STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

State of Indiana 20,14 070212

) SS:

County of Lake

2014 NOV -5 PM 12: 59

IMING Lake. D. BROWN RECORDER

SURVIVORSHIP AFFIDAVIT

I, Kimberly A. Rafferty, currently residing at 139 Clifford Howard Road, Sparta, Tennessee 38583, (previously residing at 751 West Division Road, Crown Point, Indiana 46307) being of legal age, depose and say that:

1. Currently, the real estate described below is recorded in the names of:

Wilma M. Dowling, Shannon M. Ludwig and Charles T. Parman

13903 Soper Street

Cedar Lake, Indiana 46303-9216

Parcel Number: 45-15-27-453-003.000-014

Taxing District: 014 - Cedar Lake - Hanover LEGAL DESCRIPTION: LAKE SHORE ADD. L3 BL7

2. On August 4, 2003, Wilma M. Dowling died, thereby terminating her interest in the above-described real estate. The above-described real estate was held jointly with her husband, Thomas J. Dowling, who was the surviving spouse. A certified copy of the recorded Indiana Certificate of Death of Wilma M. Dowling is attached hereto as Exhibit A. This Document is the property of

3. On May 10, 2005, Thomas J. Dowling died. A certified copy of the recorded Indiana Certificate of Death of Thomas J. Dowling is attached hereto as Exhibit B.

- 4. On November 23, 2005, I was appointed as the Personal Representative of the Estate of Thomas J. Dowling. A copy of the Notice of Unsupervised Administration and the Order Probating Will, Appointing Personal Representative and Ordering Unsupervised Administration filed in the Lake Superior Court is attached hereto as Exhibit C.
- 5. On or about November 23, 2005, pursuant to the Last Will and Testament of Thomas J. Dowling, the above-described real estate was signed over to Shannon M. Ludwig and Charles T. Parman and recorded at the Lake County Courthouse by Attorney Stephen Cohen. Wilma M. Dowling's name was inadvertently added back as an owner of this real estate during the processing of these documents.

I hereby request the name of Wilma M. Dowling be removed from any and all documents concerning the property located at 13903 Soper Street, Cedar Lake, Indiana 46303.

FILED

NOV 05 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 016226

2400ch

I, Kimberly A. Rafferty, affirm under the penalties for perjury that the above and foregoing representations are true and accurate.
Kimberly A. Rafferty Date
State of Indiana) County of LA LC) Subscribed and sworn to before me this 57 h day of November, 2014.
My Commission Expires: Document is 5-22-5 NOT OFFICIAL! This Document is the property of the Lake County Recorder! MARGARET D. BAXTER NOTAGE PRESENTING COUNTY PRESENTING COUNTY BY CO

