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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 053415

Chicago Title Insurance Company

02003544

SURVIVORSHIP AFFIDAVIT

On this 6-17-05 (insert date) before me personally appeared Ella Penny Kittle as Attorney in Fact for Christine I. Kittle

CHICAGO TITLE INSURANCE COMPANY

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 ~~Owner~~ ~~son~~ Attorney in fact of owner; (state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Robert W. Kittle and Christine I. Kittle;
4. Said Robert W. Kittle (fill in name of co-tenant who died) died on 2/3/05 leaving NO will; (insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:

Lot 12 to 15, both inclusive, and Lots 24 to 27, both inclusive, in Block 6 in the Shades Plat "HH", in the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 11 page 28, in the Office of the Recorder of Lake County, Indiana.

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? ☐ Yes ☒ No

If yes, the estimated taxes due are $_____.

The taxes due are ☐ paid or ☐ unpaid.

FILED
JUN 28 2005
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings:

);

8. Affiant's relationship to the deceased was Wife.

Signature: Christine I Kittle by Ella Penny Kittle her Attorney in fact

Printed Name Christine I. Kittle By Ella Penny Kittle, her Attorney in Fact

Address: PMB 435 5620 Paseo Del Norte #127 Carlsbad Ca 92008

Subscribed and sworn to before me by the affiant

this 6-17-05

(insert date)

Charissa G. Hoxie Charissa G. Hoxie

Notary Public

Printed Name Charissa G. Hoxie Charissa G. Hoxie

My County of Residence is: San Diego

In the State of California

CHARISSA G. HOXIE
Commission # 1371181
Notary Public - California
San Diego County
My Comm. Expires Aug 20, 2006

My Commission Expires August 20, 2006

This instrument prepared by Ella Kittle

ATTENTION ES. ATE: The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is oluntary and there will be no penalty for refusal.

Local No. 343-05

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

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

YPE/PRINT IN ERMANENT BLACK INK

ECEDENT

1. DECEDENT—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Robert Warren Kittle	Male	10:45a M	Feb/3/2005

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
381-26-1728	75			9/5/1929	Flint, Michigan

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
Yes	1956	HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Anthonys Medical Center	Crown Point	Lake

10. MARITAL STATUS (Specify)	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)	12b. KIND OF BUSINESS/INDUSTRY
Married	Christine Kittle	Carpenter	Supervisor

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Cedar Lake	7219 W. 129th Ln.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46303	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	10	1

ARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Elwin Kittle	Ella Willard

IFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Christine Kittle	7219 W. 129th Ln.	Wife

ISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☐ Burial ☒ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	Northwest Indiana Crem. Svces	Crown Point Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Henry Blake	FD01019406	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FD20200095	Eller Brady Funeral Home 8510 Lake Shore Dr. FH83000825 CedarLake

AUSE OF EATH

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 on each line.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Sepsis Syndrome	2days
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	DUE TO (OR AS A CONSEQUENCE OF): b. Pneumonia	2weeks
	DUE TO (OR AS A CONSEQUENCE OF): c. Pseudomonas aeruginosa infection	2weeks
	DUE TO (OR AS A CONSEQUENCE OF): d. Chronic Obstructive Pulmonary Disease	years

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PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: history of tobacco use. Acute renal insufficiency and multiorgan system failure due to sepsis.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	No	No

ERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) 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 cause(s) as stated.

☐ 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
[signature] MD	01046970A	02/07/2005

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): SPENCER J. MARKOWITZ, MD 13963 MORSE ST. CEDAR LAKE, IN 46303

EALTH FFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] D.O.

32. DATE FILED (Month, Day, Year): February 7, 2005

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

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

FEB 07 2005

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SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1