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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2005 054073

2005 JUN 30 AM 10:15

MICHAEL A. BROWN
RECORDER

Chicago Title Insurance Company

On this **20th** day of **June**, 2005 before me personally appeared Patricia A. Jackson, to me personally known, who being first duly sworn upon oath, deposes and says:

1. Affiant resides at the address given below Affiant's signature;
2. The legal description of the premises in question is:

See attached Exhibit "A"

3. That Affiant is the owner of said real estate.
4. Said premises were formerly owned as tenants by the entireties by Michael D. Jackson and Patricia A. Jackson, husband and wife.
5. That the said Michael D. Jackson also known as Michael Damon Jackson, was born on July 14, 1939 and died on November 23, 2003 at The Community Hospital, Munster, Lake County, Indiana leaving no will. A copy of his death certificate is attached hereto as Exhibit "B".
6. Where this Affidavit relates to tenancy by the entireties, that Michael D. Jackson and Patricia A. Jackson were duly and legally married at the time they acquired title as husband and wife and were never divorced.
7. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
8. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further Affiant sayeth not.

FILED

JUN 29 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Affiant Signature: Patricia A Jackson
Printed Name: Patricia A. Jackson
Address: 2206 W. 85th Avenue
Merrillville, Indiana 46410

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public, in and for said County and State, personally appeared Patricia A. Jackson, and she being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this **20th** day of **June**, 2005.

Signature _____

Printed **Andrea A Widlowski**

My County of Residence: **Lake**
My Commission Expires: **9-17-09**

This instrument prepared by: Donna LaMere, Attorney at Law #03089-64

02543

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No: 620053569

LEGAL DESCRIPTION

Parcel 1: The North 56.9 feet of the following: The West Half of the following tract: That part of the East Half of the Southeast Quarter of the Northeast Quarter of Section 36, Township 36 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, more particularly described as follows: Commencing at a point 342.7 feet West of and 660 feet North, 31 minutes West of the Southeast corner of the Northeast Quarter of said Section 36; thence South 31 minutes East 132 feet; thence West 315 feet; thence North 31 minutes West, 132.3 feet; thence East 315 feet to the place of beginning.

Parcel 2: The Southeast Quarter of the Southeast Quarter of the Northeast Quarter of Section 36, Township 36 North, Range 9 West of the Second Principal Meridian, excepting therefrom the South 528 feet and the West 157.5 feet thereof, in Lake County, Indiana.

EXHIBIT "A"

TTENTION ESTATE: The Social Security # is ng requested by this state agency in order to sue its statutory responsibility. Disclosure is untary and there will be no penalty for refusal.

cal No: 2783-03

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

PE/PRINT IN RMANENT _ACK INK

CEDENT

1 DECEASED—NAME (First, Middle, Last): MICHAEL DAMON JACKSON
2 SEX: MALE
3a TIME OF DEATH: 8:27A. M
3b DATE OF DEATH (Month, Day, Yr.): NOVEMBER 23, 2003
4. *SOCIAL SECURITY NUMBER: 313-36-9820
5a AGE—Last Birthday (Years): 64
5b UNDER 1 YEAR Months Days:
5c UNDER 1 DAY Hours Minutes:
6 DATE OF BIRTH (Mo. Day, Yr): JULY 14,1939
7 BIRTHPLACE (City and State or Foreign Country): GARY INDIANA
8a WAS DECEDENT A U.S. VETERAN?: YES
8b YEAR LAST SERVED IN U.S. ARMED FORCES?: 1955
9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL [XX] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Other (Specify) [ ] Residence
9b FACILITY NAME (If not institution, give street and number): THE COMMUNITY HOSPITAL
9c CITY TOWN OR LOCATION OF DEATH: MUNSTER
9d COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11 SURVIVING SPOUSE (If wife, give maiden name): PATRICIA HUCK
12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): ENGINEER
12b KIND OF BUSINESS/INDUSTRY: RAILROAD
13a RESIDENCE—STATE: INDIANA
13b COUNTY: LAKE
13c CITY TOWN OR LOCATION: GRIFFITH
13d STREET AND NUMBER: 4801 ROSS ROAD
13e ZIP CODE: 46319
13f INSIDE CITY LIMITS [XX] No [ ] Yes
13g ON A FARM? [ ] No [ ] Yes
14 CITIZEN OF WHAT COUNTRY?: U.S.A.
15 WAS DECEDENT OF HISPANIC ORIGIN? [XX] No [ ] 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 (0-12): 12; College (1-4 or 5 +):

RENTS

18 FATHER'S NAME (First, Middle, Last): DAMON P. JACKSON
19 MOTHER'S NAME (First, Middle, Maiden Surname): RUBY MAY SPAN

ORMANT

20a INFORMANT'S NAME (Type/Print): PATRICIA JACKSON
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4801 ROSS ROAD GRIFFITH INDIANA 46319
20c Relationship: WIFE

POSITION

21a METHOD OF DISPOSITION: [ ] Burial [XX] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) _____
21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): NOVEMBER 25,2003 NORTHWEST INDIANA CREMATION SERVICES
21c LOCATION—City or Town, State: CROWN POINT, INDIANA 4630
22a EMBALMER'S NAME: NOT EMBALMED
22b EMBALMER'S LICENSE NO: N/A
23 WAS DEATH REPORTED TO CORONER? [XX] No [ ] Yes
24a SIGNATURE OF FUNERAL DIRECTOR
24b LICENSE NUMBER (of Licensee): FD01006861
25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FAGEN-MILLER FUNERAL HOME FH83002754 242 N. GRIFFITH BLVD GRIFFITH IN 4631

USE OF TH

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 End Stage Ischemic Cardiomyopathy
DUE TO (OR AS A CONSEQUENCE OF)
b Digoxin toxicity, Acute Renal failure
DUE TO (OR AS A CONSEQUENCE OF)
c Hyperkalemia
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

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): NO

TIFIER

29a CERTIFIER (Check only one): [XX] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as 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
[XX] 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: 020025854
29d DATE SIGNED (Month, Day, Year): 11/25/03
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. F. FAROKHI 24 JULIET ST. DYER, IN. 46311

LTH ICER

31 HEALTH OFFICER'S SIGNATURE: M.D.
32 DATE FILED (Month, Day, Year): DECEMBER 5, 2003

33 MANNER OF DEATH: [ ] Natural [ ] Pending Investigation [ ] Accident [ ] Suicide [ ] Could not be Determined [ ] 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.

EXHIBIT "B"