

4

# Chicago Title Insurance Company

1201799

## SURVIVORSHIP AFFIDAVIT

Parcel No. 45-07-21-280-017.000-026

(4)

On this 8.13.12 before me personally appeared \_\_\_\_\_  
(insert date)

Mary Boalittle

2012 057522

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

CHICAGO TITLE

1. Affiant resides at the address given below affiant's signature:

2. Affiant is Owner  
(state interest of affiant in the above premises as "owner", "son of owner", etc)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by James Boalittle and Mary Boalittle

4. Said James Boalittle  
(fill in name of co-tenant who died)  
died on April 3, 2010

leaving No will;  
(insert "a" or "no", if will left, attach a copy)

5. The legal description of the premises in question is:

See Attached

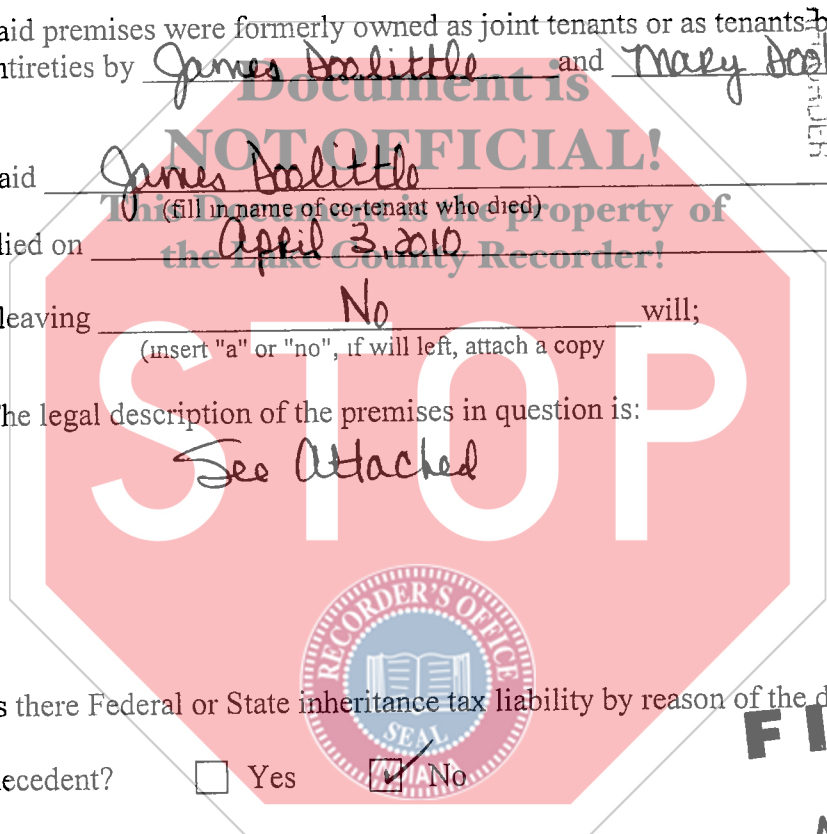
6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

AMOUNT \$ 18 The taxes due are  paid or  unpaid.  
CASH \_\_\_\_\_ CHARGE CT

CHECK# \_\_\_\_\_  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-CONF ✓  
DEPUTY AO

25621



2012 AUG 21 AM 10:13  
MAN

LAKE COUNTY  
FILED RECORDS

**FILED**

AUG 23 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes", identify the divorce proceedings:

\_\_\_\_\_):

8. Affiant's relationship to the deceased was Wife

Signature: Mary Doolittle

Printed Name Mary Doolittle

Address: 8430 Parrish Av.

Highland, IN 46322

Subscribed and sworn to before me by the affiant

This

Aug 13, 2012  
(insert date)

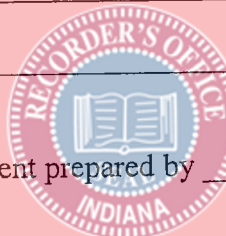
Kate Adams  
Notary Public

Printed Name \_\_\_\_\_

My County of Residence is: \_\_\_\_\_

In the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_



This instrument prepared by

Mary Doolittle

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



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

Parcel No. 45-07-21-280-017.000-026

Local No		State No		Date of Death		Date of Death (Month/Day/Year)	
James Scott Doolittle		Male		10 09 PM		April 3, 2010	
47		February 5, 1963		Evansville, IN			
19. If Death Occurred in a Hospital				15. If Death Occurred Somewhere Other Than a Hospital			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unknown <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				<input type="checkbox"/> Hospital 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)							
Sullivan County Community Hospital							
12. City or Town, State and Zip Code				13. County of Death		14. Marital Status At Time Of Death	
Sullivan, IN 47382				Sullivan		<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	
13. Burial/Entombment Name		15a. (If With) Give Maiden Last Name		16. Decedent's Usual Occupation		17. Kind Of Business/Industry	
Mary Elizabeth Doolittle		Burton		Engineer		Steel	
16. Residence - State		16a. County		16b. City or Town		16c. Apt. No.	
IN		Lake		Highland		16d. Zip Code	
8340 Parrish Ave						46322	
18. Decedent's Education		20. Decedent Of Hispanic Origin		21. Decedent's Race		18. Inlay City Limits?	
Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)		No, Not Spanish/Hispanic/Latino		White		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. Father's Name (First, Middle, Last)		23. Mother's Name (First, Middle, Last)		24. Mother's Maiden Last Name			
John Doolittle		Mary Doolittle		Reising			
24. Informant's Name		25a. Relationship To Decedent		24b. Mailing Address (Street and Number) City, State, Zip Code			
Mary Elizabeth Doolittle		Wife		8340 Parrish Ave, Highland, IN 46322			
25b. Place of Disposition (Name Of Cemetery, Crematory, Other Place)							
Terre Haute-Wilbert Crematory, Terre Haute, IN							
25c. License Number (Of Licensee)		27a. Funeral Home License Number					
James D Holmes, Sr		FH89200011					
28. Cause of Death (See Instructions And Exemptions)							
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. Blunt Force Trauma							
B. _____							
C. _____							
Part E. Enter Other Significant Contributing Causes To Death (Not List Required In The Underlying Cause Given In Part I)							
28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
30. Were Autopsy Findings Available To Corroborate The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death?		32. If Female		33. Manner Of Death		37. Injury At Work?	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Accidental <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Indeterminate <input type="checkbox"/> Cause Not Ascertained		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work?	
04/03/2010		9:08 AM		Street		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury (State)		39. City or Town		39b. Street & Number		39c. Apt. No.	
IN		SULLIVAN		County Rd 600 West / SR 154		47382	
39. Describe How Injury Occurred							
Motor Vehicle Accident							
41. Signature Of Person Certifying Cause Of Death:				42. Certifier (Check One)			
Jeff Griffith				<input type="checkbox"/> Coroner <input checked="" type="checkbox"/> Doctor <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:				44. License Number		45. Date Certified	
Jeff Griffith, P O Box 582, Dugger IN 47848				46. License Number		4-7-2010	
46. Signature of Local Health Officer				47. Alate			
Ernest S. DuPre, MD				APR 16 - 7 - 2010			

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

Ernest S. DuPre, MD  
Health Officer



**EXHIBIT A**

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 THE 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.

