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AFFIDAVIT

On this 25th day of June, 2013, before me personally appeared **TARA K. TAUBER, AS THE ATTORNEY FOR THE ESTATE OF DORIS J. JENNINGS, DECEASED**, to me personally known, who being duly sworn on oath did say that:

1. Affiant's office address is given below affiant's signature.
2. Affiant is the attorney for the Estate of Doris J. Jennings, deceased.
3. Said Doris J. Jennings died on July 19, 2012.
4. The legal description of the premises in question is:

That part of Lot 299 in Lake Hills Resubdivision-Unit 5, an Addition to the Town of St. John, as per plat thereof, recorded in Plat Book 96, page 61, in the Office of the Recorder of Lake County, Indiana, described as follows: Beginning at the Northwest corner of said Lot 299; thence North 88 degrees 43 minutes 33 seconds East on the North line of said Lot 299, a distance of 151.70 feet to the Northeast corner of said Lot 299; thence South 01 degrees 21 minutes 00 seconds East, on the East line of said Lot 299, a distance of 44.96 feet to a point; thence South 88 degrees 43 minutes 33 seconds West, on a line 44.96 feet South of and parallel to the North line of said Lot 299, a distance of 151.76 feet to a point on the West line of Lot 299; thence North 01 degrees 16 minutes 22 seconds West on the last described line, a distance of 44.55 feet to a point of curve; thence on the arc of a circle convex to the Northeast, said curve having radius of 380.00 feet and an arc length of 0.41 feet to the place of beginning.

Commonly known as 9117 Settlers Ridge, St. John, IN 46373.
Parcel No. 45-11-28-478-003.000-035

5. 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 \$164,032.00.

The taxes due are paid or unpaid.

6. Where this affidavit relates to a Life Estate Interest only.

7. Affiant's relationship to the deceased is that of attorney for the estate of Doris J. Jennings, deceased.

FIDELITY - HIGHLAND 92013 2231

Tara K. Tauber
TARA K. TAUBER, ESQ., #28671-64

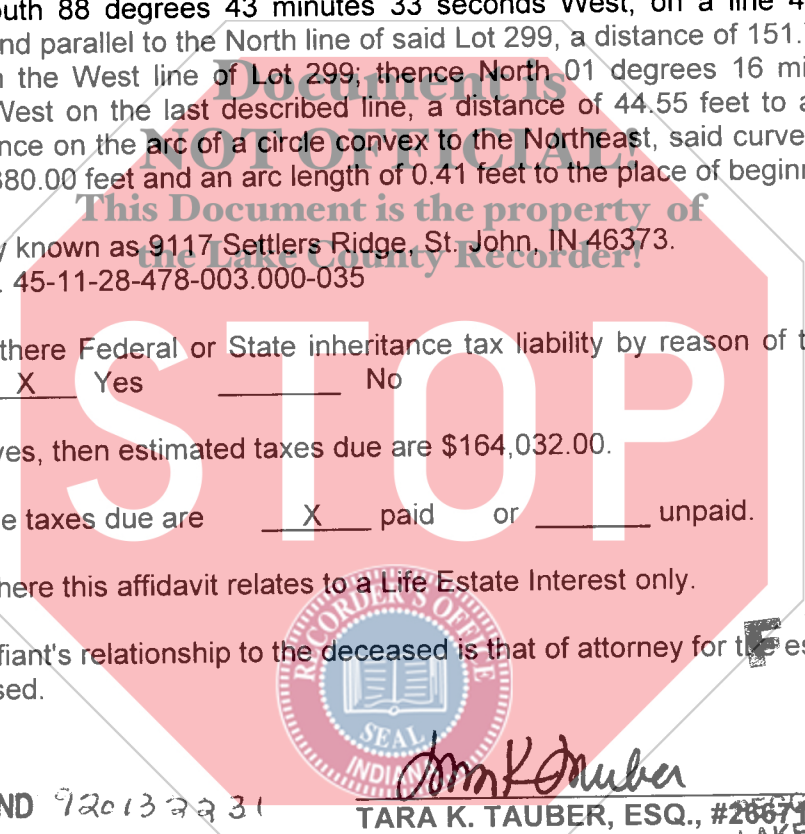
Address: 1415 Eagle Ridge Drive

Schererville, IN 46375

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2013 04 28 10 59 AM
 STATE OF INDIANA
 LAKE COUNTY RECORDER
 FILED FOR RECORD

FILED
 JUL 08 2013
 KATONA
 LAKE COUNTY AUDITOR



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **002282**

EDR No **000000270829**

State No **032621**

1. Decedent's Legal Name (First, Middle, Last) DORIS J JENNINGS				1a. Maiden Name (If female) HONEY		2. Sex FEMALE	3. Time Of Death 10:15 AM	4. Date Of Death (Month/Day/Year) 07/19/2012	
5. Social Security Number	6a. Age - Yrs 77	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/30/1934		8. Birthplace (City and State or Foreign Country) FAYETTVILLE, TN	
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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) HARTSFIELD VILLAGE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 99999					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation PLANNER		17. Kind Of Business/Industry LTV STEEL CO	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town ST. JOHN					
18c. Street And Number 9117 SETTLERS ROAD				18d. Apt. No.		18e. Zip Code 46373		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JAMES HONEY				23. Mother's Name (First, Middle, Last) NANCY HONEY			23a. Mother's Maiden Last Name HENSLEY		
24. Informant's Name STEVEN L JENNINGS		24a. Relationship To Decedent NEPHEW		24b. Mailing Address (Street And Number, City, State, Zip Code) 870 JORDAN CIRCLE, SCHERERVILLE, IN 46375					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) SOLANPRUZIN FUNERAL HOME AND CREMATORY			25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375					27a. Funeral Home License Number: FH10200037		
27b. Signature Of Indiana Funeral Service Licensee: DEAN G WAGNER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08800057			
28. Part I. Enter The <u>Chain Of Events</u> - 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. <u>CARDIOMYOPATHY</u>		Due to (Or As A Consequence Of):		Approximate Interval Onset	
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				B. _____		Due to (Or As A Consequence Of):		_____	
				C. _____		Due to (Or As A Consequence Of):		_____	
				D. _____		Due to (Or As A Consequence Of):		_____	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 checked="" 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 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: PAULA BENCHIK-ABRINKO, BY ELECTRONIC SIGNATURE						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: PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394						44. License Number 01045436A		45. Date Certified 07/25/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 25 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									