

8

2011 013214

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 MAR -8 PM 2: 34

MICHELLE D. FAJMAN
RECORDER

AFFIDAVIT OF INTEREST

Wendell G. Solomon, being duly sworn upon his oath, states as follows:

1. My name is Wendell G. Solomon and I am over 18 years of age.
2. I have personal knowledge of the facts surrounding the 1986 deed and the transfer parcel owned by my grandparents, Albert and Lillian Frances Zieseniss.
3. Attached as Exhibit A is a Deed dated November 14, 1986 ("1986 Deed") executed by my grandparents conveying six parcels of land to me.
4. Attached as Exhibits B are the detailed legal descriptions per parcel ID for each parcel of land in the 1986 Deed. I am attaching these detailed legal descriptions to clarify the cursory legal descriptions in the 1986 Deed pursuant to the direction of the Lake County Recorder's Office following a rejection of the 1986 Deed for recording.
5. Attached as Exhibit C is a letter from my grandparents to me, explaining their conveyance in the 1986 Deed and instructing that the original deed was to be maintained in their safe deposit box until their deaths.
6. Attached as Exhibit D is a death certificate of my grandfather Albert H. Zieseniss, who died on March 24, 2005.
7. Attached as Exhibit E is a death certificate of my grandmother, Lillian Frances Zieseniss who died on January 18, 2011.
8. I do not have an original of the 1986 deed.
9. I intend to claim my interest in these six parcels and now record this Affidavit and attached exhibits as notice to all other parties claiming any interest.

I affirm under penalties for perjury that the above statements are true and correct.

Wendell G Solomon # 3/6/2011
Wendell G. Solomon

This Instrument prepared by: Ann Marie Woolwine, Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410

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. Ann Marie Woolwine

AMOUNT \$ 25.00
 CASH _____ CHARGE _____
 CHECK # 6897
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK RM

051434

FILED

MAR 08 2011

PEGGY HOLLINGAATONA
LAKE COUNTY AUDITOR

QUITCLAIM DEED

Notice: This is a Legally Binding Document. Consult your attorney if you do not understand any part of it.

THIS QUITCLAIM DEED, is made on the 14 day of November, 1986, by and between, Albert Hood Zieseniss (Mar. 11, 1921)("First Party") whose residence and/or mailing address is 13213 Iowa Street Crown Point Indiana 46307 and Wendell Gene Solomon II (Mar.26,1982)("Second Party") whose residence and/or mailing address is 2600 Wells Street Lake Station Indiana 46405.

In consideration for the sum of -0- DOLLARS(\$-0-) paid by the Second Party, the First Party does hereby remise, release and forever quitclaim to the Second Party any right, title, interest and claim which the First Party has in and to the Following described real property, together with any improvements thereon:

DESCRIPTION OF PROPERTY (including any improvements)

LEGAL DESCRIPTION; N2 S. 6. 03AC. W2. NW. NW. S. 27 T. 34 R. 3. 015A.
PARCEL OR ID NUMBER; 003-03-07-0021-0030 Cd/
PROPERTY ADDRESS 116 E 135TH AVE

LEGAL DESCRIPTON ; N2. STRIP 115x550FT. W2. NW. NW. S. 27 T. 34 R.9. 725AC
PARCEL OR ID NUMBER; 003-03-07-0021-0029 Cd/
PROPERTY ADDRESS; 101 E 134TH AVE

LEGAL DESCRIPTION; WLY. PT N. 13. 8 CHAIN'S SW. SE. S. 23 T. 34 R.8 6. 74AC.
PARCEL OR ID NUMBER 003-03-07-0019-0039 Cd/
PROPERTY ADDRESS 13129 IOWA ST

LEGAL DESCRIPTION; W. 22FT. OF W.13AC. OF NE. SE. S. 23 T. 34 R.8 . 667AC.
PARCEL OR ID NUMBER; 003-03-07-0019-0006 Cd/
PROPERTY ADDRESS; 2999 E 129TH AVE

LEGAL DESCRIPTION; NE. 1-4 OF SE. 1-4 EX. W. 22FT. & EX. E, 26 1-3 AC. S. 23 T.34 R
12.333AC
PARCEL OR ID NUMBER; 003-03-07-0019-0043 Cd/
PROPERTY ADDRESS: 3001 E 129TH AVE

