FILED FOR RECORD

STATE OF INDIANA

2004 055072

COUNTY OF Lake

SURVIORSHIP AFFIDAVIT

5671923

Pamela M Baron being of legal age, an duly sworn upon her/his oath deposes and says:

1. That Pamela M Baron is the owner in fee simple title of the following described real estate located in Lake County, Indiana to-wit:

SEE ATTACHED EXHIBIT A

- 2. That Julius L Baron and Pamela M Baron were vested in title as joint tenants with rights of survivorship at the time of Julius L Barodeath.

 Attached is a copy of the death certificate.
- 3. That there has not been any administration upon the estate of Julius L Baron and that no administration is contemplated.
- 4. That the estate of Julius L Baron was not subject to any Federal Estate Tax.

5. That Pamela M Baron makes this affidavit for the purpose of causing the proper transfer of real estate title in Lake County, Indiana.

19-11-0203-0006

(printed name) Pame la M Baron

Subscribed and sworn to me, a Notary Public in and for County and State this day of May 24, 2004.

My commission expires: 6-17-07

Notary Public Namey R Webb

This instrument was prepared by: RITA M LUBARSKI IEFCU

First American Equity Loan Services, Inc.
151 N. Delaware Street, 1/700
Indianapolis IS 46204-2318 9
(317)637-667

002406

13.00 FALLON

*TTENTION ESTATE: Disclosure of the "# we need to pursue our responsibilities voluntary and there will be no penalty for fusal."

