

2

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

2011 042140

2011 AUG -4 PM 3: 25

**AFFIDAVIT OF SURVIVORSHIP**

Comes now O. Lorraine Hillan a/k/a Lorraine O. Hillan, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Charles W. Hillan, Sr., deceased.
2. That O. Lorraine Hillan a/k/a Lorraine O. Hillan and Charles W. Hillan, Sr., acquired the following property as Husband and Wife during the term of their marriage.

Lot 26 in Block 1 as marked and laid down on the recorded plat of Villa Shores 6<sup>th</sup> Addition to the City of Hobart, Lake County, Indiana as the same appears of records in Plat Book 29, page 101, in the Recorder's Office of Lake County, Indiana.

Commonly known as: 338 N. Virginia St., Hobart, IN 43642  
Parcel No.: 45-09-30-326-039.000-018

3. That O. Lorraine Hillan a/k/a Lorraine O. Hillan and Charles W. Hillan, Sr. remained married until the death of Charles W. Hillan, Sr. on the 1<sup>st</sup> day of January, 2008.
4. That O. Lorraine Hillan became the fee simple owner of the property at the death of Charles W. Hillan, Sr.

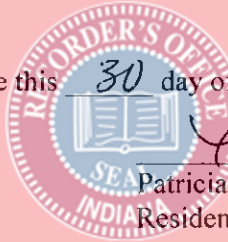
I affirm under the penalties for perjury that the above and foregoing statements are true.

*O. Lorraine Hillan*  
O. Lorraine Hillan a/k/a Lorraine O. Hillan

STATE OF INDIANA )  
 )  
 ) SS:  
COUNTY OF LAKE )

Subscribed and sworn to before me this 30 day of June, 2011.

My Commission Expires: 03/25/2018



*Patricia A. Rees*  
Patricia A. Rees, Notary Public  
Resident of Lake County

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

*Patricia A. Rees* **FILED** 14:00  
Patricia A. Rees #11077  
AUG 04 2011 YN  
NON CONF

This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

054622

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 0013-08

State No.

1. Decedent's Legal Name (First, Middle, Last) <b>CHARLES W. HILLAN, SR.</b>				1a. Maiden Last Name (If Female) <b>N/A</b>		2. Sex <b>Male</b>		3. Time Of Death <b>4:37 p.m.</b>		4. Date Of Death (Month/Day/Year) <b>January 1, 2008</b>		
5. Social Security Number <b>307-20-0837</b>		6a. Age - Yrs <b>84</b>		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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>St. Mary Medical Center</b>												
12. City Or Town, State, And Zip Code <b>Hobart IN Lake 46342</b>						13. County Of Death <b>Lake</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name <b>Lorraine Hillan</b>				15a. (If Wife) Give Maiden Last Name <b>Lorraine Robbins</b>				16. Decedent's Usual Occupation <b>Packaging</b>		17. Kind Of Business/Industry		
18. Residence - State <b>IN</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Hobart</b>			18d. Apt. No.		18e. Zip Code <b>46342</b>	
18c. Street And Number <b>338 N. Virginia St.</b>			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			21. Decedent's Race <b>White</b>			20. Decedent Of Hispanic Origin <b>NO</b>			
19. Decedent's Education <b>12</b>				22. Father's Name (First, Middle, Last) <b>C. Pierce Hillan</b>				23. Mother's Name (First, Middle, Last) <b>Laura Hillan</b>				
24. Informant's Name <b>Lorraine Hillan</b>				24a. Relationship To Decedent <b>Wife</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>338 N. Virginia St., Hobart, IN 46342</b>				
24c. Mother's Maiden Last Name <b>Sabinski</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>Kelly-Carroll Cremation Service</b>		25c. Location - City, Town, And State <b>Gary, Indiana 46408</b>		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Rees Funeral Home, 600 West Old Ridge Rd. P.O. Box 488, Hobart, Indiana 46342</b>						27a. Funeral Home License Number: <b>FH83003069</b>				
27b. Signature Of Indiana Funeral Service Licensee <i>James J. Krause</i>						27c. License Number (Of Licensee): <b>FD01006463</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.												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <i>acute myocardial infarction</i> <span style="float: right;">Approximate Interval: Onset To Death <i>two weeks</i></span>												
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. <i>chronic obstructive pulmonary disease</i> <span style="float: right;"><i>years</i></span>												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <i>hypertension</i> <span style="float: right;"><i>small fractures</i></span>												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input 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"/> Unknown If Pregnant Within The Past Year						
34. Date Of Injury (Month/Day/Year)						35. Time Of Injury						
38. Location Of Injury - State						36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)						
38a. City Or Town						37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
38b. Street & Number						38c. Apt. No.						
38d. Zip Code						39. Describe How Injury Occurred						
41. Signature Of Person Certifying Cause Of Death: <i>Tom M. Phillips MD</i>						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>Donald Phillips MD, 1356 S. Lake Park Avenue Hobart, IN 46342</b>						44. License Number <b>01020846</b>						
46. Additional Funeral Service Provider						45. Date Certified <i>1/10/08</i>						
47. *Akas:						48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						
49. For Registrar Only - Date Filed (Month/Day/Year): <b>January 10, 2008</b>												