

AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

TAX# 45-11-15-403-008.000-036

2016 001285

2016 JAN -8 PM 2:13

STATE OF INDIANA)
COUNTY OF LAKE) SS:

MICHAEL B. BROWN
RECORDER

Gregory L. Martin, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Janice R. Martin a/k/a Janice Ruth Martin** died leaving a will on **April 29, 2012** at Schererville, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:
LOT 178 IN COUNTRY HILLS ESTATES, UNIT 6, IN THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 68, PAGE 66, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
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 her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant saith naught,

Gregory L. Martin
Gregory L. Martin

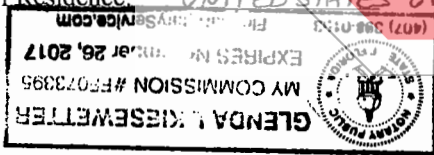
Subscribed and sworn to before me, a Notary Public this 10th day of December, 2015.



Glenda L. Kiesewetter
Notary Public

My Commission Expires: 11/26/2017

SARASOTA, County of Residence: UNITED STATES OF FLORIDA



This instrument prepared by Matthew W. Deulley, Attorney-at-Law, Attorney ID No. 27813-45.

No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

FILED

JAN 06 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 158721

000101

Handwritten initials: 14- nm or cm AT

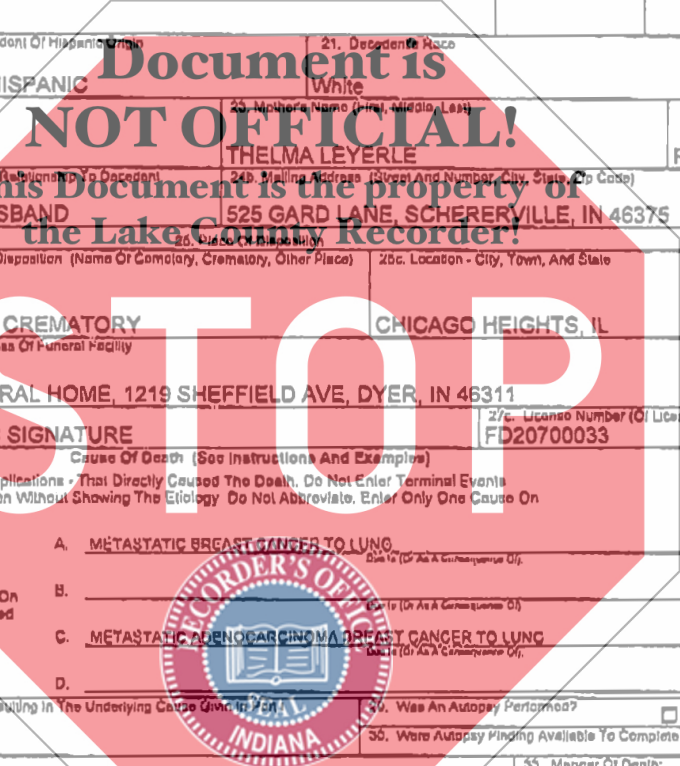
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001334

EDR No 00000258112

State No 019532

1. Decedent's Legal Name (First, Middle, Last) JANICE RUTH MARTIN				1a. Maiden Name (if female) KELLY		2. Sex FEMALE	3. Time Of Death 11:53 AM	4. Date Of Death (Month/Day/Year) 04/29/2012	
5. Social Security Number [REDACTED]		6a. Age - Yrs 63	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) 11/24/1948		8. Birthplace (City and State or Foreign Country) COLORADO SPRINGS, CO
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 checked="" 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) 525 GARD LANE									
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375					13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, Div Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
13. Surviving Spouse's Name GREG MARTIN			13a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation BUSINESS OWNER		17. Kind Of Business/Industry STORE	
10. Radiologic - State INDIANA		10a. County LAKE		10b. City Or Town SCHERERVILLE		10c. Apt. No.	10d. Zip Code 46375	10f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16a. Street And Number 525 GARD LANE	16b. Street And Number	16c. Apt. No.	16d. Zip Code 46375	16e. 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) THOMAS KELLY			23. Mother's Name (First, Middle, Last) THELMA LEYERLE			23a. Mother's Maiden Last Name POEN			
24. Informant's Name GREG MARTIN		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 525 GARD LANE, 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) HEIGHTS CREMATORY			25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311					27a. Funeral Home License Number FH10900001		
27b. Signature Of Indiana Funeral Service Licensee: CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee: FD20700033							
28. Cause Of Death (See Instructions And Examples) 20 Part I. Enter The Chain Of Events - Disease, 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. METASTATIC BREAST CANCER TO LUNG B. _____ C. METASTATIC ADENOCARCINOMA OF BREAST CANCER TO LUNG D. _____ Approximate Interval: Onset To Death 5/2007 THRU 5/2012 5/2007 THRU 5/2012									
Part II. Enter Other Significant Conditions Contributing To Death (But Not Resulting In The Underlying Cause Given In Part I) METASTATIC BREAST CANCER TO LUNG					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Old Tobacco Use Contributed To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 This Period			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: MOHAMED I. FARHAT, BY ELECTRONIC SIGNATURE					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		45. Date Certified 05/02/2012		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MOHAMED I. FARHAT, 1205 SOUTH MAIN STREET, STE 301, CROWN POINT, IN 46307					44. License Number 01066282A		47. *Area.		
49. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					40. For Registrar Only - Date Filed (Month/Day/Year): MAY 03 2012				



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)