STATE OF INDIANA

COUNTY OF LAKE

)ss: 2004 034731 1190 S. Hobart Road Hobart, IN 46342 Tax Key No.: 17-3-33.

AFFIDAVIT OF SURVIVORSHIP

Comes now, Marie L. Field a/k/a Marlies Field, being of legal age and duly sworn upon her oath, who now states as follows:

- That Marie L. Field a/k/a Marlies Field, is an adult and resides in Lake County, Indiana, and is the surviving Co-Trustee of the Marie L. Field a/k/a Marlies Field Revocable Living Trust Agreement dated September 14, 2000.
- 2. That Robert L. Field, as Co-Trustee along with the Affiant herein, Marie L. Field a/k/a Marlies Field, were owners of the following described real estate in Lake

 County, Indiana, to-wit:

 County, Indiana, to-wit:

The North 100 feet of the South 130 feet of the North ½ of the Northeast 1/4, except the West 2414.5 feet thereof, of Section 5, Township 35 North, Range 7 West of the 2nd Principal Meridian, in the City of Hobart, Lake County, Indiana. Tax Key No.: 17-3-33.

APR 2.8 Was STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

- and pursuant to the terms of a Deed in Trust, dated September 14, 2000, was recorded on October 27, 2000, as document number 2000 078405, in the Recorder's Office, of Lake County, Indiana.
- 3. Robert L. Field and Marie L. Field a/k/a Marlies Field, were Co-Trustees of the Trust at the time they acquired title to the above-described real estate and so remained until the death of Robert L. Field on July 6, 2003. Affiant attaches hereto marked as Exhibit "A", a Death Certificate of Robert L. Field.
- 4. Robert L. Field died on July 6, 2003, and that pursuant to the terms and provisions

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of the Trust, Marie L. Field a/k/a Marlies Field is permitted to serve as the sole surviving Trustee of the Trust.

5. This Affidavit is made for the purpose of clearing title to the above parcel of real estate and removing the name of Robert L. Field from the transfer records of the Auditor of Lake County.

Dated this 12 day of April, 2004.

Marie L. Field

MARIE L. FIELD A/K/A MARLIES FIELD

SUBSCRIBED AND SWORN to before me, a Notary Public in and for said State and County, this <u>22</u> day of <u>April</u>, 2004.

Notary Public (Written

Document 18

Bonnie Berk

Notary Public (Printed

Commission Expires: This Document is the property of the Lake County Recorder!

County of Residence: Lake



This instrument prepared by: Frank J. Koprcina, BRANDEWIE & KOPRCINA, P.C., Attorneys at Law, 105 E. 61st Avenue, Ste E., Merrillville, Indiana 46410, (219) 985-9999



SS# we need to pursue our responsibilities if voluntary and there will be no penalty for refusal.

EXHIBIT "A"

INDIANA STATE DEPARTMENT OF HEALTH 1658-03 Local No. CERTIFICATE OF DEATH State No..... THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3 TYPE/PRINT 1. DECEASED - NAME (First, Middle, Last) 2. SEX 3a. TIME OF DEATH 3b. DATE OF DEATH(Month, Day, Yr.) IN Robert L. Field Male PERMANENT 2:10 AM. July 6, 2003 4. *SOCIAL SECURITY NUMBER 5b. UNDER 1 YEAR 5a. AGE - Last Birthday (Years) BLACK INK 5c. UNDER 1 DAY
Hours Minu 6. DATE OF BIRTH(Mo., Day, Yr.) 7.BIRTHPLACE (City and State or Foreign Country)
Chicago 317-32-6473 6,9 September 08,1933 Illinois YEAR LAST SERVED IN U.S. ARMED FORCES? 8a. WAS DECEDENT A U.S. VETERAN? PLACE OF DEATH (Check only one See instructions) HOSPITAL | Inpatient 1956 OTHER Nursing Home Other (Specify) ☐ ER/Outpatient DOA Residence

