

2005 007104

2005 JAN 31 AM 9:10

AFFIDAVIT OF CRISTIN KAY SPRINGET

I, Cristin Kay Springet, being duly sworn, affirm under the penalties for perjury that I am an adult under no mental or physical incapacity or disability and am competent to testify to the facts set forth in this Affidavit and state as follows:

1. I am the only daughter and sole heir of Alfred E. Springet, my father.
2. On August 28, 2003, my father Alfred E. Springet died in the HCR Manor Care Nursing Home, Bertesda, Maryland. I have attached a certified copy of the Certificate of Death for Alfred E. Springet to this Affidavit.

3. At the time of his death, Alfred E. Springet did have a Last Will and Testament, which has not been probated. By the terms of said Will, I was designated as his sole heir.

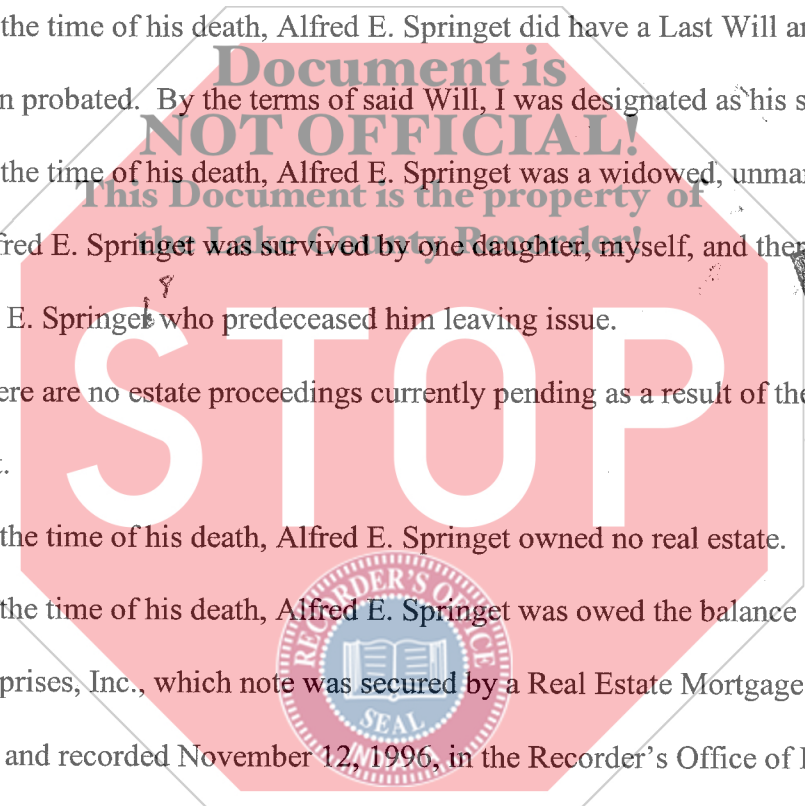
4. At the time of his death, Alfred E. Springet was a widowed, unmarried man.

5. Alfred E. Springet was survived by one daughter, myself, and there were no children of Alfred E. Springet who predeceased him leaving issue.

6. There are no estate proceedings currently pending as a result of the death of Alfred E. Springet.

7. At the time of his death, Alfred E. Springet owned no real estate.

8. At the time of his death, Alfred E. Springet was owed the balance due on a note from Costas Enterprises, Inc., which note was secured by a Real Estate Mortgage executed October 31, 1996, and recorded November 12, 1996, in the Recorder's Office of Lake County, Indiana as Document Number 96074854; said mortgage described and encumbered the following described real estate in Lake County, Indiana:



FILED
 JAN 28 2005
 STEPHEN R. STIGLICH
 LAKE COUNTY AUDITOR

Ticor Title recorded this document as an accommodation. Ticor did not examine the document or the title of the real estate affected.

001415

19-
HDC

Returns: Springet, Crist, Austin & Lewis

TICOR TITLE INSURANCE
Crown Point, Indiana

3

Part of the Northeast 1/4 of the Northeast 1/4 of Section 9, Township 35 North, Range 8 West of the 2nd Principal Meridian, in the Town of Merrillville, Lake County, Indiana, described as follows: Beginning at a point 1097.56 feet South of the Northeast corner of said 1/4 1/4 Section on the East line of said Section; thence West, parallel with the North line of said 1/4 1/4 Section, 285 feet; thence South, parallel with the East line of said 1/4 1/4 Section, 225.35 feet; thence East, parallel with the North line of said 1/4 Section, to the East line thereof; thence North, along the East line thereof 225.35 feet to the point of beginning, except the North 100 feet thereof and except the West 10 feet of the East 50 feet thereof. *Reg # 8-15-23-186*

9. The note secured by said mortgage has been paid in full.

10. The affiant executes this Affidavit to induce the mortgagor Costas Enterprises, Inc., to accept a release of said mortgage executed by the affiant in the place and stead of the decedent, Alfred E. Springet.