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

अक्स्मान्यस्थात्रः । ५ जिल्लाम् । ५ जिल्लाम् ।	THE RECORDS IN THIS	SERIES AR	E CONFIDENTIAL PER	IC 16-1-19-3								
TYPE/PRINT	1. DECEASED-NAME (Fust.					2. SEX	1	3a. TIME OF DEA		ATE OF DEATH (MA		
IN	Wilma M.		L n g ia. AGE—Last Birthday	5b. UNDER 1 YEAR	5c. UNDEF	Fema		6:10P		1gust 4 PLACE (City and St	2003 ate or Foreign Country)	
'ERMANENT BLACK INK	- SOCIAL SECURIT NUMBER		(Yours) 76	Months Days	Hours	14.		10,192	7 Han	nmond,	IN	
DE (OIT III)	8a. WAS DECEDENT A U.S. VETERAN?	8b. YEA	R LAST SERVED IN ARMED FORCES?			9a. Pt.	ACE OF DEA	TH (Check only o	ne. See instru	ctions.)		
			- Allegaring and Alle				(Specify)					
	N O	tution, give st	NA	L) ER/C	Outpatrent L	Utpatrent DOA R Residence 9c. CITY, TOWN, OR LOCATION OF DEATH 9d. 0				COUNTY OF DEAT	H	
DECEDENT .	751 W. Di	_				Crown	Poi	nt	1	Porter		
	10. MARITAL STATUS 11. SURVIVING SPOUSE (Specify) (If wife, give maiden name)								KIND OF BUSINESS/INDUSTRY			
	Married	Homema1		_	aker F			Family Residence				
	13a. RESIDENCE—STATE 13b. COUNTY			13c. CITY, TOWN, OR LOCATION			13d. STREET AND NUMBER			inio Dd		
	I N		orter	,	rown Point was decedent of Hispanic Origin?		751 W		Division Rd. 17. DECEDENT'S EDUCATION			
	46307 × No	☐ Yes	WHAT COUNTRY?	No D Mexican, Puerto P	es (If yes.	f yes, specify Cuben, Bl		Vhite, etc.		(Specify only highest grade completed)		
	13g. ON A F		USA	Mexical, 1 dello 1	icon cic.		(Specif) Wh	ite	tiementar	12	Collage (1-4 or 5 +)	
PARENTS	18. FATHER'S NAME (First Mid		<u> </u>	1		19. MOTHER	S NAME (Fir	st. Middle, Maiden	Surname)			
ANEINIS	Walter Vo	n Bor	rstel		7.44	Alyc	e We	yhmuel	ler			
NFORMANT .	20s. INFORMANT'S NAME (Typ	•						te Number. City or		1	Relationship	
	Tom Dowlin			/ D L 21b. DATE AND PLACE				Crown	والمعارب وجدال بعود	OON—City or Town	usband	
	Burial Cremation	_	ioval from State	other place) A			_	atory, or	ZIC. COCAI	110:1—City di Tomi	. State	
	Donation Other (Spe	ecify)		Memory	Lane (Cemete	ry		Sche	erervil	le, IN	
DISPOSITION	22a. EMBALMER'S NAME:			225 EMBALMER'S				AS DEATH REPOR		RONER?		
	Raymond E.		e, Jr	FD087		CI		□ № X <u>-</u> XV		·		
	24a. SIGNATURE OF FUNERAL	DIRECTOR		į -	CENSE NUMB	EA	Burd:	an Fun	ense nu me eral	BER OF FUNERAL H	оме Н830002461	
	1 (Ellemon K	5. 1	THIS D	ocument	t is th	e pro	10 0 dad-				r Lake, IN	
		/ 1727	LINECUL		01007)	LLAJU	1 WICK	er u	e ceua	r navevaru	
	28. PART I. Enter the dise	eses, injuries	s, or complications that cau	Lake Co	unity	Reco	rder!		er W	e ceda	Approximate	
			s, or complications that cau are. List only one cause on	sed the death. Do not en	ter nonspecific t	erms, such as co	ardiac or respi		er Av	e ceda	46303	
	arrest, shock,		re. List only one cause on	sed the death. Do not emeach line.	ter nonspecific t	erms, such as co	rder!		er Av	ve ceda	Approximate Interval Between	
AUSE OF	arrest, shock,	or heart failu	DUE TO (O	sed the death. Do not en	ter nonspecific t	erms, such as co	ardiac or respi		er Av	ve ceda	Approximate Interval Between	
CAUSE OF MEATH	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave		DUE TO (O	sed the death. Do not emeach line.	J') H C	erms, such as co	ardiac or respi		er Av		Approximate Interval Between	
	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying	or heart failu	DUE TO (O	sed the death. Do not en each line. U + C	E OF:	erms, such as co	ardiac or respi		ET AV		Approximate Interval Between	
	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause.	or heart failu	DUE TO (O	R AS A CONSEQUENCE	E OF:	erms, such as co	ardiac or respi		ET AV	ve Cetta	Approximate Interval Between	
