

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2005 045760

AFFIDAVIT OF SURVIVORSHIP

LORRAINE CONNELLY, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 9, BLOCK 9, BON AIRE SUBDIVISION, UNIT NO. 2, AS SHOWN IN PLAT BOOK 31, PAGE 78, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

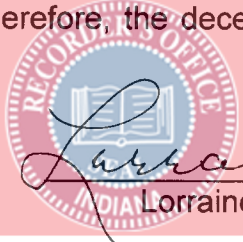
Commonly known as 5854 Taft Place, Merrillville, Indiana

Tax Key #15-299-9

3. The decedent, Peter A. Bardeson, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 31st day of May, 1977, and recorded in the Office of the Lake County Recorder as Document No. 410903.

4. The decedent and myself jointly held title to said real estate until the death of Peter A. Bardeson on the 29th day of August, 1985, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Peter A. Bardeson.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



Lorraine Connelly
Lorraine Connelly, Affiant

FILED

JUN - 3 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

KW
EP
4118
Cl# 3075

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 JUN - 3 PM 1:16

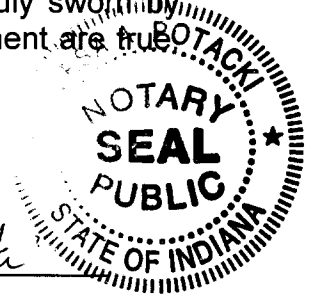
MICHAEL A. STORAN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

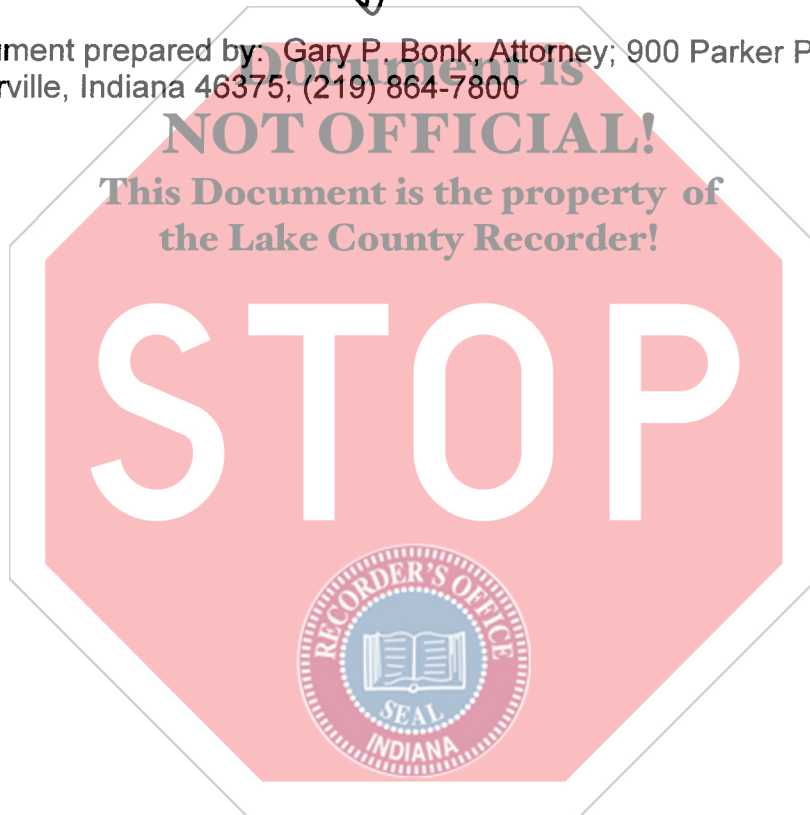
Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Lorraine Connelly, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 31st day of May, 2005.

My Commission Expires: 02/13/2010

Signature: *Lesa A. Potacki*
LesA A. Potacki
Resident of Lake County, IN



↓
This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, Indiana 46375; (219) 864-7800



STATE OF INDIANA
CORONER'S CERTIFICATE OF DEATH

TYPE OF DEATH
 NATURAL WITH
 UNUSUAL DEATH
 SUICIDE
 HOMICIDE
 MURDER
 RECORD

EMERALD'S NAME James Cholston LICENSE No. 419
 FUNERAL DIRECTOR'S SIGNATURE Robert Wiatroch FUNERAL DIRECTOR'S LICENSE No. 968 FUNERAL HOME No. 242

1. NAME: PETER ARDRESON SEX: MALE DATE OF BIRTH: NOV. 29, 1932 AGE: 52 PLACE OF BIRTH: INDIANA

2. OCCASION OF DEATH: Heart Attack

3. PLACE OF DEATH: 5254 TAFE PLACE, MERRILLVILLE, INDIANA 46540

4. OCCUPATION: None

5. MARITAL STATUS: Married SPOUSE: Helen

6. CAUSE OF DEATH: Severe coronary atherosclerosis with almost complete occlusion of right coronary artery; Cardiomegaly.

7. TIME OF DEATH: 8:29-15 DATE: August 31, 1985 TIME OF DEATH: 1:00 A.

8. SIGNATURE OF CORONER: Daniel D. Thomas, M.D.

9. SIGNATURE OF PHYSICIAN: Daniel D. Thomas, M.D.

10. SIGNATURE OF WITNESSES: Daniel D. Thomas, M.D.

11. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE DEPARTMENT OF HEALTH.

12. DATE: MAY 27 2005

REV. 10-77 State Form 10110