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STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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MORRIS W. CARTER RECORDER

## SURVIVORSHIP AFFIDAVIT

LAWYERS TITLE MS. CORP. ONE PROFESSIONAL CENTER

CROWN POINT, IN 46307 CROWN POINT, INDIANA

64720 STATE OF INDIANA, COUNTY OF LAKE, SS:

Kenneth W. KAIN , being first duly sworn, on oath states that HE is of lawful age and resides in the County of MAKION, State of INDIANA. That he is the urviving spouse of O. Glen KAIN AKA Clen KAIN who died on the 23 day of November 19 73 and that as such This Document is the property of surviving spouse, is the owner of the following real estate located the Lake County Recorder. in LAKG County, Indiana: The West twenty (20) feet of Lot Two (2) and the East thirty

(30) feet of Lot Three (3), in Block Three (3), in Sunset View Addition to the City of Crown Point, Indiana, as marked and laid down on the recorded plat thereof.

That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied, and that said deferent is restate has not been and is not to be administered upon.

That the decedent and this affiant were husband and the time they took title to the above described real estate and that they remained such continuously until the death of said decedent.

Before me, Lori L. Shelby, a Notary Public in and for said County, personally appeared Kenneth W. KAIN day of September, 1998 and acknowledged the foregoing document to be his/her voluntary act and deed.