	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying	or heart failu	DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQ	E OF):	CG A	1 C C	28c. WAS AN	JAUTOPSY	28b. WERE A	Approximate Interval Batween Onset and Death	
	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	or heart failu	DUE TO (O DUE TO (O DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQ	E OF):	7. WAS DECEPREGNANT POSTPART	DENT OR 90 DAY	28c. WAS AN	JAUTOPSY	28b. WERE AI AVAILAE	Approximate Interval Batween Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE	
	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	or heart failu	DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQ	E OF):	7. WAS DECEPREGNANT	DENT OR 90 DAY	28c. WAS AN	JAUTOPSY	28b. WERE AI AVAILAE	Approximate Interval Between Onset and Death UTOPSY FINDINGS SLE PRIOR TO	
	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART IS Other significant condition	or heart failu	DUE TO (O DUE TO (O DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE AS A CONSEQUENC	E OF):	7. WAS DECE PREGNANT POSTPART (Yes or no.	DENT OR 90 DAY	28s. WAS AN PERFORM	J AUTOPSY MEQ?	28b. WERE AI AVAILAE	Approximate Interval Batween Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE	
	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II Other significant condition 29s. CERTIFIER (Check only)	or heart failula a a b b c c d d d c c c c c c c c c c c c c	DUE TO (0) A	R AS A CONSEQUENCE RAS A CONSE	E OF):	7. WAS DECEPREGNANT POSTPART (Yes or not)	DENT OR 90 DAY	28s. WAS AN PERFORM (Yes or o	A AUTOPSY MEQ? to b)	28b. WERE AI AVAILAE COMPLE OF DEAT	Approximate Interval Between Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE 147 (Yes or no)	
	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART IS Other significant conditions to the conditions of the conditio	or heart failule a a b c c c c c c c c c c c c c c c c c	DUE TO (0) A. SPEC J J	Sed the death. Do not enesch line. U + C R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE AND A CONSEQUENCE OF AS A C	E OF): E OF): E OF): the occurred at It occurred	7. WAS DECEIPREGNANT (Yes or not) time, date, and printed date, an	DENT OR 90 DAYUM?	28a. WAS AN PERFORM (Yes for one, date, and place, and during and	MED? MED? as stated. and due to it is to the cause	28b. WERE AI AVAILAE COMPLE OF DEAT	Approximate interval Batween Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE HY? (Yes or no)	
	arrest, shock. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II Other significant conditions to the immediate cause.	or heart failule a a b c c c c c c c c c c c c c c c c c	DUE TO (O	Sed the death. Do not enesch line. U + C R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE AND A CONSEQUENCE OF AS A C	E OF): E OF): E OF): the occurred at It occurred	7. WAS DECEIPREGNANT (Yes or not) time, date, and printed date, an	DENT OR 90 DAYUM?	28s. WAS AN PERFORM (Yes or no, date, and place	MED? MED? as stated. and due to it is to the cause	28b. WERE AI AVAILAE COMPLE OF DEAT	Approximate Interval Batween Onset and Death UTOPSY FINDINGS SLE PRIOR TO TION OF CAUSE H? (Yes or no)	
)EATH	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART IS Other significant conditions to the conditions of the conditio	CERTIFYING CORONER CORONER CORONER CORONER CORONER	DUE TO (O) DUE TO	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE Lat not previously stated in Cancer Lat of my knowledge, deal examination and/or investigation.	E OF): E OF): E OF): th occurred at it ingation, in my opinion, d	7. WAS DECEIPREGNANT (Yes or not) time, date, and printed date, an	DENT OR 90 DAYUM?	28a. WAS AN PERFORM (Yes for one, date, and place, and during and	MED? MED? as stated. and due to it is to the cause	28b. WERE AI AVAILAE COMPLE OF DEAT	Approximate interval Batween Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE HY? (Yes or no)	
