS A CONSEQUENCE OF):	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b. Primary DUE TO (OR AS A CONSEQUENCE OF):	
	c. DUE TO (OR AS A CONSEQUENCE OF):	
	d.	

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.
DEC 27 2006

USE OF ATH

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
no	no	no

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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.

RTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
	02001071A	12-22-06

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

S. JOSIAH CHAN, D.O., 911-A FRAN LIN PARKWAY, MUNSTER, INDIANA 46321

ALTH FICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Susan W Best D.O.	December 28, 2006

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rur

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

EXHIBIT "B"

SDH06-004 State Form 10110 (R5/1-99)

AR 0 2 [illegible]

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
STATE CENTER FOR HEALTH STATISTICS — N. C. VITAL RECORDS

CERTIFICATE OF DEATH

Registration District No. 018-81 Local No. 184

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)	2. SEX	3. DATE OF DEATH (Month, Day, Year)
Wanda Faye Murray	F	Feb 6, 2004

4. SOCIAL SECURITY NUMBER	5. AGE—Last Birthday (Years)	UNDER 1 YEAR: 5b. Months / Days	UNDER 1 DAY: 5c. Hours / Minutes	6. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (County and State or Foreign Country)
310-42-9930	62			Oct 23, 1941	Tiptonville, TN

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No)	9a. PLACE OF DEATH (Check only one)
No	HOSPITAL: X Inpatient ☐ ER/Outpatient ☐ DOA OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. INSIDE CITY LIMITS? (Yes or No)	9e. COUNTY OF DEATH
Catawba Valley Medical	Hickory	No	Catawba

10. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Divorced	none	Cook	Restaurant

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
NC	Lincoln	Lincolnton	242 Rock Ola Lane

13e. INSIDE CITY LIMITS? (Yes or No)	13f. ZIP CODE	14. Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)	15. RACE—American Indian, Black, White, Etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+)
No	28092	☐ Yes X No (Specify)	White	0

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
John Hall	Othella Nunnery

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	19c. DATE AMENDED
Sue Pangburn	2657 River Meadows Court Lincolnton, NC 28092	

CAUSE OF DEATH

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. Myocardial Infarction	
	DUE TO (OR AS A CONSEQUENCE OF):	
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.	b. Coronary Artery Disease	
	DUE TO (OR AS A CONSEQUENCE OF):	
	c. Diabetis Mellitus	
	DUE TO (OR AS A CONSEQUENCE OF):	
20a.	d.	

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

20b. Diabetis

21a. AUTOPSY? (Yes or No)	21b. If yes, were findings considered in determining cause of death?	21c. Was case referred to Medical Examiner? (Yes or No)	22. TIME OF DEATH
No		No	M.

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

CERTIFIER

23a. SIGNATURE AND TITLE OF CERTIFIER	23b. DATE SIGNED (Month, Day, Year)
[signature]	2-23-04

24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print): Dr. John Deperczel 2165 Medical Park Dr Hickory, NC 28601

DISPOSITION

25a. METHOD OF DISPOSITION	25b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	25c. LOCATION — City or Town, State, Zip Code
☐ Burial ☐ Cremation ☐ Removal ☐ Donation ☐ Other	Chapel Lawn Memorial Gardens	Schererville, IN

26a. NAME AND ADDRESS OF FUNERAL HOME	26b. SIGNATURE OF FUNERAL DIRECTOR	26c. LICENSE NUMBER
Warlick Funeral Home P. O. Box 1407 Lincolnton, NC 28093	Douglas Ballard	1093

27. REGISTRAR'S SIGNATURE	28. DATE FILED (Month, Day, Year)	26d. SIGNATURE OF EMBALMER	26e. LICENSE NUMBER
[signature] ORD	FEB 27 2004	Kevin Ray	1919

DHHS 1872
(Revised 2/00
Review 2/02)
VITAL RECORDS

The foregoing is a true and correct copy of the said instrument as found in the Catawba County Registry in Book 90 at Page —
Witness my hand and seal this 8th day of Mar. 20 04
Ruth Mackie, Register of Deeds

Ruth Mackie
CATAWBA COUNTY, NORTH CAROLINA

EXHIBIT "C"
tabbies