LEGAL DESCRIPTION; N. 208. 75' OF S. 722.325' OF W. 208.75 FT. SW. SE. S 23 T34 R8 EX S.
16. 77FT.
PARCEL OR ID NUMBER; 003-03-07-0019-0025 Cd 1/1
PROPERTY ADDRESS; 13213 IOWA ST

DWELLING CONSTRUCTION YEAR 1860 single family 1.50 story height and yard structures
Add release of Dower, Curtesy or Spousal Rights, if applicable:

Lillian Frances Alexander Zieseniss release all spousal rights, and does hereby remise, release and forever quitclaim to Second Party any right, title, interest and claim which the First Party has in and to the described real property, together with any improvements thereon:

George E Beebe Decedent;

EXHIBIT

A

tabbies

In is understood that conveyance is made without covenants or warranties of any kind, either express or implied.

IN WITNESS WHEREOF; The First Party has sign and sealed this Quitclaim Deed on the above date.

Witness the First Party:

Lillian Zieseniss

Albert Zieseniss

STATE OF INDIANA
COUNTY OF PORTER

On November 14, 1986 before Johnna Solph NOTARY PUBLIC,
personally appeared Albert Hood Zieseniss and Lillian Frances Zieseniss proved to me on the basis of
satisfactory evidence to be the persons whose names are subscribed into the within instrument and
acknowledged to me that they executed the same in their authorized capacities, and that by their
signature on the instrument the persons, executed the instrument.

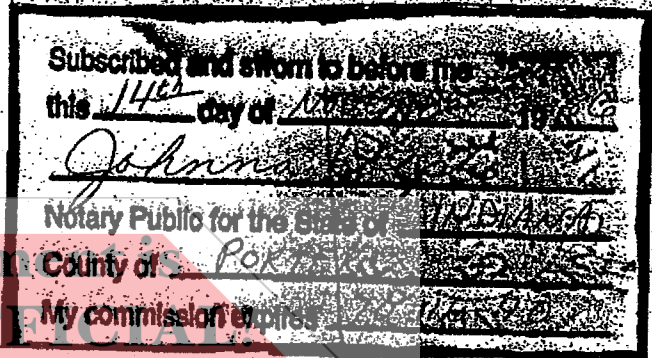
Witness my hand and official seal.

Johnna Solph

My Commission expires 10-16-90

Witness: the Second Party (after our death)

Wendell G. Solomon II 2/19/11



STATE OF INDIANA
COUNTY OF TIPPECANOE

ON 2/15/11 before me, *Kala M. (Kala Mann)* NOTARY PUBLIC,
personally appeared *Wendell Gene Solomon II* (born March 26 1982) personally known to me (or
proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the
within instrument and acknowledged to me that he executed the same in his authorized capacity, and
that by his signature on the instrument the person, executed the instrument.

Witness my and official seal.

*Wendell G. Solomon II
1750 Lewiston Dr. W
Westfield, IN 46074*

Zieseniss to Solomon

QUITCLAIM DEED

Dated:

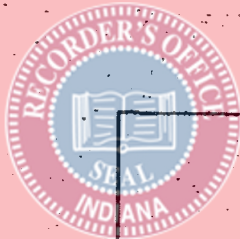


EXHIBIT
tabbles
A

Old Parcel ID: 003-03-07-0021-0030
New Parcel ID: 45-16-27-100-007.000-041

The North Half of the following described tract: The South 13 1/3 chains of the West Half of the Northwest Quarter of the Northwest Quarter of Section 27, excepting therefrom the West 115 feet thereof, containing 11.03 acres, and also excepting therefrom the North 5 acres off of said South 11.03 acres set forth in the Warranty Deed from Edward H. Zieseniss and Carrie L. Zieseniss, his wife, to John Patz, dated March 8, 1919, and recorded March 12, 1919, in Deed Record 255 on page 335 of the Recorder's Office of Lake County, Indiana, containing 6.03 acres, more or less, all in Township 34 North, Range 8 West of the 2nd P.M., all in Lake County, in the State of Indiana

Old Parcel ID: 003-03-07-0021-0029
New Parcel ID: 45-16-27-100-003.000-041

The North Half of the following described tract: A strip of ground 115 feet wide over and across a part of the West Half of the Northwest Quarter of the Northwest Quarter of Section 27, Township 34 North, Range 8 West in Lake County, Indiana, said strip being more particularly described as follows: Beginning at the Southwest corner of the Northwest Quarter of the Northwest Quarter of Section 27 and running thence North along the West line of said Northwest Quarter, a distance of 550 feet, more or less, to a point which is 115 feet due West of the Northwest corner of the tract of land now owned by Edward Zieseniss; thence East 115 feet; thence South parallel with and 115 feet from the West line of said Northwest Quarter a distance of 550 feet, more or less, to the South line of said Northwest Quarter; thence West 115 feet to the place of beginning, and containing in all 1.44 acres, more or less.

