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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 044416

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Fidelity National Title
Insurance Company

SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)

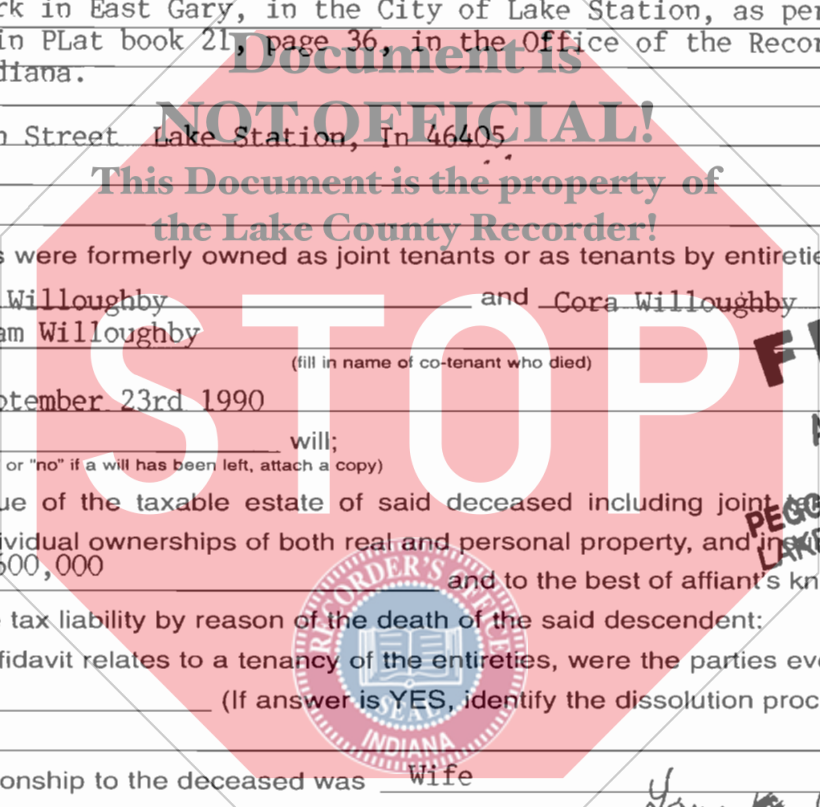
) SS:

COUNTY OF: Lake)

On this 3rd day of August, 2011 Before me personally appeared Lonnie Willoughby and Linda Witczak

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is Cora Willoughby
(state interest of affiant in the above premises as owner)
- Said premises described as follows: The North 1/2 of Lots 13,14 and 15 in Block 8 in Elliotts Park in East Gary, in the City of Lake Station, as per plat thereof, recorded in PLat book 21, page 36, in the Office of the Recorder of Lake County, Indiana.
2380 Warren Street Lake Station, In 46405
- Said premises were formerly owned as joint tenants or as tenants by entireties by William Willoughby and Cora Willoughby
- Said William Willoughby
(fill in name of co-tenant who died)
died on September 23rd 1990
leaving No will;
(insert "a" or "no" if a will has been left, attach a copy)
- The total value of the taxable estate of said deceased including joint tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 600,000 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent;
- Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? No
(If answer is YES, identify the dissolution proceedings.)
- Affiant's relationship to the deceased was Wife



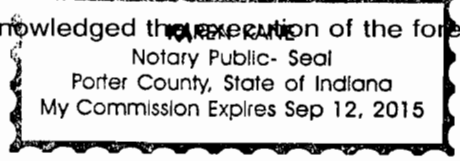
FILED
AUG 12 2011
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

State of Indiana)
County of Porter)

Signature Lonnie Willoughby
Signature Linda Witczak (guardian)
Linda Witczak

Before me, the undersigned, a Notary Public in and for said County and State, this August 3rd 2011 personally appeared Lonnie Willoughby and Linda Witczak

and acknowledged the execution of the foregoing Affidavit.



Karen Kane
Karen Kane Notary Public
Resident of Porter County
My Commission expires: 9/12/15

Prepared by: Lonnie Willoughby

920112502

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

Civil Federal

FIDELITY NATIONAL TITLE
PORTAGE

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INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1934-90.....

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1. DECEASED—NAME (First, Middle, Last) <i>William Willoughby</i>		2. SEX <i>Male</i>	3a. TIME OF DEATH <i>8:54a.m</i>	3b. DATE OF DEATH (Month, Day, Yr) <i>September 23, 1990</i>
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) <i>81</i>	5b. UNDER 1 YEAR Months: Days:	5c. UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo, Day, Yr) <i>March 4, 1909</i>
7. BIRTHPLACE (City and State or Foreign Country) <i>Kentucky</i>	8a. WAS DECEDENT A U.S. VETERAN? <i>No</i>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <i>N/A</i>	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" 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) <i>St. Mary Medical Center</i>		9c. CITY, TOWN, OR LOCATION OF DEATH <i>Hobart</i>	9d. COUNTY OF DEATH <i>Lake</i>	
10. MARITAL STATUS (Specify) <i>Married</i>	11. SURVIVING SPOUSE (If wife, give maiden name) <i>Cona Napier</i>	12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <i>Laborer</i>	12b. KIND OF BUSINESS/INDUSTRY <i>Steel Industry</i>	
13a. RESIDENCE—STATE <i>Indiana</i>	13b. COUNTY <i>Lake</i>	13c. CITY, TOWN, OR LOCATION <i>Lake Station</i>	13d. STREET AND NUMBER <i>2380 Wannan St.</i>	
13e. ZIP CODE <i>46405</i>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	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) <i>White</i>
17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <i>12</i> College (1-4 or 5+) _____		18. FATHER'S NAME (First, Middle, Last) <i>Sam Willoughby</i>		
19. MOTHER'S NAME (First, Middle, Maiden Surname) <i>Lillie unobtainable.</i>		20a. INFORMANT'S NAME (Type/Print) <i>Cona Willoughby</i>		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <i>2380 Wannan St. Lake Station, IN 46405</i>		20c. Relationship <i>Wife</i>		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) <i>September 26, 1990 Calvary Cemetery</i>		21c. LOCATION—City or Town, State <i>Pontage, Indiana</i>
22a. EMBALMER'S NAME: <i>Gloria Brady</i>		22b. EMBALMER'S LICENSE NO. <i>FD0106597</i>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Gloria Brady</i>		24b. LICENSE NUMBER (of Licensee) <i>FD0106597</i>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <i>Brady Funeral Home FH83001695 3781 Central Ave. Lake Station, IN 46405</i>
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) <i>Ventricular arrhythmia</i> DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <i>None</i>		
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <i>No</i>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <i>No</i>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <i>No</i>
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>R. R. Barton</i>		
29c. MEDICAL LICENSE NO. <i>17667 Ind</i>		29d. DATE SIGNED (Month, Day, Year) <i>9-24-90</i>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Dr. R. R. Barton 6101 Miller Ave. Gary, Indiana</i>		32. DATE FILED (Month, Day, Year) <i>SEP 24, 90</i>		
31. HEALTH OFFICER'S SIGNATURE <i>Paul Johnson</i>		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. DESCRIBE HOW INJURY OCCURRED		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) <i>Home, under the premises for property, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.</i>		34g. DATE PRONOUNCED DEAD (Month, Day, Year)		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.				