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STATE OF INDIANA  
LAKE COUNTY  
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MICHELLE R. FAJMAN  
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O'Connor Title Services, Inc.  
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DECEASED JOINT TENANCY AFFIDAVIT

State of Indiana)

SS.

County of Lake)

DECEASED JOINT TENANCY AFFIDAVIT

Mary Doolittle, hereinafter called Affiant(s) being duly sworn states that she resides at 8340 Parrish Avenue, Highland, IN 46322. That she was acquainted with James Doolittle, hereinafter referred to as Deceased, and at the time of his death, was one of the owners of the land in Lake County, Indiana, described as:

Part of the Southeast 1/4 of the Northeast 1/4 of Section 21, Township 36 North, Range 9, West of the Second Principal Meridian, in the Town of Highland, Lake County, Indiana, more particularly described as follows: beginning at a point on the East line of the Southeast 1/4 of the Northeast 1/4 a distance of 763.94 feet North of the Southeast Corner of the Southeast 1/4 of the Northeast 1/4; thence Northerly along East line of said 1/4 Section a distance of 79.25 feet; thence West a distance of 277.94 feet; thence Southerly a distance of 79.94 feet to a point that is 763.94 feet North and 277.85 feet West of the Southeast Corner of said 1/4 Section; thence Easterly 277.85 feet to the point of beginning, except the East 40 feet reserved for street purposes in Lake County, Indiana.

PIN #45-07-21-280-017.000-026

That the deceased died April 3, 2010 as evidenced by a certified copy of Deceased's death certificate attached hereto. 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.

That the deceased died:

- Leaving no Last Will & Testament
Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Lake County, Indiana.
Leaving a Last Will & Testament, which was filed, in the Unproven Will Box of the Probate Division of the Circuit Court of

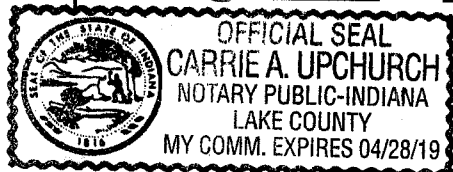
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in Joint Tenancy at the time of the death of the Deceased, does not exceed the sum of \$10.00 dollars.

Affiant makes this affidavit for the purpose of inducing the Real Estate Index to issue its Title Insurance Policy describing the above-mentioned property.

Subscribed and sworn before me this day of June 1st, 2012.

