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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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97 DEC 23 AM 9:56

MORRIS W. CARTER
RECORDER

940 Camellia Dr., Munster, IN 46321

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 8th day of December 1997, before me personally appeared LULABELLE M. KELLY, who being duly sworn upon her oath, did say that:

1. Affiant resides at 940 Camellia Dr., #4, Munster, IN 46321 .

2. Affiant is the adult spouse of ALEXANDER D. KELLY, deceased, and is the owner of the premises located at 940 Camellia Dr., #4, Munster, Indiana, as described as follows:

Undivided one-third (1/3) interest in real estate known as: Apartment 4 in Nichole Condominium, a Horizontal Property Regime, as per Declaration recorded March 7, 1980 as Document No. 576397, and in Plat Book 51 page 104, in the Office of the Recorder of Lake County, Indiana, together with an undivided 1/8th interest in the common areas and facilities appertaining thereto.

3. Said premises were formerly owned as tenants by the entireties, by ALEXANDER D. KELLY AND LULABELLE M. KELLY, husband and wife.

4. Said ALEXANDER D. KELLY died on October 14, 1991, leaving no Will. A certified copy of the death certificate of ALEXANDER D. KELLY is attached hereto as "Exhibit A".

5. That to the best of Affiant's knowledge, there is no estate of inheritance tax liability by reason of the death of ALEXANDER D. KELLY; and all funeral expenses and expenses of last illness have been paid in full.

6. Said ALEXANDER D. KELLY and LULABELLE M. KELLY were never divorced, and Affiant is the surviving spouse of said decedent.

Lulabelle M Kelly
LULABELLE M. KELLY

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SAM ORLICH
AUDITOR LAKE COUNTY

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Before me, the undersigned, a Notary Public, in and for said County and State, on this 8 day of December, 1997, personally appeared LULABELLE M. KELLY, and acknowledged the execution of the foregoing Survivorship Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

JUDITH A. OSINSKI, Notary Public

My Commission Expires:
3/20/00

THIS INSTRUMENT PREPARED BY: THOMAS L.KIRSCH
131 Ridge Road, Munster, IN 46321
219/836-1384/Attorney No. 5224-45

15cc

Local No. 2086-91

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): Alexander D. Kelly
2 SEX: Male
3a TIME OF DEATH: 1:55 A M
3b DATE OF DEATH (Month, Day, Yr): October 14, 1991
4 SOCIAL SECURITY NUMBER: 310-12-7749
5a AGE—Last Birthday (Years): 87
5b UNDER 1 YEAR: Months / Days
5c UNDER 1 DAY: Hours / Minutes
6 DATE OF BIRTH (Mo. Day, Yr): Jun. 20, 1904
7 BIRTHPLACE (City and State or Foreign Country): Scotland
8a WAS DECEDENT A US VETERAN?: NO
8b YEAR LAST SERVED IN US ARMED FORCES?: N/A
9a PLACE OF DEATH (Check only one See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number): Our Lady of Mercy Hospital
9c CITY, TOWN, OR LOCATION OF DEATH: Dyer
9d COUNTY OF DEATH: Lake
10 MARITAL STATUS (Specify): Married
11 SURVIVING SPOUSE (If wife, give maiden name): Lulabelle Allen
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired): Production Engineer
12b KIND OF BUSINESS/INDUSTRY: Manufacturing
13a RESIDENCE—STATE: Indiana
13b COUNTY: Lake
13c CITY, TOWN, OR LOCATION: Munster
13d STREET AND NUMBER: 940 Camellia Dr.
13e ZIP CODE: 46321
13f INSIDE CITY LIMITS: [ ] No [X] Yes
13g ON A FARM?: [X] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN?: [X] 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+): 2

PARENTS

18 FATHER'S NAME (First, Middle, Last): William Kelly
19 MOTHER'S NAME (First, Middle, Maiden Surname): Susan Tagg

INFORMANT

20a INFORMANT'S NAME (Type/Print): Lulabell Kelly
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 940 Camellia Dr. Munster, Indiana
20c Relationship: Wife

DISPOSITION

21a METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) _____
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): October 17, 1991 Oak Hill Cemetery
21c LOCATION—City or Town, State: Hammond, Indiana
22a EMBALMER'S NAME: Ronald A. Reed
22b EMBALMER'S LICENSE NO: FDO 10001081
23 WAS DEATH REPORTED TO CORONER?: [X] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR: James A. Slaconish
24b LICENSE NUMBER (of Licensee): FDO 1010850
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Kuiper Funeral Home 9039 Kleinman Highland, Indiana FDH 300-7500

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 Pancreatic carcinoma with metastasis
DUE TO (OR AS A CONSEQUENCE OF)
b
DUE TO (OR AS A CONSEQUENCE OF)
c
DUE TO (OR AS A CONSEQUENCE OF)
d

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

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AUDITOR LAKE COUNTY

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

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or 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)
[XX] 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: OCT 16 1991 William A. Galecki MD
29c MEDICAL LICENSE NO: 000476
29d. DATE SIGNED (Month, Day, Year): 10-15-91

HEALTH OFFICER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): William A. Galecki MD, 2001 Joliet Street, Dyer, IN 46311
31 HEALTH OFFICER'S SIGNATURE: LAKE COUNTY (Alexander S. Williams) M.D
32 DATE SIGNED (Month, Day, Year): October 16, 1991

CORONER USE ONLY

33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] Homicide
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) 001193
34g DATE PRONOUNCED DEAD (Month, Day, Year)
34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc

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