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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 030830

2013 MAY -1 AM 10: 03

AFFIDAVIT

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)

) SS:

COUNTY OF Knox)

KENNETH G MAIN

, being first duly sworn upon oath, deposes and

says:

1. That JIMMIE T. SMITH AKA JIMMIE THOMAS died on JULY 30 2010 at 1:35 am/pm. SMITH
2. That JIMMIE T. SMITH AKA JIMMIE and YVONNE H. SMITH were duly and legally married at the time they acquired title as husband and wife to the following described real estate: *THOMAS SMITH
SEE ATTACHED LEGAL DESCRIPTION
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance n decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

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This Document is the property of the Lake County Recorder!

Kenneth G Main
KENNETH G MAIN

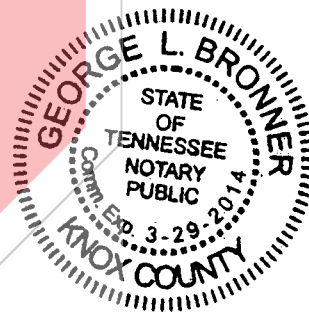
Subscribed and sworn to before me, a Notary Public, this 1st day of April, 2013

George L Bronner

Commission Expiration: 3/29/14

County of Residence: Knox

This instrument was prepared by: KENNETH G MAIN



FILED

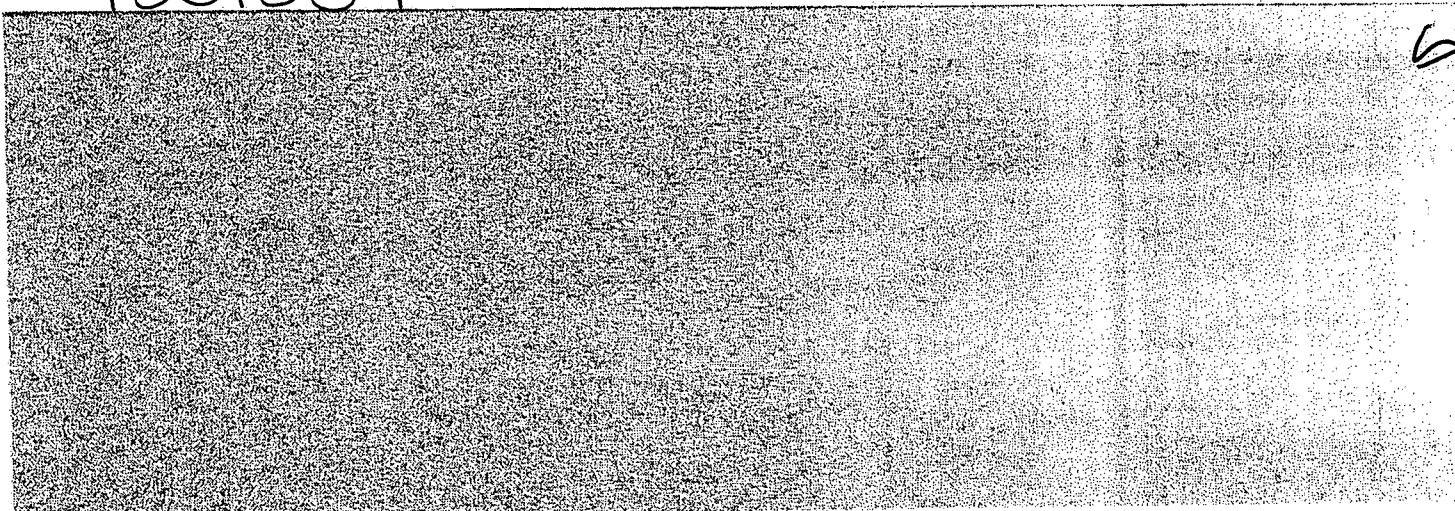
APR 30 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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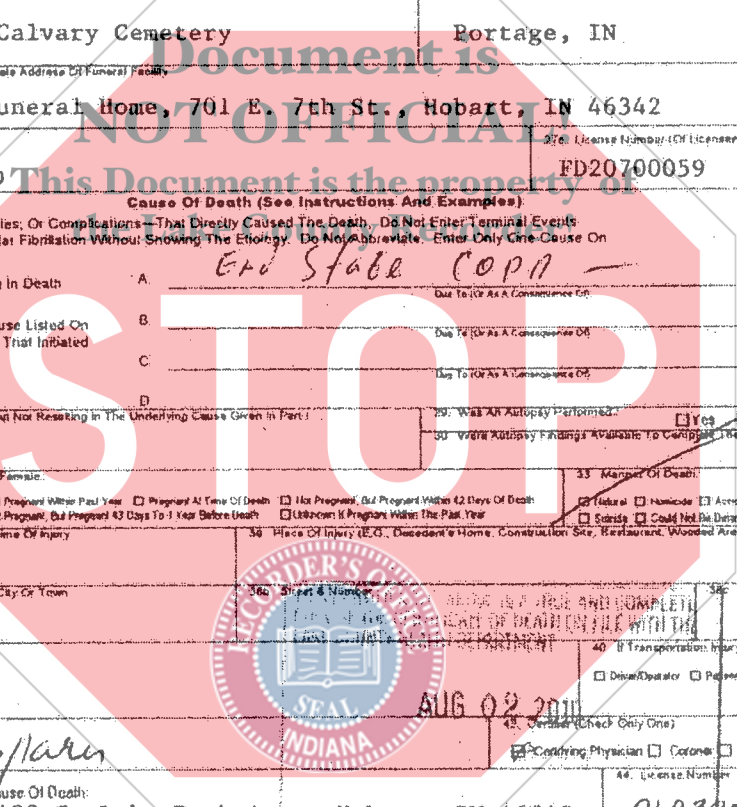
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 2791-10

