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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

TAX KEY NO.: 45-23-32-476-013.000-037,
45-23-32-476-014.000-037,
45-23-32-451-015.000-037,
45-23-32-451-016.000-037,
45-23-32-451-017.000-037

On this 2nd day of February, 2013 before me personally appeared Theodore R. Wilson to me personally known, who being duly sworn on oath did say that:

2013 0229 78

- 1. Affiant resides at the address given below Affiant's signature:
- 2. Affiant is the son and Heir and Personal Representative of the Estate of Kenneth L. Wilson (state interest of Affiant in the above premises as "owner")
- 3. Said premises described as follows: (legal description)

Parcel No: 45-23-32-476-013.000-037:

Legal Description: UNIT NO. 2 OF PON & CO'S RIVERSIDE FARMS L. 141;

Parcel No: 45-23-32-476-014.000-037:

Legal Description: UNIT NO. 2 OF PON & CO'S RIVERSIDE FARMS L. 142;

Parcel No: 45-23-32-451-015.000-037:

Legal Description: UNIT NO. 2 OF PON & CO'S RIVERSIDE FARMS L. 140;

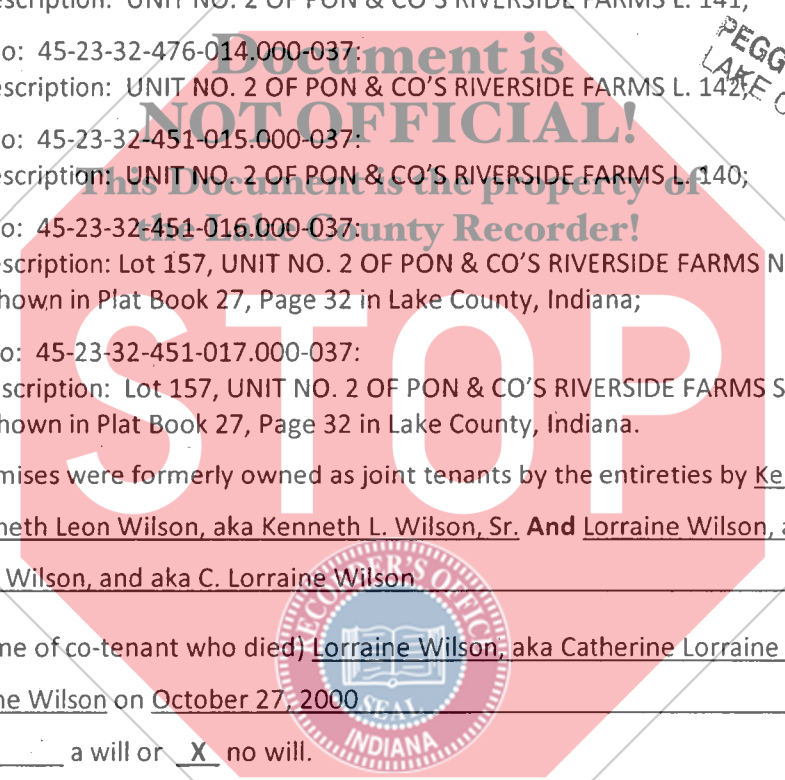
Parcel No: 45-23-32-451-016.000-037:

Legal Description: Lot 157, UNIT NO. 2 OF PON & CO'S RIVERSIDE FARMS North half of Lot 157 as shown in Plat Book 27, Page 32 in Lake County, Indiana;

Parcel No: 45-23-32-451-017.000-037:

Legal Description: Lot 157, UNIT NO. 2 OF PON & CO'S RIVERSIDE FARMS South half of Lot 157 as shown in Plat Book 27, Page 32 in Lake County, Indiana.

- 4. Said premises were formerly owned as joint tenants by the entireties by Kenneth L. Wilson, aka Kenneth Leon Wilson, aka Kenneth L. Wilson, Sr. And Lorraine Wilson, aka Catherine Lorraine Wilson, and aka C. Lorraine Wilson
- 5. Said (name of co-tenant who died) Lorraine Wilson, aka Catherine Lorraine Wilson, and aka C. Lorraine Wilson on October 27, 2000 Leaving a will or X no will.
- 6. Where this affidavit relates to a tenancy by the entireties, were ever divorced? Yes or No If the answer is Yes, identify the divorce proceedings N/A



FILED
 MARCH 8 2013 10:42 AM
 PEGGY HOENIGER
 CLERK
 LAKE COUNTY
 STATE OF INDIANA
 FILED FOR RECORD

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7. Affiant's relationship to the deceased was Wife (per, Heir, Son Theodore Wilson, (pursuant to Heirship Affidavit))

Affiant's Signature *Theodore Wilson*
Name Printed THEODORE WILSON, Heir,
Address 11610 W. 244th Avenue,
Schneider, Indiana 46396
Phone # _____

Subscribed and sworn before me by the Affiant this 2nd day of February, 2013

My Commission expires: 02-15-2016

Paul A. Rossi
Paul A. Rossi, Lake

Notary Public

Printed name & County

This instrument was prepared by Attorney Paul A. Rossi, Law Office of Paul A. Rossi, LLC

*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.