Chari & Shult

My commission expires: 1/-1/-99
Resident of POLITE County

This document prepared by: <u>Kenneth</u> W. Kain

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| $(\varphi)$            | i                       |  |                       |   | D  | INDIANA  | STATE B  | OARD O                       | FHEAI  | лн   |  |  | 615-7   | 2                                     |
|------------------------|-------------------------|--|-----------------------|---|--|--|--|------------------------------|--|--|--|--|---|---------------------------------------|
|                        |                         | Local No.                                  | 615-                  | .72   | 101  | MEDICA   | L CERTIF   | ICATE C                      | F DEA'   | LH   | State<br>No                                  | ***************                                    |   |                                       |
| •                      | 63                      | PERMANEI<br>SEE HANDE                      | IT INK                | DECEASED-NAME   | FIRST  |  | MIDDLE   | LA                           | ST   | SEX  | 1  | DEATH (MO  |   |                                       |
|                        | OME                     | INSTRUCT                                   | IONS                  | This  | Placu  | Glen   |  | Kain                         | DATE OF  | 2. Male  | 144  | OVEMBET  |   | 972                                   |
|                        | AL B<br>126             |  | RACE                  | AGE-LAST<br>BIRTHDAY (YE  |  | DAYS HO  | DER I DAY<br>DURS MIN.   | (MON                         | TH, DAY,   |  |  |  |   |                                       |
|                        |                         |  | 4. White              | ATION OF DEAT   | L STATE  | 5c.<br>DE CITY LIMITS  | HOSPITAL   |                              | MAM-MOITUTIT   |  | N EITHER, GI                                 | VE STREET  | AND NUMBER)   |                                       |
| FUNER                  | E Z                     |  | DECEASED              | <sub>7b.</sub> Dyer   |  | 7c.1   |  | 7d Our                       | Lady of  | Mercy H  | ospita                                       | 1  |   |                                       |
|                        | F. S.                   | DECEA                                      |                       | STATE OF BIRTH (IF  | NOT IN U.S.A.,   | CITIZEN OF WH  | IAT COUNTRY  | MARRIED<br>10.               |  | AARRIED SURV                                     |  |  |   | DEN NAME)                             |
|                        |                         | WHERE DE                                   | RESIDENCE<br>DECEASED | B. Missouri   |  | 9.   | USA<br>TON GIVE KIND   | WIDOWED                      | DIV  | ORCED   11.                                      | Annaha<br>ESS OR IND                         | 11 Coc   | hran  |                                       |
|                        |                         | LIVED. IF                                  | IN                    |   |  | MOST OF WORK   | ING LIFE, EVEN ,   | METIRED)                     |  |  |  |  |   |                                       |
| 1                      |                         | RESIDENCI<br>ADMISSIO                      | ON, GIVE<br>E BEFORE  | 12. 312-16-4<br>RESIDENCE-STATE   | COUNTY   | 13a. M1  | 1) wright  | CATION                       |  | E CITY LIMITS                                    | TOWNSH                                       |  |   |                                       |
| F                      | Si                      | 20,000.0                                   |                       | 14a Indiana   | 14b. La  | CO 14  | c.Crown Po   | int                          | 14d.   | CIFY YES OR NO                                   | 14e.   | Cente  |   |                                       |
|                        | DIRECTOR'S              |  |                       | STREET AND NUMBER   | 2  |  | 1  | IAn WAS DEC                  | CEASED EVER  | IN U. S. ARMED<br>s, give war or da              | FORCES?<br>les of service                    |  | NCE ON A  |                                       |
|                        | සු <u>"</u>             |  |                       | 14f. 616 Por  |  |  |  |                              | NO<br>NOTHER-MAI   |  | FIRST  | 1 7 7 1 1  | YES [   | NO 🖪                                  |
| 0                      | DIR<br>No.              |  |                       | ther  | MIDDLE   | Kain   |  |                              | Jenny  |  | ,  |  | Tipto   |                                       |
| Z<br>w                 | - 4                     |  | PARENTS               | 15.   | CHAL   |  |  | IONSHIP                      | 6.   | ING ADDRESS (                                    |  | r.F.D. NO., C                                      | ITY OR TOV  |                                       |