9c. CITY, TOWN, DR LOCATION OF DEATH 9b. FACILITY NAME (If not institution, give street and number) 9d. COUNTY OF DEATH DECÉDENT 1180 <u>s</u>. Hobart Rd Hobart Lake 11. SURVIVING SPOUSE (If wife, give maiden name) Marie Louise 10. MARITAL STATUS 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired.) 126 KIND OF BUSINESS/INDUSTRY Married Frank Accounting Midwest Steel Corp. 13a. RESIDENCE - STATE 13b. COUNTY 13c. CITY, TOWN OR LOCATION 13d. STREET AND NUMBER Indiana Hobart 1180 S. Hobart Road 13e. ZIP CODE 13f. INSIDE CITY LIMITS 14. CITIZEN OF 15.WAS DECEDENT OF HISPANIC ORIGIN?

☑ No ☐ Yes (If yes, specify Cuban, 17. DECEDENT'S EDUCATION (Specify only highest grade completed RACE -- American Indian WHAT COUNTRY ☐ No ☑ Yes Black, White, etc. (Specify) 13g. ON A FARM? Mexican, Puerto Rican, etc.) entary/Secondary (0-12) 46342 USA ☑ No ☐ Yes White 12 19. MOTHER'S NAME (First, Middle, Maiden Surname) **PARENTS** Robert F. Field Jean L Busch 20a. INFORMANT'S NAME (Type/Pr. 20b. MAILING ADDRESS (Street and Num r, City or Town, State, Zip Code) INFORMANT Marie Louise Field 1180 S. Hobart Road, Hobart, IN 46342 21a. METHOD OF DISPOSITION 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, cremetory, or ☐ Entombr 21c. LOCATION - City or Town, State other place) July 9, 2003 Removal from State Other (Specify) McCOOL CEMETERY Portage, Indiana 22a. EMBALMER'S NAME 22b. EMBALMER'S LICENSE NO. 23. WAS DEATH REPORTED TO CORONER? DISPOSITION Craig Byron Malone X No 01022392 ☐ Yes 24a. SIGNATURE OF FUNERAL DIRECTOR OCUL 24b. LIGENSE NUMBER (of Licensee) NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
Burns Funeral Home FH83002380
701 E. 7th Street, Hobart, Indiana ames FD01009461 46342-Approximate Interval Between Conset and Death Conset and This Donareatich (on or with MMEDIATE CAUSE (Final disease or condition resulting in death) DEATH ON FILE WITH THE CERTIFICAT THE LAKE COUN CAUSE OF Conditions, if any, which gaverise to the immediate cause stating the underlying cause last DUE TO (OR AS A CONSEQUENCE OF) DEATH DUE TO (OR AS A CONSEQUENCE OF): PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I PREGNANT OR 90 DAYS 286 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) WAS AN AUTOPSY PERFORMED? POSTPARTUM? (Y, N or U) (Yes or no) 29a. CERTIFIER (Check only No 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 296 SIGNATURE AND TITLE OF CERTIFIER

HEALTH OFFICER

Kumar Venkat M.D.
31. HEALTH OFFICER'S SIGNATURE

Accident

CERTIFIER

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26/Type/Print) 8895 Broadway, Merrillville, IN 46410

29c. MEDICAL LICENSE NO.

01048257

29d. DATE SIGNED (Month, Day, Year)

7-13-2003

32. DATE FILED (Month, Day, Year) 33. MANNER OF DEATH 34a DATE OF INJURY 34c. INJURY AT WORK? 34d. DESCRIBE HOW INJURY OCCURRED (Month, Day, Year) INJURY Pending Investigation X Natural

on and/or investigation, in my opinion, death

34e PLACE OF INJURY — At home, farm, street, factory, office 34f LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide Could not be building, etc. (Specity) ☐ Homicide 34g DATE PRONOUNCED DEAD (Month, Day, Year) 34h MOTOR VEHICLE ACCIDENT?(Yes or No) If yes, specify driver, passenger, pedestrian, etc.

July 6, 2003 State Form 10110 (R4/3-93) Deathcer/PD 1