(Signature) _____

(Name printed) Paul A. Rossi

Paul A. Rossi
Notary Public Seal State of Indiana
Lake County
My Commission Expires 02/15/2016



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

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

Form with fields for: 1. DECEASED—NAME (First, Middle, Last) Catherine Lorraine Wilson; 2. SEX Female; 3a. TIME OF DEATH 09:15P.M.; 3b. DATE OF DEATH (Month, Day, Yr) October 27, 2000; 4. SOCIAL SECURITY NUMBER 309-24-8773; 5a. AGE—Last Birthday (Years) 76; 5b. UNDER 1 YEAR Months Days; 5c. UNDER 1 DAY Hours Minutes; 6. DATE OF BIRTH (Mo, Day, Yr) May 25, 1924; 7. BIRTHPLACE (City and State or Foreign Country) Hammond, IN; 8a. WAS DECEDENT A U.S. VETERAN? No; 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A; 9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: Inpatient, ER/Outpatient, DOA; OTHER: Nursing Home, Residence; 9b. FACILITY NAME (If not institution, give street and number) 24322 Wicker Pl.; 9c. CITY, TOWN, OR LOCATION OF DEATH Schneider; 9d. COUNTY OF DEATH Lake; 10. MARITAL STATUS (Specify) Married; 11. SURVIVING SPOUSE (If wife, give maiden name) Kenneth L. Wilson; 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Waitress; 12b. KIND OF BUSINESS/INDUSTRY Restaurant; 13a. RESIDENCE—STATE IN; 13b. COUNTY Lake; 13c. CITY, TOWN, OR LOCATION Schneider; 13d. STREET AND NUMBER 24322 Wicker Pl.; 13e. ZIP CODE 46376; 13f. INSIDE CITY LIMITS (X) No () Yes; 13g. ON A FARM? (X) No () Yes; 14. CITIZEN OF WHAT COUNTRY? USA; 15. WAS DECEDENT OF HISPANIC ORIGIN? (X) No () Yes; 16. RACE—American Indian, Black, White, etc. (Specify) White; 17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12; 18. FATHER'S NAME (First, Middle, Last) Harry Beatty; 19. MOTHER'S NAME (First, Middle, Maiden Surname) Catherine Hamilton; 20a. INFORMANT'S NAME (Type/Print) Kenneth L. Wilson; 20b. MAIN HOME ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 24322 Wicker Pl., Schneider, IN 46376; 20c. Relationship Husband; 21a. METHOD OF DISPOSITION (X) Burial () Cremation () Removal from State () Donation () Other (Specify); 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 1, 2000 German Methodist Cemetery; 21c. LOCATION—City or Town, State Cedar Lake, In.; 22a. EMBALMER'S NAME Kenneth P. Sheets; 22b. EMBALMER'S LICENSE NO. FDO8900045; 23. WAS DEATH REPORTED TO CORONER? (X) No () Yes; 24a. SIGNATURE OF FUNERAL DIRECTOR (Signature); 24b. LICENSE NUMBER (of licensee) FDO9200061; 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home, FH83004277 604 E. Commercial Ave. Lowell, IN; 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) Lung Cancer; DUE TO (OR AS A CONSEQUENCE OF); PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.; 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) No; 29a. CERTIFIER (Check only one) (X) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. () 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. () 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 R. Devanathan; 29c. MEDICAL LICENSE NO. 01040141; 29d. DATE SIGNED (Month, Day, Year) 11/1/00; 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. R. Devanathan, 1600 S. Lake Park Ave., Suite 1104, Hobart, IN 46342; 31. HEALTH OFFICER'S SIGNATURE (Signature); 31. DATE FILED (Month, Day, Year) November 7, 2000; 33. MANNER OF DEATH () Natural () Pending Investigation () Accident () Suicide () Could not be Determined () 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); 34g. DATE PRONOUNCED DEAD (Month, Day, Year); 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

Local No. 001-000000
PERMANENT LACK INK

DECEDENT

MENTS

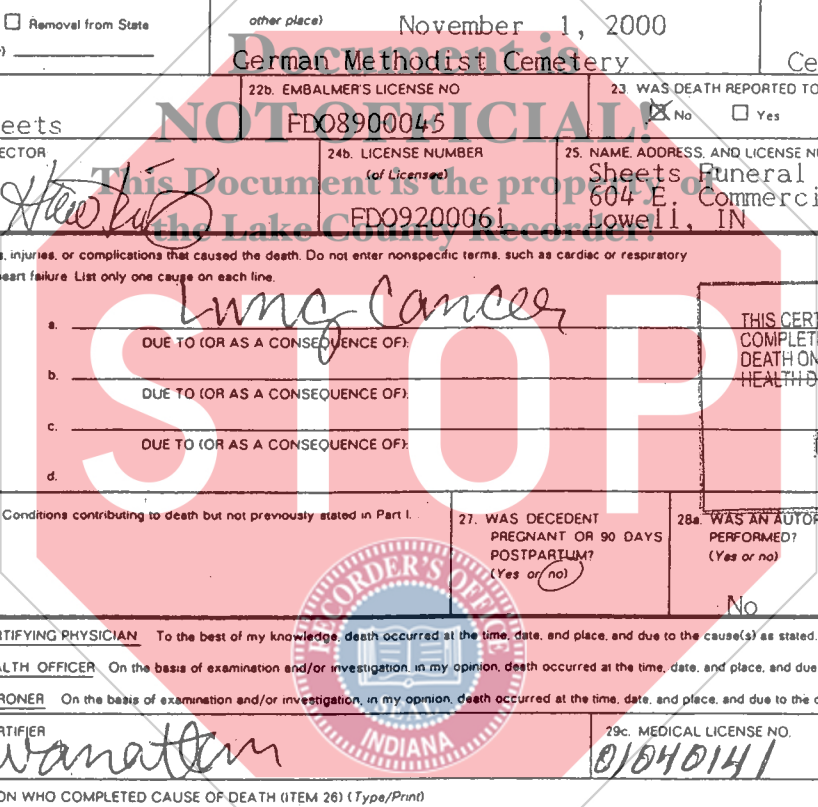
FORMANT

POSITION

USE OF ATH

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THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT
NOV 07 2000