| - NSI                  | ERA<br>NSI              |  |                       |   |  |  |  |                              |  |  |  |  |   |                                       |
| n<br>Z                 | ER.                     |  |                       | Annabell  | e Kain   | TI.  | 176.   | wife                         | 17c.   | 616 W. Po  | rter,  |  |   |                                       |
| ICENS                  | UNER.                   |  |                       | PART I. DI  | e Kain   | ED BY:   |  |                              | 170.   | 616 W. Po  |  | 1 Patrick  | APPROXIM  | Indiana                               |
| LICENS                 | FUNERAL                 |  |                       |   | EATH WAS CAUSE   | NATE CAUSE   | FENTER ON  | LY ONE CAUSE                 | 170.   |  |  | 1 Patrick  | APPROXIM  | ATE INTERVA                           |
| LICENSE                | FUNER.                  |  |                       | PART I. DE  | EATH WAS CAUSE   | NATE CAUSE   | FENTER ON  | LY ONE CAUSE                 | 170.   |  |  | Att G  | APPROXIM  | ATE INTERVA<br>IBET AND DE            |
| LICENS                 | FUNER                   |  |                       | PART I. DI  | IMMED  NY. TO  (A) (A) (B)   | erabra V   | ascular A  | LY ONE CAUSE                 | 170.   |  |  | Att G  | APPROXIM  | ATE INTERVA<br>IBET AND DE            |
| LICENS                 | FUNER                   |  |                       | PART I. DE  | IMMED  (a) CI  NY. TO (A), (b)   | NATE CAUSE   | ascular A  | LY ONE CAUSE                 | 170.   |  |  | Att G  | APPROXIM  | ATE INTERVA<br>IBET AND DE            |
| T. Le LICENS           | FUNER.<br>LICENS        | CAL  | JSE                   | PART I. DE  | IMMED  IMMED  IMMED  (a) Cg  TO  (b)  ER.  (c)   | PIATE CAUSE PROBLE 1 VO., OR AS A CONS   | ASCULAR ASSEQUENCE OF:   | caident                      | PER LINE FO  | OR (o), (b), AND                                 | (c)]   | ) All G  | AUG 2   | TINDINGS C                            |
| PART FR LICENS         | ttle LICENS             |  | JSE                   | CONDITIONS, IF A WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UND LYING CAUSE LAS  | NY, TO (4) DUE TO (5) ERT. (6) CHIFICANT COND  | PIATE CAUSE PROBLE 1 VO., OR AS A CONS   | ASCULAR ASSEQUENCE OF:   | caident                      | PER LINE FO  | OR (o), (b), AND                                 | (c)]   | OPSY II  | AUG 2   | 5 1998                                |
|                        | FUNER LICENS            |  | JSE                   | PART I. DE  | NY, TO (4) DUE TO (5) ERT. (6) CHIFICANT COND  | PIATE CAUSE PROBLE 1 VO., OR AS A CONS   | ASCULAR ASSEQUENCE OF:   | caident                      | PER LINE FO  | OR (o), (b), AND                                 | E AUT  | OPSY II  | AUG 2   | TINDINGS CO                           |
| at inte                | F. Little LICENS        | CAL  | JSE SSE               | PART I. DE  | NY, TO (4) DUE TO (5) ERT. (6) CHIFICANT COND  | PIATE CAUSE PROBLE 1 VO., OR AS A CONS   | ASCULAR ASSEQUENCE OF:   | coldent                      | PER LINE FO  | OR (a), (b), AND                                 | E AUT YES 19a.                               | OPSY II  | AUG 2   | TINDINGS CO                           |
| A                      | FUNER FUNER LICENS      | 38<br>38                                   | SE SE                 | PART I. DE  | NY, TO (c) ENIFICANT COND  | OTATE CAUSE  ATABAR A CONS  O, OR AS A CONS  ITIONS CONDITIONS  H DAY  | SEQUENCE OF:   | ccident.                     | H BUT NOT RE   | CLATED TO CAUS                                   | E AUTO                                       | DPSY III   | AUG 2   | TINDINGS CO                           |
|                        | A B. Hittle             | SAL.                                       | H                     | PART I. DE 18.  CONDITIONS, IF A WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UND LYING CAUSE LAS PART II. OTHER SIG GIVEN IN PART I (A DATE & TIME OF DE 20.  | NY. TO (A). ER. TO (C) SNIFICANT COND ATH MONT November  | OF AS A CONSTITUTIONS CONDITIONS  | SEQUENCE OF:   | ccident                      | H BUT NOT RE   | CLATED TO CAUS                                   | E AUT YES 19a.                               | DPSY III   | AUG 2   | 5 1998                                |
| C. Ze. AAAAAA          | A B. Hittle             | SAL.                                       | ka <sub>y</sub>       | PART I. DI  18.  CONDITIONS, IF A WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UND LYING CAUSE LAS  PART II. OTHER SIG   | ATH MONT  NOVember  (a) Constitution (b) Constitution (c) | PATE CAUSE  PATE TO THE TO THE PATE TO THE | SEQUENCE OF:   | ring to DEATH                | H BUT NOT RE   | CLATED TO CAUB                                   | E AUTO YES 1993.                             | DPSY III   | AUG 2   | 5 1998                                |