XEATH	arrest, shock. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II Other significant conditions. 29e CERTIFIER (Check only one)	CERTIFYING CORONER CORONER CORONER CORONER CORONER	DUE TO (O) DUE TO	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE AT A CONSEQUENCE A C	E OF) E OF) the occurred at it ingation, in my opinion, d	7. WAS DECEIPREGNANT (Yes or not) time, date, and printed date, an	DENT OR 90 DAY UM? place, and du urred at the time, date.	282. WAS AN PERFORM (Yes or many date, and place, and duleDICAL LICENSE	MED? MED? as stated. and due to it is to the cause	28b. WERE AI AVAILAE COMPLE OF DEAT	Approximate interval Batween Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE HY (Yea or no)	
XEATH	arrest, shock. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II Other significant conditions. 29e CERTIFIER (Check only one)	CERTIFYING CORONER CERTIFIER CORONER CERTIFIER CORONER CERTIFIER CORONER CERTIFIER	DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE AT A CONSEQUENCE A C	E OF) E OF) the occurred at it ingation, in my opinion, d	7. WAS DECE PREGNANT POSTPART (Yes or no. one time, date, and provided the course of t	DENT OR 90 DAY UM? place, and du urred at the time, date.	282. WAS AN PERFORM (Yes or many date, and place, and duleDICAL LICENSE	MED? MED? as stated. and due to it is to the cause	28b. WERE AI AVAILAE COMPLE OF DEAT he cause(s) as stated e(s) and manner as a 29d. DATE SIG O 8/6 (6)	Approximate interval Batween Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE HY (Yea or no)	
CERTIFIER HEALTH	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II Other significant conditions are conditions only one) 296 CERTIFIER (Check only one) 297 CERTIFIER (Check only one) 298 SIGNATURE AND TITLE OF RAY DRA	CERTIFYING CORONER CERTIFIER CORONER CERTIFIER CORONER CERTIFIER CORONER CERTIFIER	DUE TO (O) DUE TO	Sed the death. Do not enesch line. U + C R AS A CONSEQUENCE R A	E OF) E OF) Part I. 2 pagation, in my opinion, d pagation, in my opinion, d 34c. IN	7. WAS DECE PREGNANT POSTPART (Ves or no. me time, date, and provided at the control of the time, date, and provided at the control of the time, date, and provided at the control of the time, date, and provided at the control of the time, date, and provided at the control of the time, date, and the control of time,	DENT OR 90 DAY UM? place, and du urred at the time, date. 29c. M	282. WAS AN PERFORM (Yes or many date, and place, and duleDICAL LICENSE	MAUTOPSY MED? As stated. and due to the cause NO. 1484	28b. WERE AL AVAILAE COMPLE OF DEAT TO SEE THE SEE OF SEE	Approximate interval Between Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE 1147 (Yes or no) Stated. INED (Month, Day, Year)	
CERTIFIER HEALTH	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART IS Other significant conditions of the conditio	CERTIFYING CORONER CERTIFIER CORONER CERTIFIER CORONER CERTIFIER CORONER CERTIFIER	DUE TO (O)	Sed the death. Do not enesch line. U + C R AS A CONSEQUENCE R A	E OF) E OF) Part I. 2 pagation, in my opinion, d pagation, in my opinion, d 34c. IN	7. WAS DECE PREGNANT POSTPART (Yes or no. me time, date, and coursed at \$50 \tag{2}.	DENT OR 90 DAY UM? I place, and du urred at the time, date. 29c. M ###################################	282. WAS AN PERFORM (Yes or many date, and place, and du LEDICAL LICENSE	MAUTOPSY MED? As stated. and due to the cause NO. 1484	28b. WERE AL AVAILAE COMPLE OF DEAT TO SEE THE SEE OF SEE	Approximate interval Between Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE 1147 (Yes or no) Stated. INED (Month, Day, Year)	
