

COMMUNITY TITLE COMPANY
FILE NO. 11945

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Lake

} S. S.

On this February 9, 1996 before me personally appeared
(insert date)

Joseph Dale Beai

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 Son of Joseph Beai (co-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
Joseph Beai and Joseph Dale Beai

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

died on January 1, 1995

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

- 5. The legal description of the premises in question is:

Lots 237 & 238 in Englehart's County Club Manor, as per plat thereof, Recorded June 6, 1940 in Plat Book 24, Page 75, in the Office of the Recorder of Lake County, Indiana.

- 6. That 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?

N/A

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

- 8. Affiant's relationship to the deceased was son

Signature: Joseph Dale Beai

Address:

Subscribed and sworn to before me by the affiant

this February 9, 1996
(insert date)

Daniel W. Slusser
Notary Public

Daniel W. Slusser

My Commission Expires 8/3/96

Res. of Lake County

This instrument prepared by Attorney Richard Parks

96010494

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
96 FEB 15 AM 11:02
MARGARET E. CLAYMAN
RECORDER

FILED

FEB 15 1996

SAM ORLICH
AUDITOR LAKE COUNTY

1190

000786

OFFICE of VITAL STATISTICS

CERTIFIED COPY

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO.

1 DECEDENT'S NAME FIRST MIDDLE LAST Joe Beal			2 SEX Male	
3 DATE OF DEATH (Month, Day, Year) January 1, 1995		4 SOCIAL SECURITY NUMBER 312-05-8037		5a AGE-Last Birthday (years) 85
6 DATE OF BIRTH (Month, Day, Year) February 16, 1909		7 BIRTHPLACE (City and State or Foreign Country) Clinton, Indiana		8 WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) No
9a PLACE OF DEATH (Check only one see instructions on other side) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)				9b INSIDE CITY LIMITS? (Yes or No) Yes
9c FACILITY NAME (If not institution, give street and number) Winter Haven Hospital			9d CITY, TOWN, OR LOCATION OF DEATH Winter Haven	
9e COUNTY OF DEATH Polk				
10a DECEDENT'S USUAL OCCUPATION Foreman		10b KIND OF BUSINESS/INDUSTRY US Steel		11 MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married
12 SURVIVING SPOUSE (If wife, give maiden name) Genevieve Dale Seward				
13a RESIDENCE — STATE Illinois		13b COUNTY Kankakee		13c CITY, TOWN, OR LOCATION Momence
13d STREET AND NUMBER 2749 North 17000 East Road				
13e INSIDE CITY LIMITS? (Yes or No) No		13f ZIP CODE 60954		14 WAS DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify No or Yes — If yes, specify Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
15 RACE — American Indian, Black, White, etc. Specify White			16 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 8 College (13 or 14)	
17 FATHER'S NAME (First, Middle, Last) Rudolph Beal			18 MOTHER'S NAME (First, Middle, Maiden Surname) Anna Caesar	
19a INFORMANT'S NAME (Type/Print) Joseph Dale Beal			19b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 801 Dogwood Lane, Lake Wales, FL 33853	
20a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Helt's Prairie Cemetery		20c LOCATION — City or Town, State Clinton, Indiana
21a SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Marjorie Sanchez</i>		21b LICENSE NUMBER (of Licensee) FE 2701		21c NAME AND ADDRESS OF FACILITY Johnson Funeral Home 322 North Scenic Highway Lake Wales, FL 33853-3797
22a To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) as stated. (Signature and Title) <i>Robert Hallett M.D.</i>		23a 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. (Signature and Title) _____		
22b DATE SIGNED (Mo., Day, Yr.) 1/3/95		22c HOUR OF DEATH 7:30PM M		23b DATE SIGNED (Mo., Day, Yr.) _____
22d NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Carlos Willis		23c MEDICAL EXAMINER'S CASE # _____		
24 NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER) (Type or Print) Robert E. Hallett, M.D., 635 1st Street North, Winter Haven, FL 33880				
25a SUBREGISTRAR — SIGNATURE AND DATE _____			25b LOCAL REGISTRAR — SIGNATURE <i>Ann Palmer</i>	
25c DATE REGISTERED Jan. 4, 1995				

THIS IS A CERTIFIED TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE

Date Issued JAN 04 1995

BY: *Ann Palmer*

State Registrar

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HRS FORM 1564A (6-93)



CERTIFICATION OF VITAL RECORD