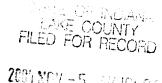
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CM 420046464 STATE OF INDIANA)SS: COUNTY OF LAKE

2004 094723



On this 2nd day of November, 2004 before me personally appeared Frieda M Craig, to me

personally known, who being first duly sworn upon oath, deposes and says:

Affiant resides at the address given below Affiant's signature; 2. The legal description of the premises in question is:

See attached Exhibit "A"

- 3. That Affiant is the owner of said real estate.
- Said premises were formerly owned as tenants by the entireties by Ray E. Craig and 4. Frieda M. Craig, husband and wife.
- That the said Ray E. Craig also known as Raymond E. Craig, died on February 27, 1993 at the Lake County Convalescent Home in Crown Point, Lake County, Indiana leaving no will. A copy of his death certificate is attached hereto as Exhibit "B".
- Where this Affidavit relates to tenancy by the entireties, that Ray E. Craig and Frieda M. Craig were duly and legally married at the time they acquired title as husband and wife and were never divorced.
- That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
- That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further Affiant sayeth not.

Affiant Signature: Printed Name: Address:

TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

STATE OF INDIANA

)SS:

2004 NOV 4

COUNTY OF LAKE

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

Before me the undersigned, a Notary Public, in and for said County and State, personally appeared Frieda M. Craig, and she being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this 2nd day of November 2004

My County of Residence:

My Commission Expires:

This instrument prepared by: Donna LaMere, Attorney at Law #03089-64



EXHIBIT"B"

INDIANA STATE DEPARTMENT OF HEALTH

6 cc's

CERTIFICATE OF DEATH State No. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3 TYPE/PRINT DECEASED—NAME (First, Middle, Last) 2. SEX 3a TIME OF DEATH 3h DATE OF DEATH (Moom Cay Yo) RAYMOND CRAIG Male 10:10P M February 27, 1993 IN AGE—Last Birthday (Years) 4 SOCIAL SECURITY NUMBER 5c UNDER 1 DAY | 6 DATE OF BIRTH (Mo. Day. Yr) **PERMANENT** 56. UNDER 1 YEAR 7. BIRTHPLACE (City and State or Foreign Co. Days BLACK INK 305-09-9248 FEB 8, 1914 MARSHALL, ILLINOIS Ba. WAS DECEDENT A U.S VETERAN? YEAR LAST SERVED IN U.S. ARMED FORCES? 9a. PLACE OF DEATH (Check only one See instructions) HOSPITAL | Inpatient OTHER Nursing Home Cher (Specify) N/A D DOA ☐ ER/Outpatient Residence 9b. FACILITY NAME (If not institution, give street and number) 9c. CITY, TOWN OR LOCATION OF DEATH 9d. COUNTY OF DEATH DECEDENT LAKE COUNTY CONVALESCENT HOME CROWN POINT LAKE 10. MARITAL STATUS 11. SURVIVING SPOUSE 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) 125 KIND OF BUSINESS/INDUSTRY (If wife give maiden name) FRIEDA MAY BELL Married BLASTER U.S. STEEL SHEET & TIN 13a RESIDENCE—STATE 13b COUNTY 13c, CITY, TOWN OR LOCATION 13a STREET AND NUMBER INDIANA LAKE HOBART 3556 MICHIGAN AVENUE 13e. ZIP CODE 13f. INSIDE CITY LIMITS 14. CITIZEN OF DANO ☐ Yes WHAT COUR 15. WAS DECEDENT OF HISPANIC ORIGIN?

