



Chicago Title Insurance Company

BANK ONE TRS CORP.
1000 E. 80th PL
MERR 46410 4003

457069 x 19

140324 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE } S. S.

Key # 26-210-13

On this 14th OF DEC., 1990 before me personally appeared FREDERICK E.
(insert date)

BUILTA

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is OWNER
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by

FREDERICK E. BUILTA and BERTHA M. BUILTA

- Said BERTHA M. BUILTA (AKA BERTHA BUILTA)
(fill in name of co-tenant who died)

died on JANUARY 18, 1979

leaving NO will;
(insert "a" or "no" if will attach a copy)

- The legal description of the premises in question is:

THE SOUTH 28 FEET OF LOT 12 AND THE NORTH 28 FEET OF LOT 13, BLOCK 7, INDUSTRIAL CENTER SUBDIVISION, IN THE TOWN OF GRIFFITH, AS SHOWN IN PLAT BOOK 17, PAGE 13, IN LAKE COUNTY, INDIANA.

- To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

- Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings: _____);

- Affiant's relationship to the deceased was HUSBAND

Signature: Frederick E. BUILTA

Address: 1209 N. LAFAYETTE STREET
GRIFFITH, IN 46319



Subscribed and sworn to before me by the affiant

this 14th DAY OF DEC., 1990
(insert date)

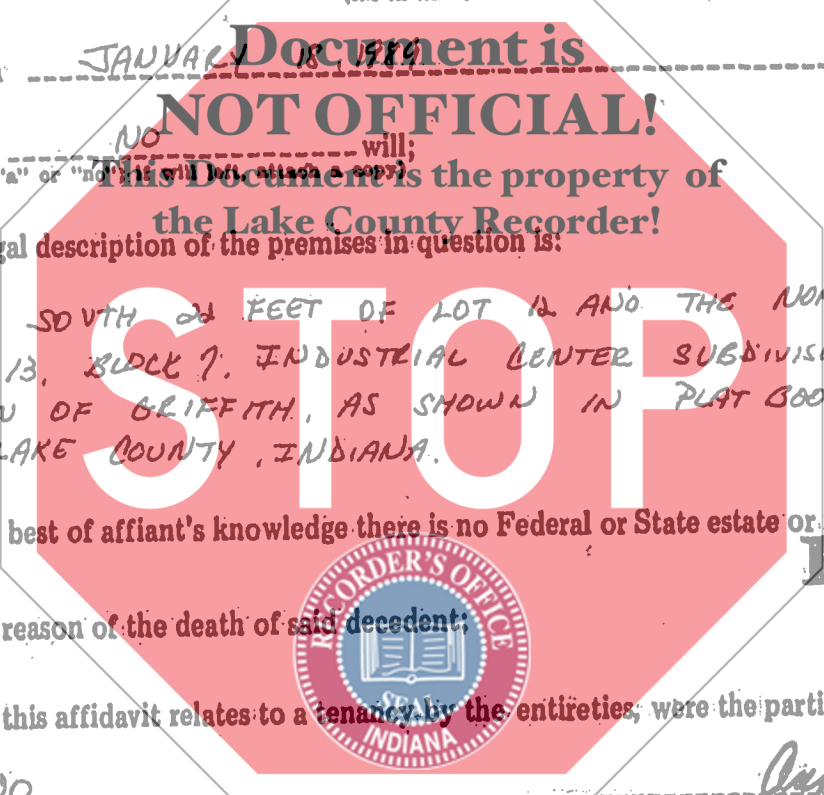
Wilbert O. Schneider
Notary Public

My Commission Expires 5-12-92

00908

WILBERT O. SCHNEIDER
NOTARY PUBLIC STATE OF INDIANA
LAKE COUNTY
MY COMMISSION EXP.: MAY 12, 1992

This instrument prepared by FREDERICK E. BUILTA



STATE OF INDIANA
CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

800
of

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 112-89

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME FIRST MIDDLE LAST 2 SEX 3 DATE OF DEATH (Mo., Day, Yr.) Bertha Builta Female January 18, 1989

4 SOCIAL SECURITY NUMBER 5a AGE—Last Birthday (Years) 5b UNDER 1 YEAR 5c UNDER 1 DAY 6 DATE OF BIRTH (Month, Day, Year) 7 BIRTHPLACE (City and State or Foreign Country) 312-16-9126 70 Months Days Hours Minutes Jul. 4, 1918 Whiting, Indiana

DECEDENT

8 YEAR LAST SERVED IN US ARMED FORCES? 9a PLACE OF DEATH (Check only one See instructions) N/A HOSPITAL XX Inpatient ER/Outpatient DOA OTHER Nursing Home Residence Other (Specify)

9b FACILITY NAME (If not institution, give street and number) 9c CITY, TOWN OR LOCATION OF DEATH 9d COUNTY OF DEATH The Community Hospital Munster Lake

10 MARITAL STATUS—Married Never Married Widowed Divorced (Specify) 11 SURVIVING SPOUSE (If wife, give maiden name) 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired) 12b KIND OF BUSINESS/INDUSTRY Married Fred Builta Home Maker Own Home

13a RESIDENCE—STATE 13b COUNTY 13c CITY, TOWN OR LOCATION 13d STREET AND NUMBER Indiana Lake Griffith 1209 N. Lafayette

13e INSIDE CITY LIMITS? (Yes or no) 13f FARM 13g ZIP CODE 14 WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes - If yes, specify Cuban, Mexican, Puerto Rican, etc.) 15 RACE—American Indian, Black, White, etc. (Specify) 16 DECEDENT'S EDUCATION: (Specify only highest grade completed) Yes No 46319 No X No White Elementary/Secondary (0-12) College (1-4 or 5+) 12