State No. _____

1. Decedent's Legal Name (First, Middle, Last) Jimmie Thomas Smith		1a. Maiden Last Name (If Female) ---		2. Sex M	3. Time Of Death 1:35 p.m.	4. Date Of Death (Month/Day/Year) July 30, 2010	
5. Social Security Number [REDACTED]	6a. Age - Yrs 88	6b. Under 1 Year Months: _____ Days: _____	6c. Under 1 Month Days: _____ Hours: _____	6d. Under 1 Day Hours: _____ Minutes: _____	6e. Under 1 Hour Minutes: _____ Seconds: _____	7. Date Of Birth (Month/Day/Year) Jan. 9, 1922	8. Birthplace (City And State Or Foreign Country) Goodwater, AL
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) St. Mary Medical Center							
12. City Or Town, State And Zip Code Hobart, IN 46342				13. County Of Death Lake		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 Yvonne H. Smith		15a. (If Wife) Give Maiden Last Name Hanson		16. Decedent's Usual Occupation Management		16a. Kind Of Business/Industry US Steel Steel Manufacture	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Hobart			
16c. Street And Number 1420 St. Mary's Circle				16d. Apt. No. 109	16e. Zip Code 46342	16f. Inset City/State <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education College Graduate		20. Decedent Of Hispanic Origin No		21. Decedent's Race Caucasian			
22. Father's Name (First, Middle, Last) John A. Smith		23. Mother's Name (First, Middle, Last) Gertrude Smith		23a. Mother's Maiden Last Name Denney			
24. Informant's Name Yvonne H. Smith		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 1420 St. Mary's Circle, Hobart, IN 46342			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) Calvary Cemetery		25c. Location - City, Town, And State Hortage, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342				27a. Funeral Home License Number FH83002380	
27b. Signature Of Indiana Funeral Service Licensee <i>James E. Burns</i>		27c. License Number (Of Licensee) FD20700059		28. Cause Of Death (See Instructions And Examples) Exp Stab COPA			
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. _____ B. _____ C. _____ D. _____ 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							Approximate Interval: Onset To Death
Part II. Were Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death <i>Milton Gasparis</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 Milton Gasparis, MD, 1400 S. Lake Park Ave., Hobart, IN 46342				44. License Number 01039515		45. Date Certified 8-2-10	
46. Additional Funeral Service Provider				47. None			
48. Signature of Local Health Official <i>Susan W. Bert D.O.</i>				49. Registrar Only - (Use From Resubmission Only) <i>August 2, 2010</i>			



State Form 10113 (11-07) ATTENTION: ESTATE: The Trustee/Executor is being registered by this state agency under Indiana Code 45-2-1-1. Indiana Code 45-2-1-1 requires that the trustee/executor be registered with the state. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 34-1-2-15.

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EXHIBIT A

THE NORTH 4 FEET OF LOT 11 AND THE SOUTH 44 FEET OF LOT 12 IN PARADISE VISTA, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 21, PAGE 26, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