INDIANA STATE DEPARTMENT OF HEALTH

ical No	.0.826-9			CERTIFICAT	E OF DEAT	Н	State N	۱o	************	
YPE/PRINT		IN THIS SERIES A	ARE CONFIDENTIAL P	ER IC 16-1-19-3	2. SE	x	3a. TIME OF DEATH	3b. DATE OF DEA	ATH (Money Day Yr.)	
IN			US L.	BARON	Ma	Male		6:50 AM April 7, 1994		
ERMANENT	4. *SOCIAL SECURIT	- - -	Sa. AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months Days		5. DATE OF BIR			and State or Foreign Country)	
3LACK INK	315-38-8		54	Months Days			0, 1939	Gary, Indiana		
	8#: WAS DECEDENT A U.S. VETERAN?		AR LAST SERVED IN S ARMED FORCES?	HOSPITAL CT.		ı	OF DEATH (Check only one. See instructions)			
	no			GER/Outpatient DOA		☐ Nursing Home ☐ Other (Specify) ☐ Residence				
CEDENT	9b. FACILITY NAME (If not institution,		street and number)			TOWN OR LOC	ATION OF DEATH	9d. COUNTY OF	DEATH	
OCDEIVI	5899 West 91st Ave.,			St.		. John 1	Twp.	Lake		
	10. MARITAL STATUS	11 SU	RVIVING SPOUSE wife, give maiden name)		12a. DECEDENT'S USUA done during most of	L OCCUPATION	(Give kind of work	12b. KIND OF BUSINESS/INDUSTRY		
	married	Par	mela White	Roll		1 Turner		Inland Steel Co.		
	13a RESIDENCE-ST	_	OUNTY	13c. CITY, TOWN OF LOCATION		13d. STREET AND NUM				
	Indiana		Lake	St. John Township				t 91st Ave.		
		INSIDE CITY LIMIT:	S 14 CITIZEN OF WHAT COUNTRY	15. WAS DECEDENT O			_ : 5	17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)		
	46307 13g.	ON A FARM?	USA	Mexican, Puerto Ri		(Special				
ļ		⊠ No □ Yes	USA			Wh:	ite	12	1	
RENTS	18. FATHER'S NAME (19. MO	THER'S NAME (F	rst. Middle, Maiden Sui	name)		
		Louis	Baron	Florence Jenski						
FORMANT	Pamela	AME <i>(Type/Prino</i> Baron		20b. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zip Code) 20c. Relationship					1	
	21a METHOD OF DISE		tombment		5899 W. 91st Ave., Crown Point, Ind. 46307 Wife					
			moval from State		21b. OATE AND PLACE OF DISPOSITION (Name of cometery, crematory, or other place) April 9, 1997					
		ther (Specify)	mover from State	1			,	Annaille i	17 - T. 11.	
SPOSITION	22a. EMBALMER'S NAME:			Calumet Park Crematory				Merrillville, Indiana ORTED TO CORONER?		
		none	e /,				No Des	J 10 COHONEH?		
	24. SIGNATURE OF FUNERAL DIRECTOR 25. NAME ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME PRUZIN & LITTLE FUNERAL SERVICE #830012 FD# 1007231 811 E. Franciscan Dr., Crown Pont, IN 463									
	26/PART I. Ente arre	r the diseases, injurie st, shock, or heart fai	ds. or complications that ca	used the death. Do not ente	s the prop	erty	retory		Approximate interval Between	
NUSE OF	IMMEDIATE CAUSE (Final disease or condition resulting in death)			OR AS A CONSEQUENCE	OFF	derta	на		Onset and Death	
	Conditions, if any, which rise to the immediate cau	•	DUE TO (OR AS A CONSEQUENCE	OF)					
	stating the underlying cause last		DUE TO ((OR AS A CONSEQUENCE	OF):					
	PART II. Other significan	t conditions - Conditi	ons contribution to death t	out not previously stated in	Page 1		1			
				6 hica	21. 1470 01	ANT OR 90 DAY	28s. WAS AN AL		RE AUTOPSY FINDINGS AILABLE PRIOR TO	
				a Am to	POSTPA CYes or		(Yes or no)	COMPLETION OF CAUSE OF DEATH? (Yes or no)		
	(Yes or no) COMPLETION OF CAUSE OF DEATH? (Yes or no)									
	29a. CERTIFIER (Check only one) 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 spid/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.									
				ition and/or investigation, in	my opinion, death occurre	d at the time, date	and place, and due to	the cause(s) and manne	or as stated.	
RTIFIER	296 SIGNATURE AND TITLE OF CERTIFIER			0102			EDICAL LICENSE NO			
] 3	30. NAME AND CORRESS OF PERSON WHO COMPLETED CAUSE OF JOSEPH M. Kacmar M.D.			123 N./Court St., Crown Point, Ind						
<u> </u>	31 HEALTH OFFICERS SIGNATURE			123	ourt.St., Cr	- / -	HIS CERTIFIES TH	ABOVE IS A TRUE		
FICER			Alma	Joan Vi	Clience MA	/ 1 c	OMPLETE COPY OF	FTHE CERTIFICATE HTHE LAKE COUN	EIOS (Month Day, Year)	
3	33. MANNER OF DEATH (Month Day, Ye			TIME OF	346. TIME OF 34c. INJURY AT WORK? 34d. DESCRIBE HOW INJURY OCCURRED				7/1//	
	Natural Pending Investigation		Conuntati Day, Yeer) INJURY	(Yes őr na)		,)())	2 8 2003		
	Accident Suicide C	ould not be	34e. PLACE OF INJUF building, etc. (Spec	IY —At home, farm, street, f	actory, office	34f LOCATIO	N (Street and Number	or Rural Route Number	City or Town State)	
		stermined	- snamy, etc. (30e)		Ì	i		.~		
34	4g DATE PRONOUNCE	D DEAD (Month Da	y, Year) 34h, MOTOF	VEHICLE ACCIDENT? ()	(es or no) If yes specific	driver nashanna	Dadestrian at ==	, / }		
			1		, ,		· Sandanieri, Etc. /3	/ 1/	, ,	

State Form 10110 (R4/3-93) Deathcer/PD 1

05/13/7004 Thu 13:33

EXHIBIT A

First American Equity Loan Services

A PARCEL OF LAND LOCATED IN THE COUNTY OF LAKE, STATE OF INDIANA, AND KNOWN AS:

BEING LOT NUMBER 6 IN WOODHAVEN ESTATES ADDITION AS SHOWN IN THE RECORDED PLAT/MAP THEREOF IN BOOK 45 PAGE 62 OF LAKE COUNTY RECORDS.

Permanent Parcel Number: 09-11-0203-0006 JULIUS L. BARON AND PAMELA M. BARON, HUSBAND AND WIFE

5899 WEST 91ST AVENUE, CROWN POINT IN 46307 First American Order No: 5671923 Identifier: ELS