Old Parcel ID: 003-03-07-0021-0039
New Parcel ID: 45-16-27-100-001.000-041

Part of the North 13.8 Chains of the Southwest Quarter Southeast Quarter, Section 23, township 34 North, Range 8 West of the 2nd P.M., and more particularly described as follows: Commencing at a point 530.345 feet North of the Southwest corner of the Southwest Quarter Southeast Quarter of said Section; thence continuing North along the West line of said Southwest Quarter Southeast Quarter 789.655 feet, more or less, to the Northwest corner of the above said Southwest Quarter Southeast Quarter; thence East along the North line of the above said Southwest Quarter Southeast Quarter 143.60 feet to the Southerly right of way line of State Road No. 53; thence Southeasterly along the Southerly right of way line of the above said State Road No. 53, 399.10 feet, more or less, to a point which is 465.14 feet East of the West line of the above said Southwest Quarter Southeast Quarter; thence South parallel with the West line of the above said Southwest Quarter Southeast Quarter a distance of 570.80 feet; thence West 465.14 feet to the place of beginning, except the South 191.98 feet of the West 208.75 feet of the above described parcel, and containing 6.74 acres more or less, in Lake County, Indiana.

EXHIBIT

tabbles

B

Old Parcel ID: 003-03-07-0019-0043
New Parcel ID: 45-16-23-426-002.000-041

The Northeast Quarter of the Southeast Quarter of Section 23, Township 34 North, Range 8 West of the 2nd P.M., excepting the West 22 feet and excepting the East 26 1/3 acres, in Lake County, Indiana.

Old Parcel ID: 003-03-07-0019-0025
New Parcel ID: 45-16-23-426-002.000-041

The North 208.75 feet of the South 722.325 feet of the West 208.75 feet of the Southwest Quarter of the Southeast Quarter of Section 23, Township 34 North, Range 8 West of the 2nd Principal Meridian in Lake County, Indiana, containing 1 acre, more or less, subject, however, to any legal highways or right of ways.

Except the North 16.77 feet of the South 530.345 feet of the West 208.75 feet of the Southwest Quarter of the Southeast Quarter of Section 23, Township 34 North, Range 8 West of the 2nd P.M., in Lake County, Indiana.

Old Parcel ID: 003-03-07-0019-0006
New Parcel ID: 45-16-23-426-001.000-041

The Northeast Quarter of the Southeast Quarter of Section 23, Township 34 North, Range 8 West of the 2nd P.M., excepting the West 22 feet and excepting the East 26 1/3 acres, in Lake County, Indiana.