CERTIFIER HEALTH	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART IS Other significant conditions. 296 CERTIFIER (Check only one) 295 SIGNATURE AND TITLE OF RAY DRA 31. HEALTH OFFICER'S SIGNAT	CERTIFYING HEALTH OI CORONER F CERTIFIER ERSON WHO	DUE TO (O) DUE TO	R AS A CONSEQUENCE R AS A	ter nonspecific to Fig. 1 Part I. 2 E OF): E OF): E OF): I Part I. 2 In part I. 2 In part I. 2 In part I. 2 In part I. 34c. IN (Y	7. WAS DECE PREGNANT POSTPART (Yes or not time, date, and the control of the cont	DENT OR 90 DAY UM? Dent of place, and du urred at the time, date, ROWN K? 34	28s. WAS AN PERFORM (Yes or	A AUTOPSY MED? As stated. and due to the cause NO. 1484	28b. WERE AI AVAILAE COMPLE OF DEAT	Approximate Interval Between Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE HY? (Yes or no) Interval Between INED (Month, Day, Year) O (Month, Day, Year) Interval Between Inter	
CERTIFIER FEALTH	arrest, shock, IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART IS Other significant conditions. PART IS Other significant conditions. 29a CERTIFIER (Check only one) 29b SIGNATURE AND TITLE OF RAY DRA 30. NAME AND ADDRESS OF PRAY DRA 31. HEALTH OFFICERS SIGNATED TO SIGNATURE AND ADDRESS OF PRAY DRA 33. MANNER OF DEATH Natural Pending Investigation investigation.	CERTIFYING HEALTH OI CORONER CERTIFIER CORONER	DUE TO (O) DUE TO	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE A	ter nonspecific to Fig. 1 Part I. 2 E OF): E OF): E OF): I Part I. 2 In part I. 2 In part I. 2 In part I. 2 In part I. 34c. IN (Y	7. WAS DECE PREGNANT POSTPART (Yes or not time, date, and the control of the cont	DENT OR 90 DAY UM? Dent of place, and du urred at the time, date, ROWN K? 34	28s. WAS AN PERFORM (Yes or	A AUTOPSY MED? As stated. and due to the cause NO. 1484	28b. WERE AL AVAILAE COMPLE OF DEAT TO SEE THE SEE OF SEE	Approximate Interval Between Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE HY? (Yes or no) Interval Between INED (Month, Day, Year) O (Month, Day, Year) Interval Between Inter	
CERTIFIER FEALTH	arrest, shock. IMMEDIATE CAUSE (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART IS Other significant conditions. PART IS Other significant conditions. 29a CERTIFIER (Check only one) 29b SIGNATURE AND TITLE OF PRAY DRF 31. HEALTH OFFICER'S SIGNATURE AND ADDRESS OF PRAY DRF 31. HEALTH OFFICER'S SIGNATURE AND ADDRESS OF PRAY DRF 32. MANNER OF DEATH Natural Pending Investigation Could not Determine	CERTIFYING HEALTH OI CORONER CERTIFIER TERSON WHOLE SOLUTION TO THE SOLUTION T	DUE TO (O)	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE A	ter nonspecific to the control of th	7. WAS DECE PREGNANT POSTPART (Ves or not	DENT OR 90 DAY UM? Dent or place, and du urred at the time, date. 29c. M. A. C.	28a. WAS AN PERFORM (Yes produced and place, and place, and place). The produced and place and dust be considered by the produced and place and place and place and place. The produced are produced by the produced and place are produced as a produced and place are produced as a prod	A AUTOPSY MED? As stated. and due to the cause NO. 1484	28b. WERE AI AVAILAE COMPLE OF DEAT	Approximate Interval Between Onset and Death UTOPSY FINDINGS BLE PRIOR TO TION OF CAUSE HY? (Yes or no) Interval Between INED (Month, Day, Year) O (Month, Day, Year) Interval Between Inter	

