

Return to: CRO: COFF
1520 W. Lawrence Ave.
Chicago Ill. 60630

Key # 26-35-109-41

FILED

STATE OF KENTUCKY)

COUNTY OF FAYETTE)

SS:

JAN 12 1995

AFFIDAVIT OF SURVIVORSHIP

SAM ORLICH
AUDITOR LAKE COUNTY

Comes now FRANCES R. SPRINGS on her oath and says:

1. That she and EDWARD W. SPRINGS were married on December 25, 1940 in Lyon County, Kentucky.

2. That Edward W. Springs and Frances R. Springs acquired certain real estate on July 15, 1988, as tenants by the entireties which property is described as follows:

Lot 37 in Block 2 in Morris Park Addition to Hammond, as per plat thereof recorded in Plat Book 7, page 14, in the Office of the Recorder of Lake County, Indiana, more commonly known as 1224 Truman Street, Hammond, Indiana.

Unit No. 26, Key No. 35-109-41

3. Said Edward W. Springs died on the 31st day of January, 1994 leaving Frances R. Springs as his surviving spouse, never having filed for or having been divorced. A copy of the Death Certificate is attached hereto as Exhibit "A".

4. That no Federal Estate Tax or Indiana State Inheritance Tax was due as a result of the death of said Edward W. Springs.

This Affidavit is given for the purpose of transferring title into the name of Frances R. Springs and for no other reason.

Dated this 6th day of January, 1995.

Frances R. Springs
FRANCES R. SPRINGS

Subscribed and sworn to before me, a Notary Public, on the 6th day of JANUARY, 1995.

Bill [Signature]
Notary Public

My commission expires: 5/15/95
County of residence: AT LARGE KY

This instrument prepared by: Edward H. Feldman, Attorney at Law, 2833 Lincoln Street, Suite B, Highland, Indiana 46322.

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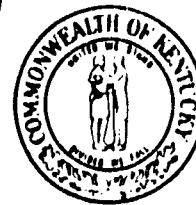
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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Exhibit "A"

Registrar of Vital Statistics Certified Copy



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND NOT A WHITE BACKGROUND

FORM VS NO. 1A
(Rev. 1/79)

COMMONWEALTH OF KENTUCKY
DEPARTMENT FOR HEALTH SERVICES
REGISTRAR OF VITAL STATISTICS

116

CERTIFICATE OF DEATH

Registrar's No.

02982

MUST
BE
TYPED

1. DECEDENT'S NAME (First, Middle, Last) EDWARD WILLARD SPRINGS				2. SEX M	3. DATE OF BIRTH (Month, Day, Year) JANUARY 31, 1994	
4. SOCIAL SECURITY NO. 306-10-6538	5a. AGE Last Birthday (Years) 78	5b. UNDER 1 YEAR (Months) None	5c. UNDER 1 DAY (Hours) None	6. DATE OF BIRTH (Month, Day, Year) FEBRUARY 10, 1916	7. PLACE OF BIRTH (City, State) KUTTAMA, KENTUCKY	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) YES		9. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Home <input type="checkbox"/> Other				
9a. FACILITY NAME (If not institution, give street and number) CENTRAL BAPTIST HOSPITAL		9b. CITY, TOWN, OR LOCATION OF DEATH LEXINGTON		9c. COUNTY OF DEATH FAYETTE		
10. MARITAL STATUS (Married, Never Married, Widowed, Divorced (Specify)) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) FRANCES STOVALL	12. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of last year. Do not use retired) SALESMAN		13. KIND OF BUSINESS/INDUSTRY REAL ESTATE		
13a. RESIDENCE - State KY	13b. COUNTY LEXINGTON	13c. CITY, TOWN, OR LOCATION 3500 PEPPERWOOD PLACE		13d. STREET AND NUMBER		
13e. INSIDE CITY LIMITS? (Yes or No) YES	13f. ZIP CODE 40503	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify if so, or No if you specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		15. RACE - American Indian, Neg., White, etc. (Specify) WHITE		
16. EDUCATION (Specify only highest grade completed. Elementary (K-8), Secondary (9-12), College (14 or 16+)) High School		17. FATHER'S NAME (First, Middle, Last) AL SPRINGS				
18. MOTHER'S NAME (First, Middle, Last) EFFIE CHAMPION		19. INFORMANT NAME FRANCES S. SPRINGS				
20a. MARITAL ADDRESS (Street and Number or Rural Route, P.O. Box, City or County, State, Zip Code) 3500 PEPPERWOOD PL., LEXINGTON, KY 40503		20b. PLACE OF DEPOSITION (Name of cemetery, church, or other place) MT. ZION CEMETERY				
20c. CITY, TOWN, OR LOCATION KUTTAMA, KY		20d. STATE KY				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE (If person acting as such) <i>Kevin R. Wood</i>		22. NAME AND ADDRESS OF FACILITY DUNN'S FUNERAL HOME P.O. BOX 547, EDDYVILLE, KENTUCKY 42038				
23. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.						
24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 20)						
25. TIME OF DEATH M		26. DATE PRONOUNCED DEAD (Month, Day, Year) M		27. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) No		
28. PART I: Enter the disease, 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 at each line. (Anatomical interval between onset and death.)						
IMMEDIATE CAUSE (Final disease or condition resulting in death)						
a. Cardiac Arrest						
b. SEPSIS						
DUE TO OR AS A CONSEQUENCE OF:						
c. _____						
DUE TO OR AS A CONSEQUENCE OF:						
d. _____						
PART II: Other significant conditions contributed to death but not resulting in the underlying cause given in Part I.						
29a. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		29b. DATE OF INJURY (Month, Day, Year)	29c. TIME OF INJURY	29d. INJURY AT WORK? (Yes or No)	29e. DESCRIBE HOW INJURY OCCURRED	
30a. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		30b. LOCATION (Street and number or Rural Route, P.O. Box, City or County)				
31. REGISTRAR'S SIGNATURE <i>Barbara F. White</i>				32. DATE FILED (Month, Day, Year) FEB 09 1994		

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK HOLD AT AN ANGLE TO VIEW

I, Barbara F. White, State Registrar of Vital Statistics, hereby certify this to be a true and correct copy of the certificate of birth, death, marriage or divorce of the person therein named, and that the original certificate is registered under the file number shown. In testimony thereof I have hereunto subscribed my name and caused the official seal of the Office of Vital Statistics to be affixed at Frankfort, Kentucky this 18th day of Feb, 1994.

Barbara F. White

Barbara F. White, State Registrar