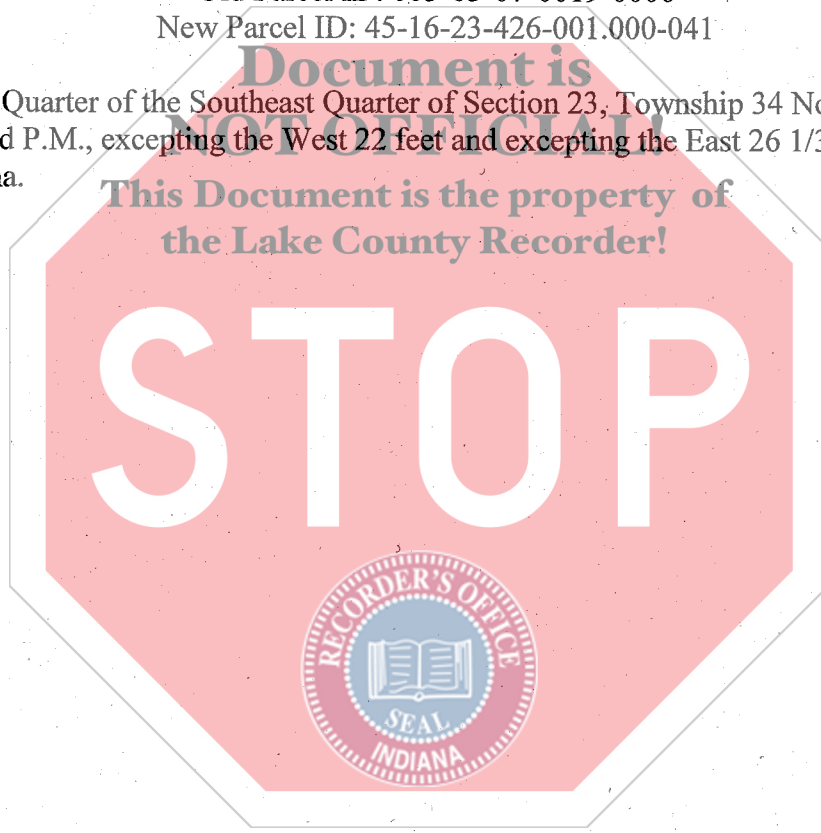


EXHIBIT
tabbles
B

Albert Zieseniss
13213 Iowa Street
Crown Point, Indiana 46307-8337
219-663-3153

14 Nov 1986

Wendell Gene Solomon II
2600 Wells Street
Lake Station Indiana 46405

Dear Wendell,

I and your Grandmother are so ashamed and sorry about what has happen. We are deeding our Indiana real estate to you. We expect you to look after your mother, (Ila May Zieseniss (Solomon) born Sept. 1, 1959, your sister, (Carrie Elisabeth Solomon) born Apr. 28, 1979 and your cousin (Jeanne Marie Zieseniss) born Jan. 10 1980.. Enclosed is a copy of the Quit Claim Deed to be filed after our deaths. The original is in the safe deposit box at our bank.

Lillian F. Zieseniss
Lillian Frances Zieseniss

Albert Zieseniss
Albert Hood Zieseniss

NOT OFFICIAL!

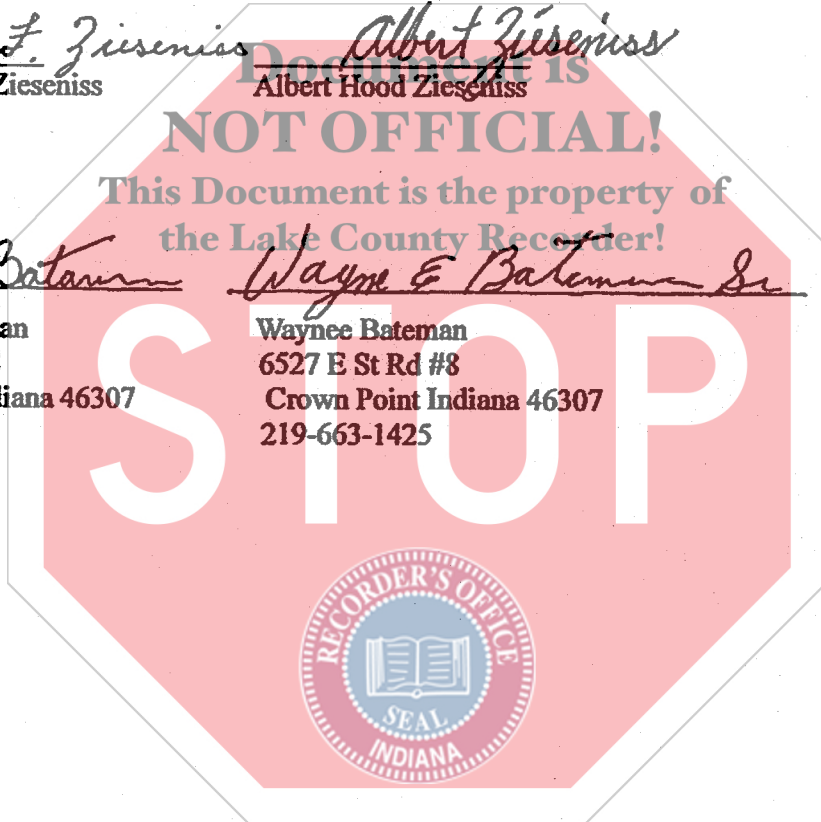
This Document is the property of
the Lake County Recorder!

