



4653511 Xpdg 5084
Chicago Title Insurance Company

De Motte State Bank
POB 345
Lowell, IN 46356
attn: Guy Carlson

93018948 SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } S. S.
COUNTY OF NEWTON }

On this March 19, 1993 before me personally appeared Lucille M. Winslow
(insert date)

AKA LUCILLE WINSLOW

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

1. Affiant resides at the address given below affiant's signature;
2. Affiant is owner
(state interest of affiant in the above premises as "owner," "son of owner," etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
Roger R. Winslow and Lucille M. Winslow;

4. Said _____
(fill in name of co-tenant who died)

died on November 17, 1991

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

5. The legal description of the premises in question is:
Lot 4, Egan's First Subdivision, as shown in Plat Book 34, in Lake County, Indiana.

6. 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.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No

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

8. Affiant's relationship to the deceased was wife

Signature: Lucille Winslow
LUCILLE WINSLOW
Address: 244 Burr Street, Lowell, IN 46356

Subscribed and sworn to before me by the affiant
this 19th day of March, 1993
(insert date)
Bonnie L. Lesniewski
Notary Public
Bonnie L. Lesniewski, Newton Co. Res.
My Commission Expires September 25, 1995

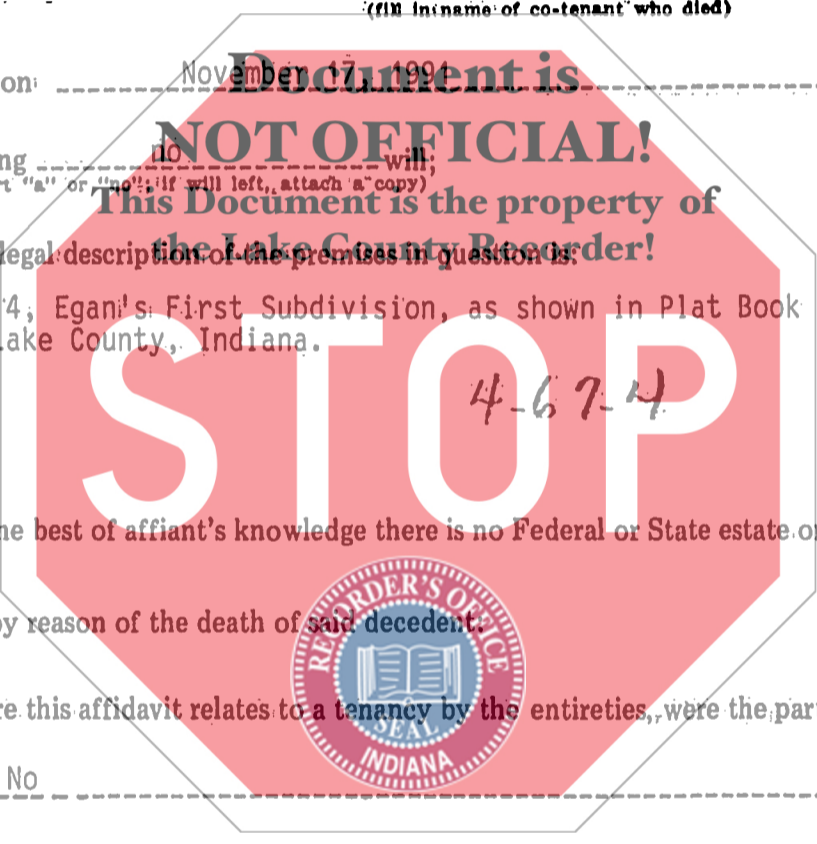
FILED

MAR 24 1993

Anna N. Anton
NOTARY PUBLIC

This instrument prepared by Lucille M. Winslow

01171



STATE OF INDIANA/S.S.NO.
LAKE COUNTY
FILED FOR RECORD
MAR 26 1 22 PM '93
SARAH E. ORR
RECORDER

Chicago Title Insurance Company

800
OK

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 2375-91

State No.

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

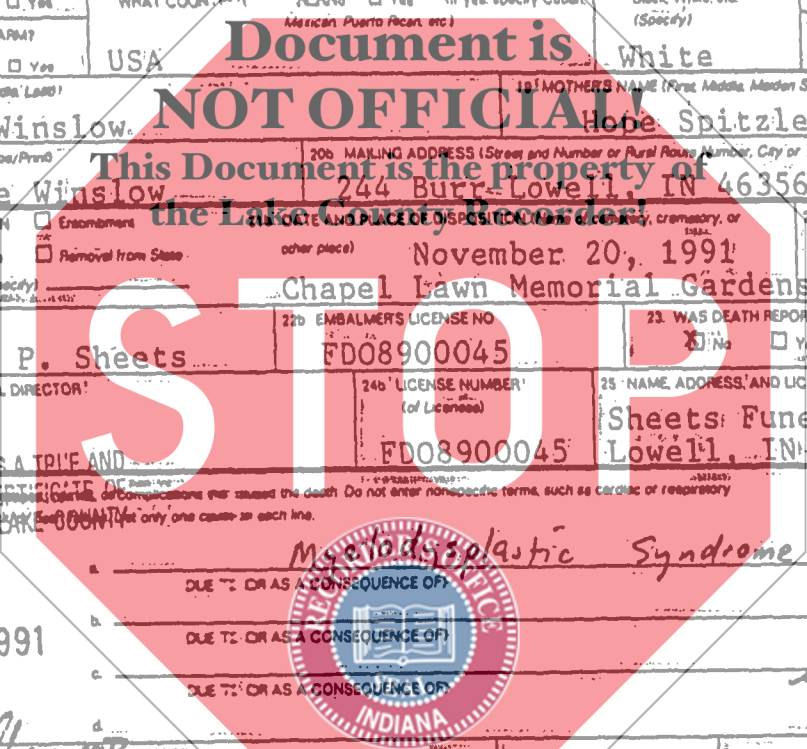
CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

Handwritten notes: Height 4-6-7-4, EGANS FIRST SUBD. L-4, Alexander Williams, M.D.

Main form containing fields for DECEASED NAME (Roger R. Winslow), SEX (Male), TIME OF DEATH (12:40a), DATE OF DEATH (November 17, 1991), SOCIAL SECURITY NUMBER (313-12-8162), AGE (68), BIRTH DATE (March 9, 1923), BIRTHPLACE (Fair Oaks, IN), MARRIAGE STATUS (Married), SURVIVING SPOUSE (Lucille Laffoon), DECEASED'S USUAL OCCUPATION (Baker), RESIDENCE (Lake Lowell, IN), FATHER'S NAME (Joseph Winslow), MOTHER'S NAME (Hope Spitzler), METHOD OF DISPOSITION (Burial), EMBALMER'S NAME (Kenneth P. Sheets), SIGNATURE OF FUNERAL DIRECTOR (Kenneth P. Sheets), CAUSE OF DEATH (Myelodysplastic Syndrome), and CERTIFIER (Alexander Williams, M.D.).



FILED

MAR 24 1993

Handwritten signature: James N. Anton, AUDITOR LAKE COUNTY

Chicago Title Insurance Company