PARENTS

17 FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME (First, Middle, Maiden Surname) Joe Clark Unavailable

INFORMANT

19a INFORMANT'S NAME (Type/Print) 19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19c Relationship Fred Builta 1209 N. Lafayette Griffith, Indiana Husband

DISPOSITION

20a METHOD OF DISPOSITION 20b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 20c LOCATION—City or Town, State Burial January 20, 1989 Schererville, Indiana

PRONOUNCING PHYSICIAN ONLY

21a SIGNATURE OF FUNERAL DIRECTOR 21b LICENSE NUMBER (of Licensee) 22 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500

ITEMS 24-26 MUST BE COMPLETED BY PERSON WHO PRONOUNCES DEATH

23 To the best of my knowledge, death occurred at the time, date, and place stated. Signature and Title < 23a LICENSE NUMBER 23c DATE SIGNED (Month, Day, Year)

24 TIME OF DEATH 25 DATE PRONOUNCED DEAD (Month, Day, Year) 26 WAS CASE REFERRED TO MEDICAL EXAMINER/CORONER? (Yes or no) 6:54 a. January 18, 1989 NO

SEE INSTRUCTIONS

27 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac Arrest. DUE TO (OR AS A CONSEQUENCE OF) MYOCARDIAL INFARCTION. UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

CAUSE OF DEATH

PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 28a WAS AN AUTOPSY PERFORMED? 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO NO

HEALTH OFFICER

29a CERTIFIER (Check only one) X CERTIFYING PHYSICIAN (Physician certifying cause of death when another physician has pronounced death and completed item 23) To the best of my knowledge, death occurred due to the cause(s) and manner as stated. MAR 28 1989

PRONOUNCING AND CERTIFYING PHYSICIAN (Physician who pronounced and certifies cause of death): To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

MEDICAL EXAMINER: CORONER HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. Ravi N. Bhagwat AUDITOR LAKE COUNTY

29b SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d DATE SIGNED (Month, Day, Year) Ravi N. Bhagwat AUDITOR LAKE COUNTY 01035958 Jan. 18, 1989

CORONER OR MEDICAL EXAMINER USE ONLY

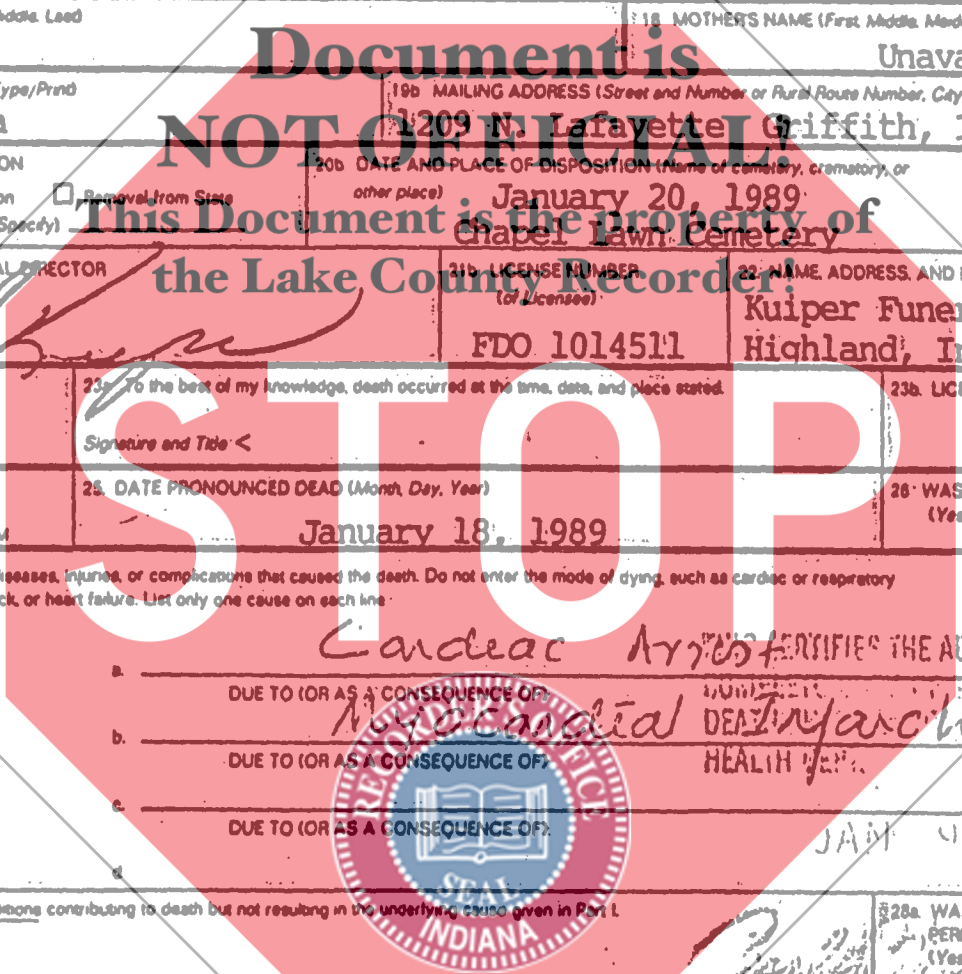
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type/Print) 5500 Hohman Ave. Hammond, Indiana Ravi Bhagwat, MD

31 HEALTH OFFICER'S SIGNATURE 32 DATE FILED (Month, Day, Year) Ravi N. Bhagwat JAN 19 89

33 MANNER OF DEATH 34a DATE OF INJURY (Month, Day, Year) 34b TIME OF INJURY 34c INJURY AT WORK? (Yes or no) 34d DESCRIBE HOW INJURY OCCURRED

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) 00909 1392

Handwritten notes: REF # 26-210-13, Greenwood, Oct 13



FILED stamp