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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 019605

2006 MAR -9 AM 10:05

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Bruce M. Bittner, who being duly sworn upon his oath makes this Affidavit of Survivorship and in support now states as follows:

- 1.) That Michael Bittner (who was also known as Michael S. Bittner) passed away on April 11, 2001 at 8:45AM (a certified copy of the death certificate is attached hereto).
- 2.) That the Estate of Michael S. Bittner was probated in the Lake County Circuit Court under cause number 45C01-0104-EU-037.
- 3.) That Bruce M. Bittner is the surviving son of Michael S. Bittner, was the attorney who represented the estate, and was also a Co-Personal Representative of the Estate.
- 4.) This Affidavit is filed with respect to that certain real estate commonly known as 200 Saint Andrews Drive, Schererville, Indiana, the legal description of which is:

Lot 54, Springwood Condominiums, Phase Three, of Briar Ridge Country Club Addition, Unit Five, a Planned Unit Development to the Town of Schererville, Lake County, Indiana, as shown in Plat Book 67, page 15, in Lake County, Indiana, together with an undivided interest in the common elements appertaining thereto
- 5.) Title to said real estate is currently vested in the names of Michael Bittner and Marion L. Bittner, Husband and Wife, who took title by means of a Corporate Warranty Deed dated April 23, 1999 and recorded with the Lake County Recorder as Instrument Number 99035695 on April 27, 1999.

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

MAR - 1 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR


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1010
20V SS

- 6.) 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.
- 7.) That all Federal Estate Taxes and Indiana Inheritance Taxes payable by reason of the decedent's death have been paid.

Further affiant sayeth not.

Executed this 22nd day of February, 2006.


Bruce M. Bittner

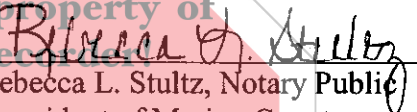
Subscribed and sworn to before me, a Noary Public, this 22nd day of February, 2006

My commission expires:

Mar. 24, 2012

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder


Rebecca L. Stultz, Notary Public
A resident of Marion County

STOP



This Instrument prepared by Bruce M. Bittner, attorney at law, Church Church Hittle & Antrim, P.O. Box 10, Noblesville, IN 46061

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 944-01

393475

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Michael S. Bittner		2 SEX Male	3a TIME OF DEATH 8:45A M	3b DATE OF DEATH (Month, Day, Yr) April 11, 2001	
4 *SOCIAL SECURITY NUMBER 314-26-5584	5a AGE—Last Birthday (Years) 71	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) July 26, 1929	
7 BIRTHPLACE (City and State or Foreign Country) Hammond, IN	8a WAS DECEDENT A U.S. VETERAN? No				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence			
9b FACILITY NAME (If not institution, give street and number) 200 St. Andrews Dr.		9c CITY, TOWN, OR LOCATION OF DEATH Scherverville	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Marion Landauer	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Architect		12b KIND OF BUSINESS/INDUSTRY Building	
13a RESIDENCE—STATE IN	13b COUNTY Lake	13c CITY, TOWN, OR LOCATION Scherverville		13d STREET AND NUMBER 200 St. Andrews Dr.	
13a ZIP CODE 46375	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	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 (0-12) 12 College (1-4 or 5+) 5+		18 FATHER'S NAME (First, Middle, Last) Michael S. Bittner			
19 MOTHER'S NAME (First, Middle, Maiden Surname) Helen Switalski		20a INFORMANT'S NAME (Type/Print) Marion Bittner			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 200 St. Andrews Dr. Scherverville, IN 46375		20c Relationship Wife			
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) April 16, 2001 Elmwood Cemetery		21c LOCATION—City or Town, State Hammond, IN	
22a EMBALMER'S NAME Brian T. Burns		22b EMBALMER'S LICENSE NO. 8601763	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24 SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of license) 1021590	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321		
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a x Lymphoma Year 1 b DUE TO (OR AS A CONSEQUENCE OF) c DUE TO (OR AS A CONSEQUENCE OF) d DUE TO (OR AS A CONSEQUENCE OF) 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) ---		
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>[Signature]</i>		29c MEDICAL LICENSE NO. 01038072	29d DATE SIGNED (Month, Day, Year) April 13, 2001		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) E. Robin, M.D. 801 MacArthur Blvd. Munster, IN 46321					
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					
32 DATE FILED (Month, Day, Year) APR 17 2001		THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH LAKE COUNTY HEALTH DEPT			
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 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			

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 numbers;
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

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

