AFFIDAVIT OF SURVIVORSHIP

I, Mary Ann Ahlborn, being duly sworn, state as follows:

- I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- 2. I am one of three (3) surviving owners in fee simple of the following described real estate located in Lake County Indiana more particularly described as follows:

Lot 60 in Park Manor Addition to Griffith, as per plat thereof, recorded in Plat Book 27, page 92, in the Office of the Recorder of Lake County, Indiana.

Tax Key No.: 26-190-60 ment is

- The decedent Nolan C. Ahlborn, along with me, my daughter 3. Rebecca J. Hendrix, and my son-in-law Charles W. Hendrix, acquired title as joint tenants with rights of survivorship to said real estate by deed of conveyance filed on the 2nd day of November, 2000, and recorded in the Office of the Lake County Recorder as Document No. 2000 0080201.
- That the decedent (along with me, Rebecca J. Hendrix and 4. Charles W. Hendrix) jointly held title to said real estate until the death of Nolan C. Ahlborn on the 3rd day of July, 2005, at which time the surviving joint tenants acquired title to said real estate pursuant to property law. See attached Death Certificate for Nolan C. Ahlborn.

FILED

FEB 1 3 2006

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR -1-

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 the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Mary Anne Ahlborn
Mary Ann Ahlborn, Affiant

STATE OF INDIANA

) SS:

COUNTY OF LAKE

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Mary Ann Ahlborn, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 3rd day of august

My commission expires: 02/13/

Signature:

Lesa A. Potacki

Resident of: Lake County, Indiana

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A,

Schererville, IN 46375

William Control of the Control of th		
ATTENTION ESTATE: The Social Security # is poing requested by this state agency in order to pursue its statutory responsibility. Disclosure is roluntary and there will be no penalty for refusal.	INDIANA STATE DEPARTMENT OF HEALTH	

