Chicago Title Insurance Company

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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA } S. S.
COUNTY OF LAKE

On this 1-16-96 (insert date) before me personally appeared Ronald K. Duncan

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 Ronald K. Duncan and Gail C. Duncan

4. Said Gail C. Duncan (fill in name of co-tenant who died) died on 9-2-91 leaving no will; (insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
* Lot 14, Fairmeadow 21st Addition, Block Two, to the Town of Munster, as shown in Plat Book 43, page 93, in Lake County, Indiana

18-28-367-14

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 Spouse

960007067

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB -1 PM 1:29
MORGAN ... RECORDER

FILED
JAN 31 1996
SAM ORLICH
AUDITOR LAKE COUNTY

Signature: X Ronald K. Duncan
Ronald K. Duncan
Address: * 9407 Verbena Drive
Munster, IN

Subscribed and sworn to before me by the affiant this 1-16-96 (insert date)

Faye Cowser
Notary Public * Faye Cowser

My Commission Expires 9-9-97

* County of Res: Lake

001541

This instrument prepared by Ronald K. Duncan

11 00 ct/10

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

cal No. 1865-91 State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First Middle Last): GAIL C. DUNCAN
2 SEX: Female
3a TIME OF DEATH: 4:45 AM
3b DATE OF DEATH (Month Day Yr): September 2, 1991
4 SOCIAL SECURITY NUMBER: 336-38-2250
5a AGE—Last Birthday (Years): 43
5b UNDER 1 YEAR Months Days
5c UNDER 1 DAY Hours Minutes
6 DATE OF BIRTH (Mo Day Yr): Nov. 18, 1947
7 BIRTHPLACE (City and State or Foreign Country): Blue Island, Illinois
8a WAS DECEDENT A U.S. VETERAN?: No
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: -
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

DECEDENT

9b FACILITY NAME (If not institution give street and number): Community Hospital
9c CITY, TOWN OR LOCATION OF DEATH: Munster
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Ronald K. Duncan
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Cashier
12b KIND OF BUSINESS/INDUSTRY: Railroad
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY TOWN OR LOCATION: Munster
13d STREET AND NUMBER: 9407 Verbena Drive
13e ZIP CODE: 46321
13f INSIDE CITY LIMITS ☐ No ☒ Yes
13g ON A FARM? ☒ No ☐ Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes specify Cuban Mexican Puerto Rican etc)
16 RACE—American Indian Black White etc (Specify): White
17 DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12) College (1-4 or 5+): 4

PARENTS

18 FATHER'S NAME (First Middle Last): Joseph Kutlik
19 MOTHER'S NAME (First Middle Maiden Surname): Charlotte Sands

INFORMANT

20a INFORMANT'S NAME (Type Print): Ronald K. Duncan
20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code): 9407 Verbena Drive, Munster, IN. 46321
20c Relationship: Husband

DISPOSITION

21a METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Entombment ☐ Other (Specify)
21b DATE AND PLACE OF DISPOSITION (Name of cemetery crematory or other place): September 5, 1991 First Lutheran Cemetery
21c LOCATION—City or Town State: Alsip, Illinois

22a EMBALMER'S NAME: Larry D. Anthony
22b EMBALMER'S LICENSE NO: 01001447
23 WAS DEATH REPORTED TO CORONER? ☐ No ☒ Yes

24a SIGNATURE OF FUNERAL DIRECTOR: Larry D. Anthony
24b LICENSE NUMBER (of Licensee): 01001447
25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME: Anthony & Dziadowicz F.H. 83002916 9445 Calumet Avenue, Munster, IN. 46321

CAUSE OF DEATH

26 PART I Enter the diseases injuries or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory arrest shock or heart failure List only one cause on each line

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a Cardiopulmonary Arrest
DUE TO (OR AS A CONSEQUENCE OF)
b Severe Respiratory Distress
DUE TO (OR AS A CONSEQUENCE OF)
c Severe Bronchial Asthma
DUE TO (OR AS A CONSEQUENCE OF)

Conditions if any which gave rise to the immediate cause stating the underlying cause last

THIS IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH FILED WITH THE LAKE COUNTY HEALTH DEPT.

SEP 12 1991

PART II Other significant conditions Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): No
28a WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): -

CERTIFIER

29a CERTIFIER (Check only one)
☒ 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 examination and/or investigation in my opinion death occurred at the time date and place and due to the cause(s) as stated
☐ CORONER 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

29b SIGNATURE AND TITLE OF CERTIFIER: LAKE COUNTY HEALTH COMMISSIONER
29c MEDICAL LICENSE NO: 01030852
29d DATE SIGNED (Month Day Year): September 12, 1991
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Elliot H. Stokar, M.D., 761 - 45th Street, Munster, Indiana 46321

HEALTH OFFICER

31 HEALTH OFFICER'S SIGNATURE: Alexander Williams, M.D.
32 DATE SIGNED (Month Day Year): September 12, 1991

CORONER ONLY

33 MANNER OF DEATH ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
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)
34g DATE PRONOUNCED DEAD (Month Day Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian etc

COPY

SBH06-004 State Form 10110 (R2/3-89) DEA CERT/PD 1