Carrie A. Upchurch
Notary Public

Mary Doolittle
Mary Doolittle



**Sullivan County Board of Health**  
**31 North Court Street Sullivan, In. 47382**

Local No		State No	
1. Decedent's Legal Name (First, Middle, Last) <b>James Scott Doolittle</b>		14. Maiden Last Name (If Female)	
2. Sex <b>Male</b>		3. Time of Death <b>10:09 PM</b>	
4. Date of Death (Month/Day/Year) <b>April 3, 2010</b>		5. Social Security Number <b>47</b>	
6. Age (Years) <b>47</b>		7. Date of Birth (Month/Day/Year) <b>February 5, 1963</b>	
8. Birthplace (City And State Or Foreign Country) <b>Evansville, IN</b>		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 type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)	
11. Facility Name (If Not Institution, Give Street And Number) <b>Sullivan County Community Hospital</b>			
12. City Or Town, State And Zip Code <b>Sullivan, IN 47382</b>		13. County Of Death <b>Sullivan</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>Mary Elizabeth Doolittle</b>		16. Decedent's Usual Occupation <b>Engineer</b>	
17. Kind Of Business/Industry <b>Steel</b>		18a. County <b>Burton</b>	
18b. City Or Town <b>Highland</b>		18c. Street And Number <b>8340 Parrish Ave</b>	
18d. Apt. No.		18e. Zip Code <b>46322</b>	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)</b>	
20. Decedent Of Hispanic Origin <b>No, Not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>	
22. Father's Name (First, Middle, Last) <b>John Doolittle</b>		23. Mother's Name (First, Middle, Last) <b>Mary Doolittle</b>	
24. Informant's Name <b>Mary Elizabeth Doolittle</b>		24a. Relationship To Decedent <b>Wife</b>	
24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8340 Parrish Ave., Highland, IN 46322</b>		24c. Mother's Maiden Last Name <b>Reising</b>	
25a. Method Of Disposition <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input checked="" type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) <b>Terre Haute-Wilbert Crematory</b>	
25c. Location - City, Town, And State <b>Terre Haute, IN</b>		26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27. Name And Complete Address Of Funeral Facility <b>Holmes Memorial Chapel P.O. Box 275, 642 W. Silver St., Sullivan, IN 47382</b>		27a. Funeral Home License Number <b>FH89200011</b>	
27b. Signature of Indiana Funeral Service Licensee <i>James D. Holmes, Sr.</i>		27c. License Number (Of Licensee) <b>FD01007906</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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Blunt Force Trauma of</u></b> B. <u>MI</u> C. <u>MI</u> D. <u>MI</u> E. <u>MI</u> F. <u>MI</u> G. <u>MI</u> H. <u>MI</u> I. <u>MI</u> J. <u>MI</u> K. <u>MI</u> L. <u>MI</u> M. <u>MI</u> N. <u>MI</u> O. <u>MI</u> P. <u>MI</u> Q. <u>MI</u> R. <u>MI</u> S. <u>MI</u> T. <u>MI</u> U. <u>MI</u> V. <u>MI</u> W. <u>MI</u> X. <u>MI</u> Y. <u>MI</u> Z. <u>MI</u> AA. <u>MI</u> AB. <u>MI</u> AC. <u>MI</u> AD. <u>MI</u> AE. <u>MI</u> AF. <u>MI</u> AG. <u>MI</u> AH. <u>MI</u> AI. <u>MI</u> AJ. <u>MI</u> AK. <u>MI</u> AL. <u>MI</u> AM. <u>MI</u> AN. <u>MI</u> AO. <u>MI</u> AP. <u>MI</u> AQ. <u>MI</u> AR. <u>MI</u> AS. <u>MI</u> AT. <u>MI</u> AU. <u>MI</u> AV. <u>MI</u> AW. <u>MI</u> AX. <u>MI</u> AY. <u>MI</u> AZ. <u>MI</u> BA. <u>MI</u> BB. <u>MI</u> BC. <u>MI</u> BD. <u>MI</u> BE. <u>MI</u> BF. <u>MI</u> BG. <u>MI</u> BH. <u>MI</u> BI. <u>MI</u> BJ. <u>MI</u> BK. <u>MI</u> BL. <u>MI</u> BM. 