

SURVIVORSHIP AFFIDAVIT  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

STATE OF  
COUNTY OF  
x62000082 LO2000 004232 } s. s.

2000 JAN 21 AM 9:48

On this January 13, 2000 before me personally appeared MORRIS W. CARTER SANDRA K. AYALA, FKA  
(insert date) THE DECEDENT

Sandra K. Long, Sandra K. Havlin Long

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 Daniel G. Long and Sandra K. Long;

4. Said Daniel G. Long (fill in name of co-tenant who died)

died on August 12, 1984

leaving NO will; (insert "a" or "no"; if will left, attach a copy)

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

THE WEST 34 FEET OF LOT 4 IN BLOCK 3 IN COLUMBIA GARDENS IN THE CITY OF HAMMOND AS PER PLAT THEREOF RECORDED IN PLAT BOOD 15 PAGE 2 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

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: NONE

7. Where this affidavit relates to a tenancy by the entireties, were the parties divorced? NO

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

8. Affiant's relationship to the deceased was WIFE

Signature: Sandra K. Ayala

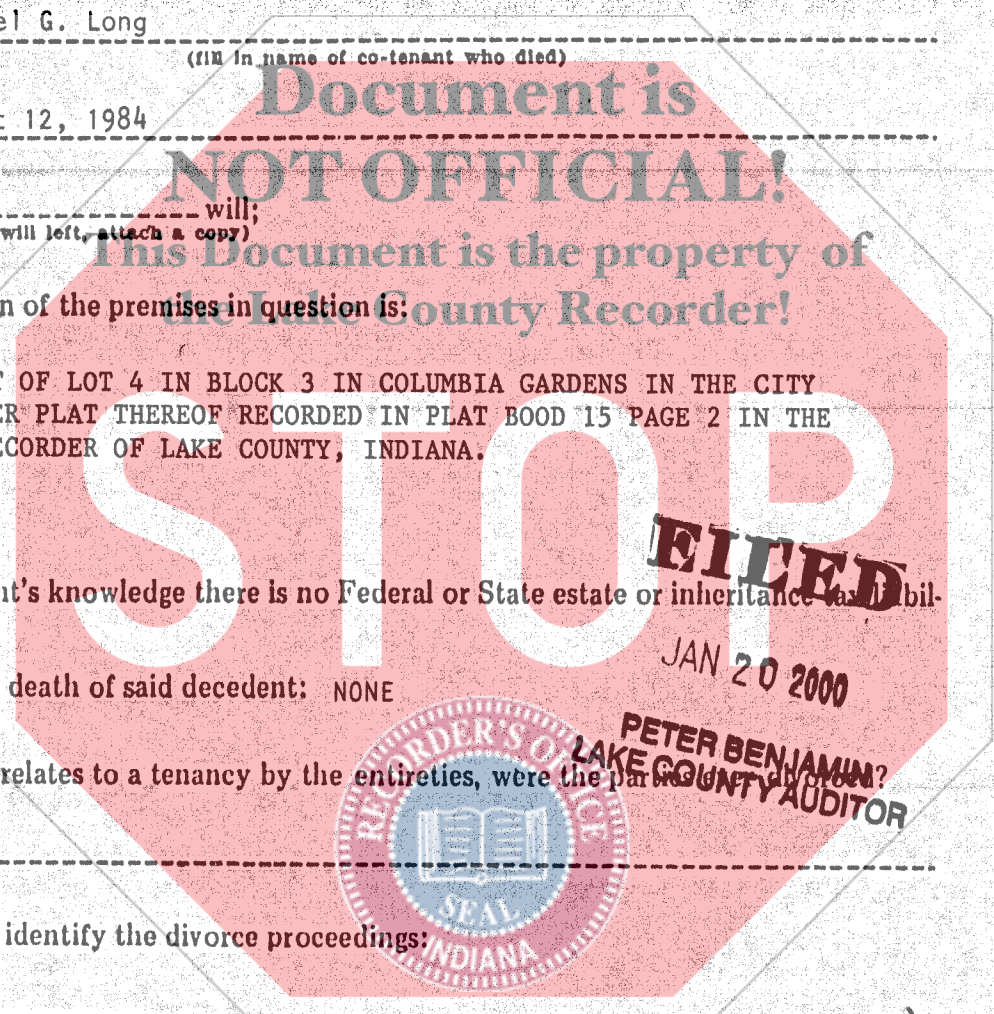
Address: 1120 Mulberry St

Subscribed and sworn to before me by the affiant  
this 13TH DAY OF JANUARY, 2000  
(insert date)

MICHELLE L. BANASIAK Notary Public

BANASIAK My Commission Expires 7-20-06

This instrument prepared by SANDRA K. AYALA



Chicago Title Insurance Company

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND SOCIAL SERVICES  
ORIGINAL CERTIFICATE OF DEATH

STATE FILING DATE  
STATE DEATH NO.