LANo ☐ Yes (If yes, specify C

Mexican, Puerto Rican, etc.) 17. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. RACE-American Indian Black, White, etc (Specify) WHAT COUNTRY? 13g. ON A FARM? Elementary/Secondary (0-12) USA ZNo ☐ Yes WHITE 10 18. FATHER'S NAME (First Middle, Last) 19. MOTHER'S NAME (First Middle, Maiden Surname) PARENTS OLLIE CRATG WINONA **ENGLISH** 20s. INFORMANT'S NAME (Type/Print) 20b MAILING ADDRESS (Street and Number or Bural Boute Number, City or Town, State, Zip Code) 20c Relationship NFORMANT FRIEDA MAY CRAIG 3556 MICHIGAN AVE, HOBART, IN 46342 Wife 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory of 21c. LOCATION—City or Town, State MAR 1993 MARSHALL CEMETERY ☐ Cremation ☐ Removal from State Other (Specify) MARSHALL, ILLINOIS 23. WAS DEATH REPORTED TO CORONER? 228 EMBALMER'S NAME 22b. EMBALMER'S LICENSE NO. DISPOSITION JAMES J. KRAUSE FD01006463 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FH83003069 REES FUNERAL HOMES INC. 600 W. RIDGE RD, HOBART, IN 24a. SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER (of Licensee) KKA FD01006463 IN 46342 Enter the diseases injuries, or complications that caused the deeth. Do not enter-nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only, one cause on each line. Approximate DUE TO (OR AS A CONSEQUENCE OF) Onset and Death clu Pricincia IMMEDIATE CAUSE (Final CAUSE OF DEATH caralices CAD Possible des , hy the DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF) CUA PART II. Other significant conditions - Condi WAS DECEDENT
PREGNANT OR 90 DAYS
POSTPARTUM? ns contributing to death but not previously stated in Part I 286 WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) PERFORMED? (Yes or no) N/A No 29a. CERTIFIER 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 death occurred at the time, date, and place, and due to the cau CORONER On the basis of examina on and/or investigation in my opinion, death occurred at the time sate, and place, and due to the cause(s) and manner as state OUTS FOR THE OFFICE FOR TRANSFER - 4-93 296. SIGNATURE AND TITLE OF CERTIFIER CERTIFIER 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type / Print)
SAMI AHMADZAI MD, 2900 W. 93RD AVENUE, CROWN POINT, IN SAMI AHMADZAI MD 2004 411801 4 31 HEALTH OFFICER'S SIGNATURE CONTROL AND MILE TO THE PROPERTY OF THE PROPERTY STEPHEN & STIGHT LOP (Month Day, Year) EALTH)FFICER OFFISCERUM SUBJECT AT RUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY 34a. DATE OF INJURY 33. MANNER OF DEATH 34b TIME OF 34c. INJURY AT WORK? YAULMI COMPLETE COL DEATH ON FILE HEALTH DEP Natural Pending Investigation Accident 34e. PLACE OF INJURY—At home farm, street, factory, office building, etc. (Specify) 34f LOCA umber Challengue No Sta CORONER

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

Suicide Could not be Determined

SDH06-004

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

State Form 10110 (R3 / 3-92)

JSE ONLY

No: 620046464

LEGAL DESCRIPTION

Parcel 1:

Part of the Southwest Quarter of the Southwest Quarter of Section 34, Township 36 North, Range 8 West of the Second Principal Meridian, in the City of Gary, Lake County, Indiana, more particularly described as follows: Commencing at the point of intersection of the West line of said Section 34 with the South line of the right-of-way of the Elgin, Joliet and Eastern Railway Company; thence East along said South right-of-way line 164.8 feet; thence South 100 feet; thence West 164.9 feet; thence North 100 feet to the place of beginning, except the West 50 feet thereof.

Parcel 2:

Part of the Southwest Quarter of the Southwest Quarter of Section 34, Township 36 North, Range 8 West of the Second Principal Meridian, in the City of Gary, Lake County, Indiana, more particularly described as follows: Commencing at the point of intersection of the West line of said Section 34 with the South line of the right-of-way of the Elgin, Joliet and Eastern Railway Company; thence East along said South right-of-way line 164.9 feet; thence South 100 feet to establish a point of beginning; thence West 164.8 feet; thence South 17.5 feet; thence East 164.9 feet; thence North 17.5 feet to the place of beginning, except the West 50 feet thereof.