| C Be HALLING           | OBERTALE LATTICE LICENS | SAL.                                       | ka <sub>y</sub>       | PART I. DE  | NY. (a) Cy TO  | PARTE CAUSE  PARTE I V  O, OR AS A CONSTITUTIONS CONDITIONS  TO DAY  23,  T)  Gome Z:  | SEQUENCE OF:   | ring to DEATH                | DATE SIGNED  | CLATED TO CAUS                                   | E AUTO YES 1993.                             | DPSY III   | AUG 2   | 5 1998                                |
| Bernard E. Little      | OBSPRE Estile           | SAL.                                       | ka <sub>y</sub>       | PART I. DE  CONDITIONS, IF A WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UND LYING CAUSE LAS  PART II. OTHER SIG GIVEN IN PART I (A  DATE & TIME OF DE  20. PHYSICIAN'S NAME LAST IN ATTENDANG 22a. MAILING ADDRESS.  | ATH MONT  NOVEMBER  (a) C(a) C(b)  (b)  (c)  (c)  (d)  (d)  (d)  (d)  (d)  (e)  (d)  (e)  (f)  (e)  (f)  (f)  (f)  (f)  (f   | ON THE CAUSE  APPENDIA OF THE CONSTITUTIONS CONDITIONS CONDITIONS  TO GOME 2:  STREET CONKRY St.   | TOR R.F.D. NO  | coident.                     | DATE SIGNED Pla. City of Hammon  | MOVEMBER GOMEZ                                   | E AUTO YES 19a.  NTH 25.  M.D.  Ind          | DAY  STATE  Iana                                   | AUG 2   | 5 1998  FINDINGS COETAHINING          |
| bernard b. Altite      | OBSPRE Estile           | SAL.                                       | ka <sub>y</sub>       | PART I. DIE  CONDITIONS, IF A WHICH GAVE RISE IMMEDIATE CAUSE STATUM THE UND LYING CAUSE LAS  PART II. OTHER SIG GIVEN IN PART I (A  DATE & TIME OF DE LAST IN ATTENDANC 22a. MAILING ADDRESS.  23.   | ATH MONT  NOVEMBER  (a) Co (b) Co (c) (c) (d) Co (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d  | ON AS A CONSTITIONS CONDITIONS CO | TOR R.F.D. NO  | ring to DEATH                | DATE SIGNED Pla.  CITY C  Hammon  LOCATI   | MOVEM DET F PHYSICIAN AT GOMEZ, OR TOWN d        | E YES 199.  NTH 25.  M.D.  Indicity on       | DAY  STATE  Lana  FOWN                             | AUG 2 PYES WERE IDERED IN IT AUGS OF DIS 9b.  YEAR 1972 PH              | 5 1998  FINDINGS CODE TERMINING       |
| NAME                   | OBSPRE Estile           | SEP 21 (100                                | D. C.                 | PART I. DE  CONDITIONS, IF A WHICH GAVE RISE IMMEDIATE CAUSE STATUMG THE UND LYING CAUSE LAS  PART II. OTHER SIG GIVEN IN PART I (A  DATE & TIME OF DE LAST IN ATTENDANG 22a. MAILING ADDRESS— 23. BURIAL, CREMATION (SPECIFY) 24a. BURIAL                            | ATH MONT  NOVEMBER  TO COLUMN  ATH MONT  NOVEMBER  CE CORRES  CORRES  ATH MONT  NOVEMBER  CORRES  LA 30 Column  LA | DIATE CAUSE  PROBLEM TO THE CONTROL OF THE CAUSE  TO THE CAUSE CONTROL OF THE CAUSE CONTROL O | TORRED. NO EMATORY, FUNERA Cometery  | ring to DEATH                | DATE SIGNED Pla.  CITY C  Hammon  LOCATI  24c Mi   | MOVEM DET F PHYSICIAN AT GOMEZ, OR TOWN d ON lan | E AUTO YES 1993.  NTH 25.  M.D.  Ind CITY OR | DAY  STATE  iana  rown  Missour                    | AUG 2  P YES WERE IDERED IN IT AUSE OF DE 9b. YES                       | 5 1998  FINDINGS COETAMINING SIL NO D |
| NAME Bernard E. Little | IRECTORIS JAY E. Estile | SEP 21 100 100 100 100 100 100 100 100 100 | D. C.                 | PART I.  CONDITIONS, IF A WHICH GAVE RISE IMMEDIATE CAUSE STATING THE UND LYING CAUSE LAS  PART II. OTHER SIG GIVEN IN PART I (A  DATE & TIME OF DE  20.  PHYSICIAN'S NAME LAST IN ATTENDANC 22a.  MAILING ADDRESS—  BURIAL, CREMATION (SPECIFY) 24a.  DATE (MONTH, E | ATH MONT  NOVEMBER  (C)  ATH MONT  NOVEMBER  (TYPE OR PRINT  CE COASAR  PHYSICIAN  430 CO  N, REMOVAL  A 1  DAY, YEAR)   | DIATE CAUSE  PARTY IN THE PROPERTY OF THE PERTY OF THE PE | TENTER ONI  BEQUENCE OF:  FIONS CONTRIBUT  YEAR  1972 7:  TOR R.F.D. NO  EMATORY, FUNERA  Cometery  E—NAME AND AG  | ring to DEATH HOUR 45 P M. 2 | DATE SIGNED PLACE PER LINE FOR PARTICIPATION | MOVEM DET TOWN  d ON  lan  street or r.f.c.      | E YES 1993.  NTH 25.  M.D.  Ind.  CITY OR:   | DAY  STATE  ISAB  FOWN  MISSOUR  OR TOWN, S  Crown | AUG 2  FYES WERE AUSE OF DE 9b. YES  YEAR  1972  PH  TATE, ZIP)  Point. | 5 1998  FINDINGS CODE NO              |
| AME Bernard E Little   | A B. Hittle             | SEP 21 100 100 100 100 100 100 100 100 100 | D. C.                 | PART I. DE  CONDITIONS, IF A WHICH GAVE RISE IMMEDIATE CAUSE STATUMG THE UND LYING CAUSE LAS  PART II. OTHER SIG GIVEN IN PART I (A  DATE & TIME OF DE LAST IN ATTENDANG 22a. MAILING ADDRESS— 23. BURIAL, CREMATION (SPECIFY) 24a. BURIAL                            | ATH MONT  NOVEMBER  (C)  ATH MONT  NOVEMBER  (TYPE OR PRINT  CE COASAR  PHYSICIAN  430 CO  N, REMOVAL  A 1  DAY, YEAR)   | DIATE CAUSE  PARTY IN THE PROPERTY OF THE PERTY OF THE PE | YEAR PARTIES ON THE P | ring to DEATH HOUR 45 P M. 2 | DATE SIGNED PLOCATION LOCATION | MOVEM DET TOWN  d ON  lan  street or r.f.c.      | E YES 1993.  NTH 25.  M.D.  Ind.  CITY OR:   | DAY  STATE  ISAB  FOWN  MISSOUR  OR TOWN, S  Crown | AUG 2  FYES WERE AUSE OF DE 9b. YES  YEAR  1972  PH  TATE, ZIP)  Point. | 5 1998  FINDINGS CODE THE STATE       |

25 X (III)