

STATE OF INDIANA
COUNTY OF Lake

} SS:

SURVIVORSHIP AFFIDAVIT (LIFE ESTATE)

2005 046251

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Carol Borowski, as Successor Trustee and Alysson Braatz, as Successor Trustee

being first duly sworn upon his/her oath deposes and says:

That he/she is the owner in fee simple of the following described Real Estate located in Lake County, Indiana, to-wit:

Lot 65 in Greenmeadow Manor Unit No. 4-B, in the City of Crown Point, as per plat thereof, recorded in Plat Book 36, page 54, in the Office of the Recorder of Lake County, Indiana.

and commonly known as 411 Scott Street, Crown Point, Indiana 46307

That by deed of conveyance dated March 30th 1999, in Deed Record , page , as Instrument No. 99027422, in the office of the Recorder of Lake County, Indiana, said real estate was conveyed to Mary L. Braatz

for his/her natural life, with remainder to this affiant; that the consideration paid for said real estate was furnished entirely by said Mary L. Braatz who acquired an estate for life only, in said real property:

That said Mary L. Braatz died intestate, a resident of Lake County, Indiana on the March 1, 2005, at which time this affiant acquired the entire title in fee simple to said real property; that there has never been any administration of the estate of the said Mary L. Braatz; that a petition to determine Indiana Inheritance Tax without administration was filed in behalf of said decedent; that said real property was listed in said petition as a taxable asset at its full value, and Indiana Inheritance Tax as determined by the taxing authorities was paid thereon.

That the gross value of the estate of said decedent, taking into consideration in the evaluation thereof, the value of all of his/her gifts in contemplation of death, including all gifts made by him/her within three (3) year next preceding his death, together with the value of all of his/her investments in joint property or property in which he retained any interest measured by his/her life, plus proceeds of all insurance upon his/her life, did not equal or exceed the sum of \$600,000.00, as a consequence of which his/her estate was not subject to Federal Estate Tax.

Carol B. Borowski
Affiant
aka Carol Borowski

Alysson Braatz

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 2 day of June, 2005

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Paula Barrick
Notary Name

Printed PAULA BARRICK

My commission expires:

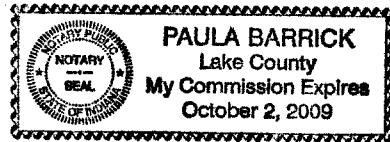
JUN - 6 2005

October 2, 2009

My county of residence:

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

LAKE



This instrument was prepared by: Carol Borowski

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al No. 630-05 CERTIFICATE OF DEATH State No.
7286 THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

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1. DECEASED—NAME (First, Middle, Last) Mary L. Braatz		2. SEX Female	3a. TIME OF DEATH 11:15a	3b. DATE OF DEATH (Month, Day, Year) March 1, 2005
4. SOCIAL SECURITY NUMBER 317-09-3013	5a. AGE—Last Birthday (Years) 87	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) Aug. 15, 1917
7. BIRTHPLACE (City and State or Foreign Country) Chicago, Illinois	8a. WAS DECEDENT A U.S. VETERAN? No			
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		8c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9a. FACILITY NAME (If not institution, give street and number) 411 Scott St.		9b. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9c. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Widowed	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) Housewife		12b. KIND OF BUSINESS/INDUSTRY
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Crown Point	13d. STREET AND NUMBER 411 Scott St.	
13e. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 8+)		18. FATHER'S NAME (First, Middle, Last) Walter Zutinski		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Lucille Seweryn		20a. INFORMANT'S NAME (Type/Print) Carol Borowski		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 201 Sherwood Dr. Crown Point, In.		20c. Relationship Daughter		
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) March 4, 2005 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, Ind.
22a. EMBALMER'S NAME Anthony S. Rendina Jr.		22b. EMBALMER'S LICENSE NO. FD01010402	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Anthony S. Rendina Jr.</i>		24b. LICENSE NUMBER (of Licensee) FD01010402	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rendina Funeral Home FH83007819 5100 Cleveland St. Gary, In46408	
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 for each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting in death): a. Congestive Heart Failure 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				
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I. Chronic Obstructive Pulmonary Disease Chronic Renal Insufficiency		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
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) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Daniel J. Motyka, DO</i>		29c. MEDICAL LICENSE NO. 02060304	29d. DATE SIGNED (Month, Day, Year) 03/03/2005	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Daniel J. Motyka, DO - 9120 Connecticut - Merrillville IN 46410				
31. HEALTH OFFICER'S SIGNATURE <i>Suzanne B...</i>		32. DATE FILED (Month, Day, Year) <i>03/03/2005</i>		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> 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.		34i. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. MAY 18 2005		