## **AFFIDAVIT**

On this 25<sup>th</sup> 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.	Affiar	nt's o	ffice a	ddres	ss is g	iver	n belo	w aff	iant'	s sig	natui	e.							
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	3.	Said	Dori	s J. Je	nning	js died	d on	July	19, 2	2012							در	•		
	4.			descr													4			
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STATE OF INDIANA ) ) SS: COUNTY OF LAKE

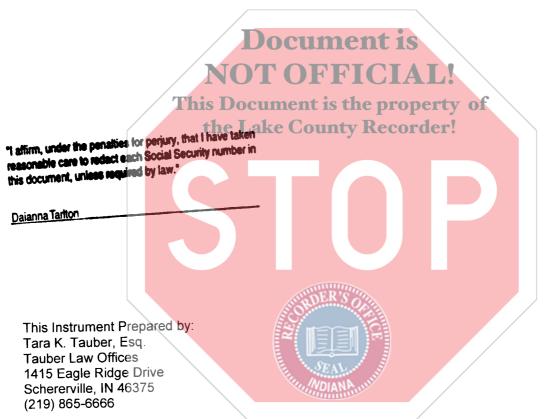
22, 2016

Subscribed and sworn to before me by the affiant this 25th day of June, 2013.

WEINER WEINER WILLIAM W

Annette M. Weiner, Notary Public

My Commission 01/22/16 <u>Lake</u> County of Residence



G:\Clients\Probate & Estates\Jennings, Doris (FFB)[Will Spread of Record]\Sale of House\Life Estate Affidavit.doc

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00		EDI	R No 0000	<u> </u>	<u> </u>		te NO	0326		
Decedent's Legal Name (First, Middle, Last	t)		1a. Maiden Nan	ne (If female)		2. Sex	3. Time C	of Death	4. Date C	of Death (Month/Day/Ye
ORIS J JENNINGS			HONEY			FEMALE		5 AM		07/19/2012
Social Security Number 6a. Age - Yrs	6b. Under 1 Yea	ar 6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date o	f Birth (Month/Day/Yea	ar) 8. E	lirthplace (City	y and State o	or Foreign Country)
Ever in U.S. Armed Forces? 10. If Dea	Months	Days	Hours	Minutes		08/30/1934 where Other Than A Ho		YETTVII	LLE, TN	
·	ath Occurred In A H	•	_	Hospice Facility				ome/Long-terr	m Care Facili	ity
		Department Outpatient	Dead on Arrival	Other (Specify)						
Facility Name (If Not Institution, Give Stre	eet and Number)									
City Or Town, State, And Zip Code	IF1-0013.			13. County 0	Of Death		1	4. Marital Sta	atus At Time	Of Death
JNSTER, IN, 99999				LAKE				☐ Married ☐ ☑ Widowed		ut Separated Divo
Surviving Spouse's Name		15a	a. (If Wife)Give Maide			16. Decedent's Usual				Of Business/Industry
Residence - State	188	a. County		18b. City Or Tov		PLANNER			LIVSI	EEL CO
		·								
DIANA Street And Number	LA	KE		ST. JOHN		18d. Apt.	No	18e. Zip	Code	18f. Inside City Limi
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Father's Name (First, Middle, Last)				23. Mother's Name (	(First, Middle	e, Last)		23a. N	Mother's Mai	den Last Name
MES HONEY				NANCY HON	EY			HEN	SLEY	
Informant's Name		24a. Relationship T	o Decedent	24b. Mailing Address	s (Street Ar	nd Number, City, State,	Zip Code	)		
EVEN L JENNINGS		NEPHEW		870 JORDAN	CIRCL	E, SCHERERV	ILLE,	IN 46375	<u> </u>	
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. Method Of Disposition Burial ☑ Cremation ☐ Donation ☐ E		Place Of Disposition (Na	ame Of Cemetery, Cro	ematory, Other Place)	25c. Lo	cation - City, Town, And	State			
Removal From State		ANPRUZIN FU	<b>NERAL HOM</b>	E AND	4					
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.