This document not valid unless stamped on reverse side and embossed with raised scal of Porter County

Suicide Could not be

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

ODUGO 004 - Chita Farm 40440 /DA/0 001

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY
HEALTH DEPARTMENT
155 Indiana Ave Suite 104
Valparaiso IN 46383

34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 DECEASED-NAME (First, Middle, Last) 2. SEX 3a. TIME OF DEATH 3b. DATE OF DEATH (Month, Day, Yr.) TYPE/PRINT Thomas J. Dowling Male 8:40A M May 10, 2005 IN 7. BIRTHPLACE (City and State or Foreign Country) Sc. UNDER I DAY 6. DATE OF BIRTH (Mo. Day, Yr) 5a. AGE—Last Birthday (Years) 5b. UNDER 1 YEAR PERMANENT 78 July 2,1926 Hammond, IN **BLACK INK** YEAR LAST SERVED IN U.S. ARMED FORCES? 9a. PLACE OF DEATH (Check only one. See instructions.) A U.S VETERAN? HOSPITAL: Inpatient OTHER: Nursing Home Other (Specify) 1946 XXResidence ☐ ER/Outpatient ☐ DOA 9b. FACILITY NAME (If not it 9c. CITY, TOWN, OR LOCATION OF DEATH 9d. COUNTY OF DEATH DECEDENT 751 West Division Road Crown Point Porter 11. SURVIVING SPOUSE (If wife, give maiden na 10. MARITAL STATUS 12b. KIND OF BUSINESS/INDUSTRY 12s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do not use retired) Widower Terminal Superintendent Deceased Railroad 13a. RESIDENCE-STATE 13b. COUNTY 13c. CITY, TOWN, OR LOCATION 13d. STREET AND NUMBER TN Porter Crown Point 751 West Division Road 130. ZIP CODE 13F. INSIDE CITY LIMITS 14 CITIZEN OF WHAT COU 15. WAS DECEDENT OF HISPANIC ORIGIN?

□XNo □ Yes (if yes, specify Cuban Mexican, Puerto Rican, etc.) 16. RACE—American Indian, Black, White, etc. 17. DECEDENT'S EDUCATION 46307 (Specify) 13g. ON A FARM? USA White 12 NA □XNo □ Yes 18 FATHER'S NAME (First Middle, Last 19. MOTHER'S NAME (First, Middle, Maiden Sui PARENTS Thomas P. Dowling Catherine Dora Biscan 20a. INFORMANT'S NAME (Type/Print) 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) INFORMANT Kim Rafferty 751 West Division Rd Crown Point IN 21a. METHOD OF DISPOSITION

Entombment 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or 21c. LOCATION-City or Town, State 🛛 Burial 🔲 Cremation 🔲 Removal from State May 13, 2005 ☐ Donation ☐ Other (Specify) _ Memory Lane Cemetery Schererville, IN Schere
23. WAS DEATH REPORTED TO CORONER? 228. EMBALMER'S NAME 22b. EMBALMER'S LICENSE NO DISPOSITION □ No □ Yes FD20100062 Jason Frazier 25. NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
11 (of Licensee) Pro Burdan Funeral Home FH83002461 24s. SIGNATURE OF FUNERAL DIRECTOR FD01007697 12901 Wicker Ave Cedar Lake IN ellen 46303 Approximate Enter the diseases, injuries, or o 26 PARTI Interval Between Chalary's Coraina IMMEDIATE CAUSE (Finel IMMEDIATE CAUSI disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CAUSE OF DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause. DUE TO (OR AS A CONSEQUENCE OF) 27. WAS DECEDENT
PREGNANT OR 90 DAYS
POSTPARTUM? 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) (Yes or no) (Yes or no) NO 29a. CERTIFIER 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 exam CORONER On the ba on, in my opinion, death occurred at the time, date, and place, and due to the car 29d. DATE SIGNED (Month. Day. Year) 29b. SIGNATURE AND TITLE OF CERTIFIER CERTIFIER 01040750 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ridge Road Suite 5 Munsk-IN 4632, JUNO Ghasson HEALTH OFFICER'S SIGNATURE 32. DATE FILED (Month, Day, Year) **IEALTH DFFICER** ma. 19 9002 348. DATE OF INJURY 33. MANNER OF DEATH 34b. TIME OF 34c. INJURY AT WORK? 34d. DESCRIBE HOW INJURY OCCURRED (Month, Day, Year) INJURY (Yes or no) Natural Pending

