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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2006 012839

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 FEB 16 PM 2: 26

MICHAEL A. BROWN
RECORDER

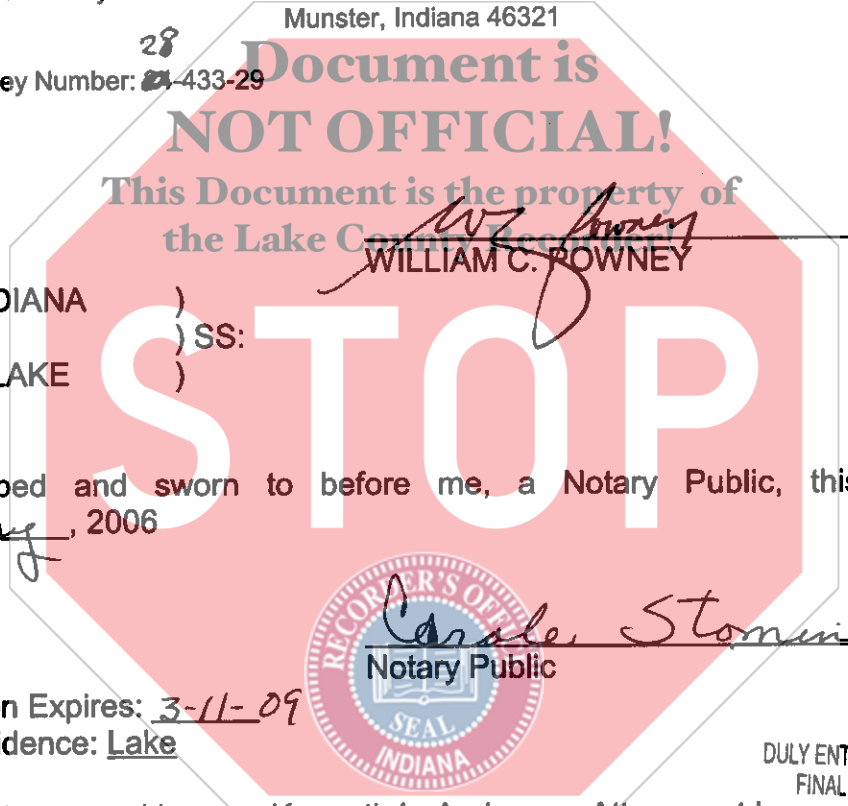
SURVIVORSHIP AFFIDAVIT

I, WILLIAM C. POWNEY, having been first duly sworn upon my oath, state that I am the husband and well acquainted with JOLYNN C. POWNEY, the deceased, who passed away on the 21st day of January, 2006, (copy of death certificate attached hereto) and at the time of her death, we were joint owners of real estate as joint tenants with rights of survivorship in Lake County, Indiana, known as:

Lot 29, Twin Creek, Block Two, to the Town of Munster, as shown in Plat Book 49, page 1, and as amended by Certificate of Correction dated August 30, 1978, and recorded October 10, 1978, as Document No. 295144, in Lake County, Indiana.

Commonly known as: 1333 Tamarack Drive
Munster, Indiana 46321

Key Number: ²⁸ ~~21~~ 433-29



STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 15th day of February, 2006

My Commission Expires: 3-11-09
County of Residence: Lake



14-
2P
CS

This instrument prepared by: Kenneth L. Anderson, Attorney at Law
Attorney No. 2404-45
9105 Indianapolis Boulevard
Highland, IN 46322

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

FEB 16 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003441

Report of Death of an American Citizen Abroad

Cairo, Egypt, 26-Jan-2006

(Post date of issue)

SSA No. 312-44-2393

Name in full JOLYNN CAROL POWNEY

Age 62 YEARS

Date and Place of Birth JANUARY 19, 1944 ILLINOIS USA

Evidence of U.S. Citizenship PASSPORT 402247501 ISSUED JUNE 25, 2003, NEW ORLEANS, LA

Address in U.S.A. 1333 TAMARACK DRIVE, MUNSTER, IN USA 46321

Permanent or Temporary Address Abroad RAMSES HILTON HOTEL, CAIRO, EGYPT

Date of death JANUARY 21, 2006

Place of Death NILE STEPHAINA CRUISE SHIP, ASWAN, EGYPT
(Number and Street) or (Hospital or hotel)

Cause of death ACUTE HEART ATTACK AS DIGANOSED BY MAHER LOUCA, ASWAN HEALTH INSPECTOR.
(Including authority for statement - If physician, include full name and official title, if any)

Disposition of the remains PREPARED/RETURNED

Local law governing disinterment of remains provides that

N/A

Disposition of the effects IN POSSESSION OF MR. WILLIAM C POWNEY, SPOUSE

Person or official responsible for custody of effects and accounting therefor MR. WILLIAM C POWNEY

Traveling/residing abroad with relatives or friends as follows:

NAME ADDRESS
WILLIAM C POWNEY- SPOUSE 1333 TAMARACK DRIVE, MUNSTER, IN USA 46321

Informed by telegram or telephone

NAME ADDRESS DATE SENT
NOT APPLICABLE 26-JAN-2006

Copy of this report sent to:

NAME ADDRESS DATE SENT
WILLIAM C POWNEY- SPOUSE 1333 TAMARACK DRIVE, MUNSTER, IN USA 46321 26-JAN-2006

Notification or copy sent to Federal Agencies: SSA VA CSC Other

(State Agency)

The original copy of this document and information concerning the effects are being placed in the permanent files of the Department of State, Washington, D.C. 20520

Remarks: US PASSPORT #402247510 CANCELED AND RETURNED TO MR. WILLIAM C. POWNEY, SPOUSE.

Eleftherios E. Netos
(Signature on all copies)

[SEAL]

Eleftherios E. Netos
Vice Consul of the United States of America.

Powney
(Last Name)

Jolynn Carol
(First Name)

(First Name)

January 21, 2006
(Date of death)

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).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby 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.




Signature of Declarant


Printed Name of Declarant