4

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

2004 055204

On this 6-17-04 (insert date) before me personally appeared Billy R. PERDUE

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 Billy R. PERDUE and LENORE J PERDUE

4. Said LENORE J. PERDUE
(fill in name of co-tenant who died)
died on 9-01-1999
leaving NO will;
(insert "a" or "no"; if will left, attach a copy

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

ATTACHED

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? ☐ Yes ☒ No

If yes, then estimated taxes due are $ N/A

The taxes due are ☐ paid or ☐ unpaid..

002302

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2004 JUN 30 AM 9:20
MORRIS K. [illegible]
RECORDER

SOUTHSHORE TITLE LLC 9400406 oy

SOUTHSHORE TITLE LLC
11055 BROADWAY
CROWN POINT, IN 46307

16DC
55

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

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

—):

8. Affiant's relationship to the deceased was Husband

Signature: x Billy R Perdue

Printed Name Billy R. PERDUE

Address: x 2219 W. 79th Ave

x Merrillville, IN. 46410

Subscribed and sworn to before me by the affiant

This 6-17-04
(insert date)

Kevin Zaremba
Notary Public

Printed Name KEVIN J ZAREMBA

My County of Residence is: LAKE

In the State of IN

My Commission Expires 12-09-11

KEVIN J. ZAREMBA
Lake County
My Commission Expires
December 9, 2011

This instrument prepared by Kevin Zaremba

x Billy R Perdue

No: 40608SS

LEGAL DESCRIPTION

The land referred to in this Commitment is described as follows:

Parcel 1:

The West 55 feet of Lot 1 in Block 5, in Independence Hill, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 20 page 2, in the Office of the Recorder of Lake County, Indiana..

Parcel 2:

The East 55 feet of the West 110 feet of Lot 1, in Block 5, in Independence Hill, in the Town of Merrillville, as per plat thereof, recorded in Plat Book 20 page 2, in the Office of the Recorder of Lake County, Indiana..

This Commitment is valid only if Schedule B is attached.

ACA 6/96 CHJ CHJ 06/02/04 10:48:40

6cc

* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 200 4-99 ..... State No. .....

42500

TYPE/PRINT IN PERMANENT BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

DECEDENT

1. DECEASED—NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
LENORE	JANE	PERDUE	FEMALE	12:30 p.m.	SEPTEMBER 1, 1999

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo. Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
315-48-5790	51			October 9, 1947	Chicago, Illinois

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
NO	–	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
2219 W. 79th. Ave.	Merrillville	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Bill Perdue	Bus Driver	School

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Merrillville	2219 W. 79th. Ave.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46410	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
William T. Jones	Eleanor Collins

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Bill Perdue	2219 W. 79th. Ave. Merrillville, IN 46410	Husband

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	September 3, 1999 Calvary Cemetery & Crematorium	Portage, IN

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
N/A	N/A	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Leonard Stilinovich	FD08800305	STILINOVICH & WIATROLIK FH83004455 7535 Taft St. Merrillville, IN 46410

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cancer of the Lung — 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

Approximate Interval Between Onset and Death

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

27. WAS DECEDENT PREGNANT OR [illegible] POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY [illegible]? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

CERTIFIER

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) and manner 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: [illegible] MD

DATE SIGNED (Month, Day, Year): 9/2/99

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): John George, M.D. 7905 Calumet Ave. Munster, IN 46321 — 219-8365800

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Alexander S. Stilinovich, M.D.

32. DATE FILED (Month, Day, Year): September 3, 1999

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)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.