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

Filed in Clerk's Office

STATE OF INI COUNTY OF LAK IN THE MATTER UNSUPERVISED	SS: NOV C 2000	IN THE LAKE CIRCUIT/SUPERIOR COURT PROBATE DIVISION CASE NUMBER 45D02 05 11 EU	65
Thomas J	CLERK LAKE SUDERIOR COURT		
	NOTICE OF UNSUPERVISED AD	MINISTRATION	
Notice is hereb	by given that <u>Kimberly</u> Rafferty	on the day	of
Novemb	er, 20_05, was appointed	ed as the personal representative of the estate	of
Thomas J	Dowling , who died on the	10th day of May	
20 <u>05</u> , [leaving a	a will] [not text is sayily The estate will be administered	ed without court supervision.	
As an heir, devisee,	, or legatee of the estate (a "distributee"), you will be adv	ised of the following information:	
	he personal representative has the authority to take actions		
co	he personal representative may be serving without posting ourt to set a bond for your protection.		
pe	he personal representative will not obtain court approversonal representative's fees.		
an	Vithin two (2) months after the appointment of the personal inventory of the estate's assets. You have the right the representative.	al representative, the personal representative must prej to request and receive a copy of this inventory from	pare the
	he personal representative is required to furnish you with ourt, and, if your interests are affected, with a full account	HI WITHING OF THE AUTHORISTICATION OF THE	
(6) V	You must file an objection to the closing statement within the court if you want the court to consider your objection.	n three (3) months after the closing statement is filed	with
st	f an objection to the closing statement is not filed with the tatement, the estate is closed and the court does not have a	a duty to addit of mano an inquity	
OF THE ESTATE SUPERVISED A	ME BEFORE THE ESTAET IS CLOSED, YOU HAVE FE SHOULD BE SUPERVISED BY THE COURT, YOU ADMINISTRATION. IF YOU DO NOT UNDERS' EXPLAIN IT TO YOU.		
	y Rafferty Rafferty	Stephen B. Cohen Attorney for Personal Representative	_
Personal Repre	esentative Division Road	9337 Calumet Ave. Ste	` A-1
Address Crown Po	oint, IN 46307	Munster, IN 46321	_
	er 219-759-5838	Attorney#: 3289-98Telephone 219-83	<u>36</u> –1171
Dated at East Chi	22	<u>, 20<u>0</u> 5 .</u>	
	Clerk, Lake Circult/Superi	horcourt A	

RECEIVE In Open Court

STATE OF INDIANA))SS:		NOV 2 3 2005	NOV 23	2005
COUNTY OF LAKE)	ROOM NO. TWO	CLERK LAKE SUPERIOR COLUPERIOR COURT O, PROBATE DIVISION CHICAGO, INDIAI)N	AME COUNTY
IN THE MATTER OF THE UNSUPERVISED ESTATE OF THOMAS J. DOWLING, DECEASED.) OF))	CAUSE NO.	45D02 051	1 EU	65

ORDER PROBATING WILL, APPOINTING PERSONAL REPRESENTATIVE AND ORDERING UNSUPERVISED ADMINISTRATION

COMES NOW Kimberly A. Rafferty having filed her verified Petition for the Probate of Decedent's Will, Issuance of Letters, and for Unsupervised Administration of said decedent's Estate, which Petition is on file with the Court and a part of the Court's record.

And the Court, having examined said Petition and being duly advised, now finds as follows:

- 1. That such decedent died on or about the 27th day of May, 2005, and at the time of such death was domiciled in Lake County, Indiana.
- 2. That the decedent left a Last Will and Testament dated the 23rd day of April, 2005, which was duly executed in all respects according to law and was not revoked by the decedent and is entitled to be admitted to probate.
- 3. That the decedent's will did not request or dictate supervised administration.
- 4. That Letters should be issued as requested in such Petition.
- 5. That Kimberly A. Rafferty is appointed Personal Representative of the Estate of Thomas
 - J. Dowlling and shall qualify as such upon taking an oath as Personal Representative.

- 6. That upon Kimberly A. Rafferty taking an oath, the Clerk of Superior Court of Lake County shall issue Unsupervised Letters of Testamentary to Kimberly A. Rafferty.
- 7. That Kimberly A. Rafferty as Personal Representative of the Estate of Thomas J.
 Dowling is hereby authorized to proceed under the statutory provisions of the Indiana
 Code governing Unsupervised Administration of estates.
- 8. That the Personal Representative is further ordered to notify all reasonably ascertainable creditors of the decedent and to comply with the notice requirements of I. C. 29-1-7-7 and the duties imposed by I. C. 29-1-7-7.5.

All of which is ordered this 2 day of by Vember , 2009

NOT OFF William & Savis

This Documen Judge of the Lake/Porter Superior Court
the Lake County Recorder!