Virgadell Bateman

Virgadell Bateman
6527 E. St Rd#8
Crown Point Indiana 46307
219-663-1425

Wayne E. Bateman Sr

Waynee Bateman
6527 E St Rd #8
Crown Point Indiana 46307
219-663-1425



tabbles
EXHIBIT
C

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 942-05

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

TYPE/PRINT IN PERMANENT INK

1. DECEASED—NAME (First, Middle, Last) ALBERT H. ZIESENISS		2. SEX Male	3a. TIME OF DEATH 8:01 P.M.	3b. DATE OF DEATH (Month, Day, Year) March 24, 2005
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) 84	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr) March 11, 1921
7. BIRTHPLACE (City and State or Foreign Country) Crown Point, Indiana	8a. WAS DECEDENT A U.S. VETERAN? NO			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus		9c. CITY, TOWN OR LOCATION OF DEATH Merrillville	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Lillian Frances Alexander	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Steel Worker	12b. KIND OF BUSINESS/INDUSTRY U.S. Steel Company	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Crown Point	13d. STREET AND NUMBER 13213 Iowa Street	
13e. ZIP CODE 46307	13f. RESIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes 13g. ON A FARM? <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) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) _____ College (1-4 or 5+) 5		18. FATHER'S NAME (First, Middle, Last) Edward Zieseniss		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Carrie Hood		20. INFORMANT'S NAME (Type/Print) Lillian Frances Zieseniss		
20a. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13213 Iowa St., Crown Point, IN 46307		20c. Relationship Wife		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) April 2, 2005 Maplewood Memorial Cemetery Crown Point, Indiana		21c. LOCATION—City or Town, State
22a. EMBALMER'S NAME Jonathon R. Christensen		22b. EMBALMER'S LICENSE NO. FD20200095	22c. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
23a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		23b. LICENSE NUMBER (of Licensee) 1009893	23c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN & LITTLE FUNERAL SERVICE 811 E. Franciscan Drive Crown Point, IN 46307 #83001261	
24. 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. Respiratory failure Emphysema		25. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) _____ b. DUE TO (OR AS A CONSEQUENCE OF) _____ c. DUE TO (OR AS A CONSEQUENCE OF) _____ d. _____		
26. PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. Cor Pulmonale		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		
28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A		
29a. CERTIFIER (Check only one) <input checked="" 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 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 <i>[Signature]</i>		
29c. MEDICAL LICENSE NO. 01035172		29d. DATE SIGNED (Month, Day, Year) 4/4/05		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 25 (Type/Print) Dr. Sharon Harig 8895 Broadway, Merrillville, IN 46410 (219) 738-2081				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) April 4, 2005
33. MANNER OF DEATH <input 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)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34e. DESCRIBE HOW INJURY OCCURRED		
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.				

DECEDENT

INFORMANTS

INFORMANT

DISPOSITION

USE OF AUTH.

CERTIFIER

HEALTH OFFICER

EXHIBIT D



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000179

EDR No 00000177710

State No 002441

1. Decedent's Legal Name (First, Middle, Last) LILLIAN FRANCES ZIESENISS				1a. Maiden Name (if female) ALEXANDER		2. Sex FEMALE	3. Time Of Death 10:12 AM	4. Date Of Death (Month/Day/Year) 01/18/2011	
5. Social Security Number	6a. Age - Yrs 84	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) 08/08/1926		8. Birthplace (City and State or Foreign Country) MERRILLVILLE, IN	
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) LOWELL HEALTHCARE CENTER									
12. City Or Town, State, And Zip Code LOWELL, IN, 46356				13. County Of Death LAKE			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			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT					
18c. Street And Number 13213 IOWA STREET				18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) HARRY E ALEXANDER				23. Mother's Name (First, Middle, Last) ISABEL ALEXANDER			23a. Mother's Maiden Last Name ROSENTRADER		
24. Informant's Name HARRY E ZIESENISS		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 13213 IOWA STREET, CROWN POINT, IN 46307					
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) KELLY-CARROL CREMATION			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307					27a. Funeral Home License Number FH83001261		
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE									
27c. License Number (Of Licensee): FD01009893									
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE CEREBROVASCULAR ACCIDENT								Approximate Interval: Onset To Death DAYS	
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. _____	
C. _____								D. _____	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I COPD, DEMENTIA, PARKINSONISM, CAD									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input 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"/> Pregnant & 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"/> Unknown <input type="checkbox"/> Suicide <input type="checkbox"/> Undetermined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		35a. Place Of Injury (E.G., Decedent's Home, Construction Site, etc.) LAKE COUNTY HEALTH DEPARTMENT					
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code	
37. Describe How Injury Occurred		38. 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: ASRAR AHMED SHEIKH, BY ELECTRONIC SIGNATURE									
42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						44. License Number 01060322A		45. Date Certified 01/22/2011	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ASRAR AHMED SHEIKH, 17648 MORSE STREET, LOWELL, IN 46356						47. *Alcos:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 24 2011			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

EXHIBIT
E