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<u>MI</u> RZ. <u>MI</u> SA. <u>MI</u> SB. <u>MI</u> SC. <u>MI</u> SD. <u>MI</u> SE. <u>MI</u> SF. <u>MI</u> SG. <u>MI</u> SH. <u>MI</u> SI. <u>MI</u> SJ. <u>MI</u> SK. <u>MI</u> SL. <u>MI</u> SM. <u>MI</u> SN. <u>MI</u> SO. <u>MI</u> SP. <u>MI</u> SQ. <u>MI</u> SR. <u>MI</u> SS. <u>MI</u> ST. <u>MI</u> SU. <u>MI</u> SV. <u>MI</u> SW. <u>MI</u> SX. <u>MI</u> SY. <u>MI</u> SZ. <u>MI</u> TA. <u>MI</u> TB. <u>MI</u> TC. <u>MI</u> TD. <u>MI</u> TE. <u>MI</u> TF. <u>MI</u> TG. <u>MI</u> TH. <u>MI</u> TI. <u>MI</u> TJ. <u>MI</u> TK. <u>MI</u> TL. <u>MI</u> TM. <u>MI</u> TN. <u>MI</u> TO. <u>MI</u> TP. <u>MI</u> TQ. <u>MI</u> TR. <u>MI</u> TS. <u>MI</u> TU. <u>MI</u> TV. <u>MI</u> TW. <u>MI</u> TX. <u>MI</u> TY. <u>MI</u> TZ. <u>MI</u> UA. <u>MI</u> UB. <u>MI</u> UC. <u>MI</u> UD. <u>MI</u> UE. <u>MI</u> UF. <u>MI</u> UG. <u>MI</u> UH. <u>MI</u> UI. <u>MI</u> UJ. <u>MI</u> UK. <u>MI</u> UL. <u>MI</u> UM. <u>MI</u> UN. <u>MI</u> UO. <u>MI</u> UP. <u>MI</u> UQ. <u>MI</u> UR. <u>MI</u> US. <u>MI</u> UT. <u>MI</u> UU. <u>MI</u> UV. <u>MI</u> UW. <u>MI</u> UX. <u>MI</u> UY. <u>MI</u> UZ. <u>MI</u> VA. <u>MI</u> VB. <u>MI</u> VC. <u>MI</u> VD. <u>MI</u> VE. <u>MI</u> VF. <u>MI</u> VG. <u>MI</u> VH. <u>MI</u> VI. <u>MI</u> VJ. <u>MI</u> VK. <u>MI</u> VL. <u>MI</u> VM. <u>MI</u> VN. <u>MI</u> VO. <u>MI</u> VP. <u>MI</u> VQ. <u>MI</u> VR. <u>MI</u> VS. <u>MI</u> VT. <u>MI</u> VU. <u>MI</u> VV. <u>MI</u> VW. <u>MI</u> VX. <u>MI</u> VY. <u>MI</u> VZ. <u>MI</u> WA. <u>MI</u> WB. <u>MI</u> WC. <u>MI</u> WD. <u>MI</u> WE. <u>MI</u> WF. <u>MI</u> WG. <u>MI</u> WH. <u>MI</u> WI. <u>MI</u> WJ. <u>MI</u> WK. <u>MI</u> WL. <u>MI</u> WM. <u>MI</u> WN. <u>MI</u> WO. <u>MI</u> WP. <u>MI</u> WQ. <u>MI</u> WR. <u>MI</u> WS. <u>MI</u> WT. <u>MI</u> WU. <u>MI</u> WV. <u>MI</u> WW. <u>MI</u> WX. <u>MI</u> WY. <u>MI</u> WZ. <u>MI</u> XA. <u>MI</u> XB. <u>MI</u> XC. <u>MI</u> XD. <u>MI</u> XE. <u>MI</u> XF. <u>MI</u> XG. <u>MI</u> XH. <u>MI</u> XI. <u>MI</u> XJ. <u>MI</u> XK. <u>MI</u> XL. <u>MI</u> XM. <u>MI</u> XN. <u>MI</u> XO. <u>MI</u> XP. <u>MI</u> XQ. <u>MI</u> XR. <u>MI</u> XS. <u>MI</u> XT. <u>MI</u> XU. <u>MI</u> XV. <u>MI</u> XW. <u>MI</u> XX. <u>MI</u> XY. <u>MI</u> XZ. <u>MI</u> YA. <u>MI</u> YB. <u>MI</u> YC. <u>MI</u> YD. <u>MI</u> YE. <u>MI</u> YF. <u>MI</u> YG. <u>MI</u> YH. <u>MI</u> YI. <u>MI</u> YJ. <u>MI</u> YK. <u>MI</u> YL. <u>MI</u> YM. <u>MI</u> YN. <u>MI</u> YO. <u>MI</u> YP. <u>MI</u> YQ. <u>MI</u> YR. <u>MI</u> YS. <u>MI</u> YT. <u>MI</u> YU. <u>MI</u> YV. <u>MI</u> YW. <u>MI</u> YX. <u>MI</u> YY. <u>MI</u> YZ. <u>MI</u> ZA. <u>MI</u> ZB. <u>MI</u> ZC. <u>MI</u> ZD. <u>MI</u> ZE. <u>MI</u> ZF. <u>MI</u> ZG. <u>MI</u> ZH. <u>MI</u> ZI. <u>MI</u> ZJ. <u>MI</u> ZK. <u>MI</u> ZL. <u>MI</u> ZM. <u>MI</u> ZN. <u>MI</u> ZO. <u>MI</u> ZP. <u>MI</u> ZQ. <u>MI</u> ZR. <u>MI</u> ZS. <u>MI</u> ZT. <u>MI</u> ZU. <u>MI</u> ZV. <u>MI</u> ZW. <u>MI</u> ZX. <u>MI</u> ZY. <u>MI</u> ZZ. <u>MI</u>			

This is an official copy of the Record of Death on file at the Sullivan County Health Department.

*E. S. DuPre, M.D.*  
 Ernest S. DuPre, MD.  
 Health Officer

State Form 10110 (07/07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to prepare for statutory responsibility. Decedent's is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3-7-10.