INDIANA STATE DEPARTMENT OF HEALTH

_ocal No	1827	-05		C	ERTIFICA	TE OF I	DEAT	ГΗ		State I	No			
_ocai No			IES ARE	CONFIDENTIAL PER	R IC 16-37-1-10									
[YPE/PRINT	1. DECEASED-NAME (First, Middle, Last)							2. SEX		3s. TIME OF DEAT	H 35. DA	3b. DATE OF DEATH (Month, Day, Yr.)		
IN		Nola				Male		2:29 AM		July 3, 2005				
PERMANENT	4. SOCIAL SECURITY NUMBER		5	a, AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 D Hours Min	Minutes	nutes				7. BIRTHPLACE (City and State or Foreign Country)		
BLACK INK	313-20-8944		81					March 27, 19		1924 Hammond, Indiana H (Check only one. See instructions.)		18		
	8a. WAS DECEDA A U.S. VETER		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		HOSPITAL X Inpatient		54. 1 CA	OTHER Nursing Home C						
	Yes		1946		☐ ER/Outpatient ☐ DOA			DA Residence						
DECEDENT	9b. FACILITY NAME (If not institution, give street and number)								N, OR LOCATION OF DEATH			9d. COUNTY OF DEATH		
beoeben	Community Hospital						Mun				-, '-	ake	III WATEN	
	10. MARITAL STATUS (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)					CCUPATION (Give kind of work ting life. Do not use retired)		Telephone Company				
	Married 13a, RESIDENCE-STATE		Mary Anne McMin		13c. CITY, TOWN, OR LOCATION		тВпк	13d. STREET AND NU						
	Indiana		Lake		Highland					8943 Prairie Avenue		.e		
	13a. ZIP CODE 13f. INSIDE CIT		Y LIMITS 14. CITIZEN OF		15. AS DECEDENT OF HISPANIC OR					16. RACE-American Indian,		17. DECEDENT'S EDUCATION		
		□ No 🔀			/? No Yes (If yes, spi Mexican, Puerto Rican, etc.)		pecify Cuban,		Black, White, etc. (Specify)		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			
	46322	13g. ON A FARM		USA					White	,		,, (,	4	
DADENTS		ME (First, Middle,		100.1			19. MC	THER'S	S NAME (Fir	st, Middle, Maiden S	urname)		-	
PARENTS		Charles	Ahlb	orn					E	lizabeth Hip	sher			
INFORMANT	20s. INFORMAN				20b. MAILING	ADDRESS (Str	eet and Nu	ımber o	r Rural Rou	te Number, City or T	own, State.	Zip Code) 20c. F	Relationship	
		ne Ahlborn				rairie Ave					Wife			
	21a. METHOD OF	_	☐ Enlo		21b. DATE AND PLAC		ION (Nam	e of cer	metery, crer	natory, or 2	lic. LOCA	TION-City or Town, S	itate	
						July 7, 2005 Lawn Memorial Gardens				Schererville, IN				
DISPOSITION					22b. EMBALMER			SICHS.	23, WA	S DEATH REPORTE				
DISPOSITION	22a. EMBALMER'S NAME 22b. EMBALMER'S LICENSE NO 23. WAS DEATH REPORTED TO CORONER? Tara L. Wright FD20400058 No													
	248. SIGNATURE OF FUNERAL DIRECTOR 245. LICENSE NUMBER ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME													
	(of Licensee) Kuiper Funeral Home 9039 Kleinman Road													
	[] au		71	ELEV		D0860158				d, IN 46322			FH10300021	
	26. PART L					enter nonspecific	terms, such as cardiac or respiratory			Approximate Interval Between				
	COPY OF	THE CERTIFICATI	E OF DEA		R.	ROLLIN			An.	71/1/10-		Onset and Death		
	IMMEDIÀXES 2003 disease or condition	on	MATMENT		OR AS A CONSEQUEN	CE OF I	P	<u> </u>	15	1 1 1 1				
CAUSE OF DEATH	resulting in death)		, , ,	CI	wray/	VAC	w	4	//	- TO	10			
52,111	Conditions if any, rise to the immedia		1 1 2	UU5 DUE TO	OR AS A CONSEQUENT	CE OF):	1	1	Ni	pel-	eli	V		
	stating the underly cause last.	ying	'	bue to	OR AS A CONSEQUENC	CE OF):		717						
				d.										
	PART II. Other sice	ulficant conditions	- Condition	ns contributing to death t	ut not previously stated	In Part I.	27. WAS I			28a. WAS AN PERFORA			TOPSY FINDINGS E PRIOR TO	
		CON	7/4	no the	my Jack	1	POST	TPĄRTU	OR 90 DA JM?	(Yes or no		COMPLET	ION OF CAUSE	
			en,	11 thi	INR IL	m	(783	N C)	N	lo	_ I	No	
	29a. CERTIFIER		ERTIFYIN	G PHYSICIAN To the b	est of my knowledge, dea	ith occurred at the	e time, dal	te, and p	place, and d	ue to the cause(s) as	stated.			
	(check only one)		EALTH OF	FFICER On the basis of	examination and/or inves	tigation, in my op	inion, deat	h occum	red at the tin	ne, date, and place, a	nd due to th	ne cause(s) as stated.		
	_	2 🗆	ORONER	On the basis of examin	ation and/or investigation	, in my opinion, d	eath occur	red at th	e time, date	, and place, and due	to the caus	e(s) and manner as str	aled.	
CERTIFIER	295. SIGNATURE	AND TITLE OF C	ERTHEIER	In	24/10	EAL	3		29c.	MEDICAL LICENSE	NO	29d. DATE SIGN	الله (Month, Day, Year)	
OCITIO IZIX	w	vian	4		OF DEATH (ITEM 28)	DIANA	0	Pas J.	: 10	41055	ELLA		11/05	
	30. NAME AND A	DDRESS OF PER	A//	COMPLETED CAUSE	OF DEATH (ITEM 28)	(4)	3	77	1 ich	Character of	j. 1	in 211	921	
UEALTH	31. HEALTH OFF	ICER'S SIGNATUI	RE					1/1	/	-	<u> </u>	32. DATE FILED	(Month, Day, Year)	
HEALTH OFFICER					Action 14.) 4	17	۵.	0.			July	11,2005	
	33. MANNER OF	DEATH		34a. DATE OF INJUI			JURY AT	WORK	(?	34d. DESCRIBE HOV	W INJURY (OCCURRED (ر	
	Natural	Pending		(Month, Day, Ye	er) INJURY	'	Yes or no)							
	Accident	Investigation	1					1.	# + 021711			Banda Museban Otto	y Town State	
		□ 0e-14		34a. PLACE OF INJ	URY-At home, ferm, stre	et, fectory, offic	e	3	41. LOCATIO	Jri (Street and Numb	er or Rural	Route Number, City of	и rown, state)	

34g. DATE PRONOUNCED DEAD (Month, Day, Year) 34h. MOTOR VEHICLE ACCIDENT? (Yes or no) if yes, specify driver, passenger, pedestrien, etc.

SDH06-004 State Form 10110 (R5/1-99)

Prescribed by the State Board of Accounts (2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

This Document is the property of I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

- 1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
- 2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.