

Chicago Title Insurance Company

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 001253

2005 JAN -7 AM 9:51

10605-3

SURVIVORSHIP AFFIDAVIT

MICHAEL A. ...
RECORDER

STATE OF: Indiana)

) ss:

COUNTY OF: LAKE)

On this DECEMBER 31, 2004 Before me personally appeared PAMELA M BARON

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 PAMELA M BARON
(state interest of affiant in the above premises as owner)
- 3. Said premises described as follows: 5899 W 91ST AVE , CROWN POINT IN 46307

9-11 203-6

- 4. Said premises were formerly owned as joint tenants or as tenants by entireties by JULIUS L BARON and PAMELA M BARON
- 5. Said JULIUS L BARON
(fill in name of co-tenant who died) died on 4-7-1994 leaving NO will;
(insert "A" or "no" if a will has been left. attach a copy)
- 6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 150,000 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent;
- 7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? no
(If answer is YES, identify the dissolution proceedings.)
- 8. Affiant's relationship to the deceased was SPOUSE
Signature: Pamela Baron
Address: 5899 W 91st AVE CROWN POINT IN 46307

State of Indiana)
County of LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this DECEMBER 31, 2004 personally appeared PAMLEA M BARON

and acknowledged the execution of the foregoing Affidavit.

Robert D. Lutes
ROBERT D LUTES

Notary Public

Resident of LAKE County

My Commission expires: 9-3-2009

Prepared by: 5/3 Barb

FILED

JAN 6 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

CTIC Has made an accomodation
recording of the instrument.

000240

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ZP
CT

ATTENTION STATE: Disclosure of the information we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0826-94

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED NAME (JULIUS L. BARON), SEX (Male), TIME OF DEATH (6:50 AM), DATE OF DEATH (April 7, 1994), SOCIAL SECURITY NUMBER (315-38-8232), AGE (54), DATE OF BIRTH (June 20, 1939), BIRTHPLACE (Gary, Indiana), PLACE OF DEATH (Residence), FACILITY NAME (5899 West 91st Ave.), CITY/TOWN (St. John Twp.), COUNTY (Lake), MARITAL STATUS (married), SURVIVING SPOUSE (Pamela White), USUAL OCCUPATION (Roll Turner), KIND OF BUSINESS (Inland Steel Co.), RESIDENCE (Indiana, Lake, St. John Township, 5899 West 91st Ave.), ZIP CODE (46307), CITIZENSHIP (USA), RACE (White), EDUCATION (12), FATHER'S NAME (Louis Baron), MOTHER'S NAME (Florence Jenski), INFORMANT (Pamela Baron), MAILING ADDRESS (5899 W. 91st Ave., Crown Point, Ind. 46307), RELATIONSHIP (Wife), METHOD OF DISPOSITION (Cremation), DATE AND PLACE OF DISPOSITION (April 9, 1997, Calumet Park Crematory), LOCATION (Merrillville, Indiana), EMBALMER'S NAME (none), SIGNATURE OF FUNERAL DIRECTOR (John A. ...), LICENSE NUMBER (FD# 1007231), NAME AND ADDRESS OF FUNERAL HOME (PRUZIN & LITTLE FUNERAL SERVICE #830012, 811 E. Franciscan Dr., Crown Point, IN 46307), IMMEDIATE CAUSE (Malignant Astrocytoma), PART II (Steroid induced Glucose, Cerebrovascular Accident), CERTIFIER (J.A. Kacmar), SIGNATURE AND TITLE OF CERTIFIER (Joseph M. Kacmar M.D.), NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Joseph M. Kacmar M.D., 123 N. Court St., Crown Point, Indiana 46307), HEALTH OFFICER'S SIGNATURE (Alexander S. Williams MD), MANNER OF DEATH (Natural), DATE OF INJURY, TIME OF INJURY, INJURY AT WORK?, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT?

DECEASED

MENTS

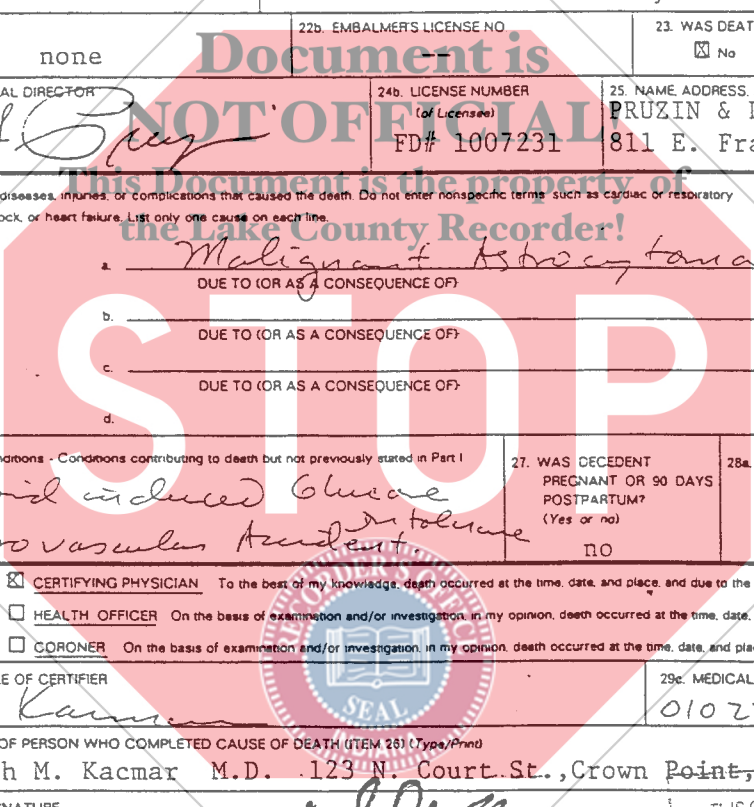
FORMANT

POSITION

USE OF DEATH

CERTIFIER

ALTH OFFICER



APR 8 2008

LEGAL DESCRIPTION

Tax ID# 09-11-0203-0006

LOT 6, WOODHAVEN ESTATES ADDITION, AS SHOWN IN PLAT BOOK 45, PAGE 62, IN LAKE COUNTY, INDIANA.