11. Pursuant to the laws of intestacy of the State of Indiana as stated in I.C. 29-1-2-1(d)(1) and of the State of Maryland as stated in MC 1-301, the estate of Alfred E. Springet at the time of his death transferred in whole to his surviving daughter, Cristin K. Springet.

FURTHER AFFIANT SAYETH NOT

Cristin K. Springet
Cristin K. Springet

STATE OF MARYLAND)
)SS:
COUNTY OF Montgomery

SUBSCRIBED AND SWORN to before me, a Notary Public, this 21 day of December, 2004.



[Signature]
NOTARY PUBLIC
Printed Name: _____

My Commission Expires: _____
Resident of _____ County.

TIMOTHY W. HAMMETT NOTARY PUBLIC
Montgomery County
State Of Maryland
My Commission Expires Aug. 1, 2006

(2)

VALID ONLY
WITH
IMPRESSED
SEAL

I HEREBY CERTIFY THAT THE ATTACHED IS A TRUE COPY OF A
RECORD ON FILE IN THE DIVISION OF VITAL RECORDS.

DATE ISSUED:
August 29, 2003

Geneva G. Sparks
STATE REGISTRAR OF VITAL RECORDS

State of Maryland / Department of Health and Mental Hygiene
Certificate of Death

1- For State Registrar

Reg. No.

1 Decedent's Name (First, Middle, Last) Alfred E. Springet		2 Date of Death Month Day Year August 28, 2003		3 Time of Death 2:35 A M	
4a. Facility Name (If not institution, give street and number) Manor Care-Bethesda			4b City, Town, or Location of Death Bethesda		4c County of Death Montgomery
5. Social Security Number 306-24-8632		6 Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	7 Age (In yrs. last birthday) 76 Yrs.		8 Date of Birth (Month, Day, Year) March 14, 1927
9 Birthplace (State or Foreign Country) Indiana					
10a. State Maryland		10b. County Montgomery		10c. City, Town or Location Bethesda	
10d. Inside City Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
10e. Street and Number 6530 Democracy Boulevard			10f. Zip Code 20817		10g. Citizen of What Country? United States
11. Marital Status <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		12. Was Decedent Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No World War II		13. Was Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify	
14. Race American Indian, Black, White, etc. Specify White					
15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) - College (1-4or 5+) 2			16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Business Owner		16b. Kind of Business/Industry Insurance
17. Father's Name (First, Middle, Last) Henry E. Springet			18. Mother's Name (First, Middle, Maiden Surname) Irma Cotter		
19a. Informant's Name/Relationship (Type, Print) Cristin K. Springet/ Daughter			19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5207 Belvoir Drive, Bethesda, Maryland 20816		
20a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		20b. Place of Disposition (Name of cemetery, crematory or other place) Montgomery Crematorium, Inc.		20c. Date August 29, 2003	
20d. Location - City or Town, State Bethesda, Maryland		21. Signature of Funeral Service Licensee <i>[Signature]</i> M00689			
22. Name and Address of Facility Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805					
23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Immediate Cause (Final disease or condition resulting in death) Pneumonia Due to (or as a consequence of) a Prostate Cancer Due to (or as a consequence of) b Parkinson's Disease Due to (or as a consequence of) c Chronic Obstructive Pulmonary Disease Due to (or as a consequence of) d					
23b. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Dementia Hypertension					
23c. Did tobacco use contribute to the cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown					
23d. Was decedent pregnant in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		23e. If yes, outcome of pregnancy <input type="checkbox"/> Live birth <input type="checkbox"/> Fetal death <input type="checkbox"/> Ectopic pregnancy <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Other (specify)		23f. Date of delivery Month Day Year	
24a. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. Were autopsy findings available prior to completion of cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
25. Was case referred to medical examiner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. Place of Death (Check only one) Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA Other: <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Other (Specify)			
27. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		28a. Date of injury (Month, Day, Year)		28b. Time of injury M	
28c. Injury at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		28d. Describe how injury occurred		28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify)	
28f. Location (Street and Number or Rural Route Number, City or Town, State)					
29a. Certifier (Check only one) <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Medical Examiner: 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 <i>Kirti Vohra M.D.</i>		29c. License number D20274		29d. Date signed (Month, Day, Year) August 28, 2003	
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Kirti Vohra, M.D. 7710 Bradley Boulevard, Bethesda, Maryland 20817					
31. Date filed (Month, Day, Year) AUG 29 2003		32. Registrar's Signature <i>Geneva G. Sparks</i>			

Baltimore, Maryland 21215-0036

Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 23e-f show any injury or other traumatic event, the Medical Examiner must be notified at 410-326-7300.

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death. To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial transit permit.

To Be Completed by Funeral Director

To Be Completed by Physician/Medical Examiner