LOCAL FILE NUMBER		DECEDECENT-NAME First Middle Last <b>DANIEL Gene LONG</b>		SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF DEATH Month Day Year <b>August 12 1984</b>
1. RACE-10 g. White, Black, Hispanic, American Indian, etc. <b>White</b>	AGE-Last Birthday 5a. <b>37</b> 5b. Years 5c. Mos. 5d. Days 5e. Hours 5f. Mins	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH Month Day Year <b>February 06 1947</b>	COUNTY OF DEATH <b>Sauk</b>
CITY, VILLAGE OR TOWNSHIP OF DEATH <b>Baraboo</b>		HOSPITAL OR OTHER INSTITUTION-Name (if name of these, give street and number) <b>St. Clare Hosp</b>		IF HOSP OR INST <input type="checkbox"/> DOA <input type="checkbox"/> Pop/Emor Rm <input type="checkbox"/> Important	
STATE OF BIRTH (if not in U.S.A. name country) <b>Indiana</b>	CITIZEN OF WHAT COUNTRY <b>U.S.A</b>	MARITAL STATUS <input checked="" type="checkbox"/> 1. Married <input type="checkbox"/> 4. Never Married <input type="checkbox"/> 2. Separated <input type="checkbox"/> 5. Widowed <input type="checkbox"/> 3. Divorced		SURVIVING SPOUSE (if wife, give maiden name) <b>Sandra Winslow</b>	
SOCIAL SECURITY NUMBER <b>341-36-9518</b>		USUAL OCCUPATION (give kind of work done during most of working life, even if retired) <b>office Manager</b>		KIND OF BUSINESS OR INDUSTRY <b>Beering company</b>	
RESIDENCE-STATE <b>Indiana</b>	COUNTY <b>Lake</b>	CITY, VILLAGE OR TOWNSHIP OF RESIDENCE <b>Hammond</b>	INSIDE CITY OR VILLAGE LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STREET AND NUMBER <b>1120 Mullberry street</b>	
FATHER-NAME First Middle Last <b>Don Long</b>		MOTHER-MAIDEN NAME First Middle Last <b>Lillian Killian</b>			
INFORMANT-NAME (Type or Print) <b>Sandra Long</b>		MAILING ADDRESS Street or R.F.D. No. City or Village State Zip <b>1120 Mullberry st Hammond Indiana 46324</b>			
19. <input type="checkbox"/> 1. Burial <input type="checkbox"/> 4. Removal <input type="checkbox"/> 2. Cremation <input type="checkbox"/> 5. Other <input type="checkbox"/> 3. Entombment		CEMETERY OR CREMATORY-NAME <b>Elmwood Cemetery</b>		LOCATION City or Village State <b>Hammond, Indiana</b>	
FUNERAL SERVICE LICENSEE Or Participating As Such Signature <b>Daniel S. Blomberg</b>		NAME OF FACILITY <b>Ryan Funeral Home</b>		ADDRESS OF FACILITY Street or R.F.D. No. City or Village State Zip <b>2418 N. Sherman Ave. Madison, Wis. 53704</b>	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. Signature and Title DATE SIGNED 21b. Month Day Year		21c. HOUR OF DEATH M 21d. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print) <b>Richard F. P. Olson, Coroner; 230 North Pine St. Reedsburg, Wisconsin 53959</b>		22a. On the basis of examination and/or investigation, my opinion death occurred at the time, date and place and due to the cause(s) stated. Signature and Title DATE SIGNED 22b. Month Day Year 22c. PRONOUNCED DEAD 22d. Month Day Year	
21e. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		21f. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, MEDICAL EXAMINER OR CORONER) (Type or Print)		22e. PRONOUNCED DEAD (Hour) <b>01:58 A.</b>	
23. REGISTRAR 24a. Signature <b>Robert F. Scheible</b>		24b. DATE RECEIVED BY REGISTRAR <b>Aug. 14 1984</b>			
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I Conditions if any which give rise to immediate Cause stating the underlying cause last (a) <b>CARDIAC ISCHEMIA WITH CONSEQUENT ACUTE CARDIAC FAILURE</b> DUE TO, OR AS A CONSEQUENCE OF: (b) <b>CORONARY ARTERIOSCLEROSIS, SEVERE</b> DUE TO, OR AS A CONSEQUENCE OF: (c)		25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not related to cause given in PART I (a)		Interval between onset and death <b>30 MIN. (APPROX)</b> Interval between onset and death <b>3704 YRS.</b>	
26. AUTOPSY <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. WAS MEDICAL EXAMINER OR CORONER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
28a. INJURY AT WORK <input type="checkbox"/> Yes <input type="checkbox"/> No		28b. DATE OF INJURY 28c. HOUR OF INJURY		28d. DESCRIBE HOW INJURY OCCURRED	
28e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		28f. LOCATION		28g. Street or R.F.D. No. City or Village State	

STATE OF WISCONSIN )  
SAUK COUNTY )  
OFFICE OF JAN 20 2000  
REGISTER OF PETER BENJAMIN LAKE COUNTY AUDITOR  
I, Robert F. Scheible, Register of Deeds, Sauk County, Wis., do hereby certify that the adjacent photograph is a true and correct copy of the transcript on file in this office.  
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal this 20th day of August, A.D. 1984.

*Robert F. Scheible*  
Register of Deeds, Sauk County, Wis.

01338

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