

3

STATE OF INDIANA
LAKE COUNTY
RECORDER OF DEEDS

2007 020315

MONICA M. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

SAMUEL M. WAYNE BY MARK WAYNE, ATTORNEY-IN-FACT ("Affiant"), being first duly sworn upon an oath, deposes and says:

- 1. That VIRGINIA WAYNE ("the Decedent") and Affiant were husband and wife at the time they acquired title, as tenants by the entireties, to certain real estate by deed _____ in the Office of the Recorder of Lake County, Indiana, and more particularly described as follows:

Lot Number Sixteen (16) and the North One-half of Lot No. Seventeen (17), in Block No. Ten (10), as marked and laid down on the recorded plat of Calumet Addition to East Chicago, in Lake County, Indiana, as the same appears of record in Plat Book 8 page 32, in the Recorder's Office of Lake County, Indiana.

The address of the real estate is commonly known as 4753 Carey Street, East Chicago, IN 46312.

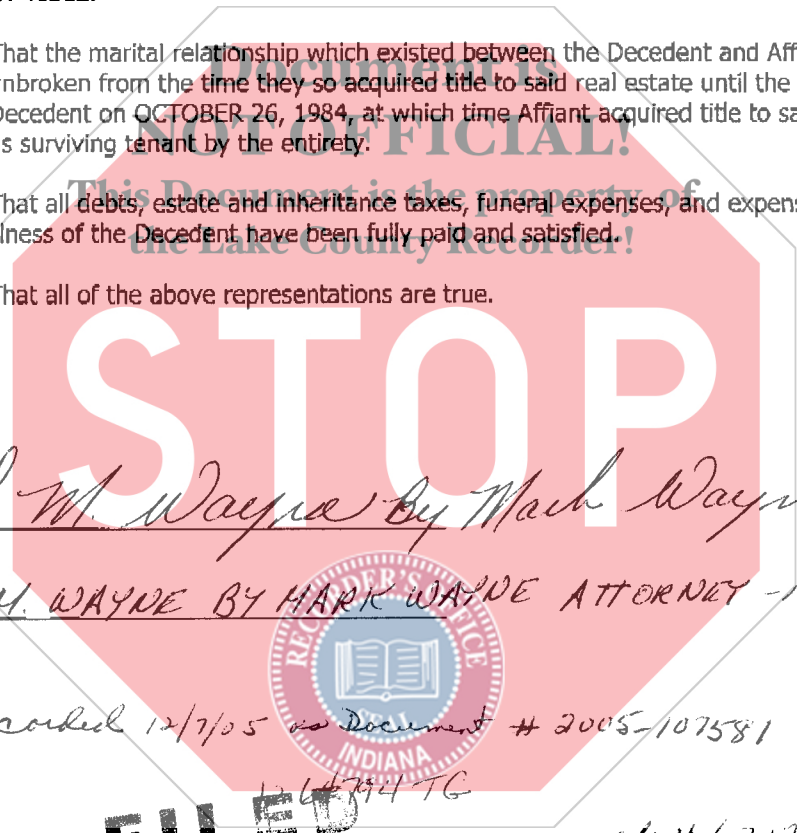
- 2. That the marital relationship which existed between the Decedent and Affiant continued unbroken from the time they so acquired title to said real estate until the death of the Decedent on OCTOBER 26, 1984, at which time Affiant acquired title to said real estate as surviving tenant by the entirety.
- 3. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of the Decedent have been fully paid and satisfied.
- 4. That all of the above representations are true.

AFFIANT:

Samuel M. Wayne by Mark Wayne attorney in fact
Signature

SAMUEL M. WAYNE BY MARK WAYNE ATTORNEY - IN-FACT
Printed

P.O.A. recorded 12/7/05 as Document # 2005-107581



FILED

MAR - 5 2007

EGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$15
003102 MTC
ck# 6317101316
CA

METROPOLITAN TITLE IN, LLC
2500 CALUMET AVENUE
VALPARAISO, IN 46383

STATE OF INDIANA }
 }SS:
COUNTY OF Porter }

ACKNOWLEDGMENT

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Mark Wayne who, being first duly sworn by me upon an oath, states that the facts alleged in the foregoing Survivorship Affidavit are true.

Witness my hand and Notarial Seal this 4 day of January, 2007.

Crystal Greenwell
Notary Public

Crystal Greenwell
Printed Name

Resident of Porter County

My Commission Expires May 25, 2013
CHRYSTAL GREENWELL
Notary Public, State of Indiana
County of Porter



This instrument was prepared by MARK S. WAYNE

"I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. "

Crystal Greenwell

After recording, return to: **The Talon Group, THE TALON GROUP, 3394 WILLOWCREEK ROAD, PORTAGE, IN 46368**



TYPE OR PRINT
PLAINLY WITH
UNFADING INK

THIS IS A
PERMANENT
RECORD

Below for State Office Use

- A _____
- B _____
- C _____
- D _____
- E _____
- F _____
- G _____
- H _____
- I _____
- J _____
- K _____
- L _____
- 1 _____
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- 9 _____
- 10 _____
- 11 _____
- 12 _____

EMBALMER'S NAME Woodrow Donovan LICENSE No. 5313
 FUNERAL DIRECTOR'S SIGNATURE James H. Felt LICENSE No. 8 FUNERAL HOME No. 151

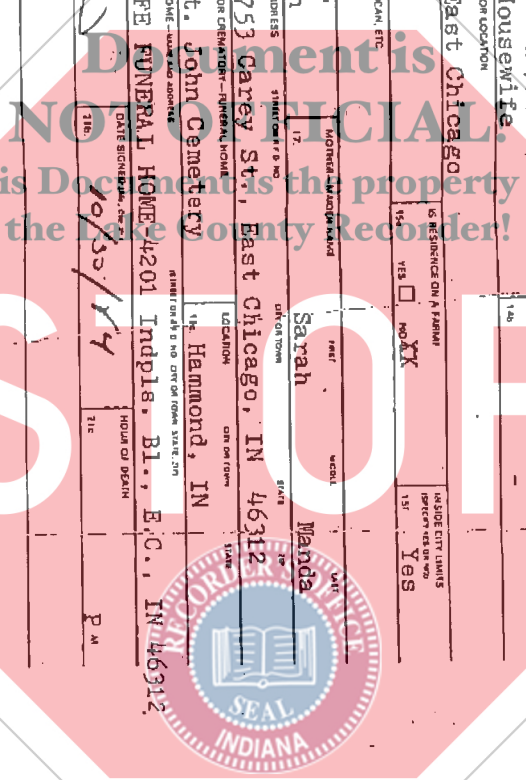
Local No. 449

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DATE OF DEATH (MONTH, DAY, YEAR) October 26, 1984

DECEASED - NAME		SEX		DATE OF BIRTH (MONTH, DAY, YEAR)	
<u>White</u>		<u>Female</u>		<u>6-19-1924</u>	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH		DATE OF DEATH (MONTH, DAY, YEAR)	
<u>East Chicago</u>		<u>Lake</u>		<u>October 26, 1984</u>	
STATE OF BIRTH (as of 1954)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (check one)	
<u>Indiana</u>		<u>U.S.A.</u>		<u>Married</u>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Last held or best known occupation)		SURVIVING SPOUSE (Last name and maiden name)	
<u>317-20-8010</u>		<u>Housewife</u>		<u>Samuel Wayne</u>	
RESIDENCE - STATE		CITY, TOWN OR LOCATION		KIND OF BUSINESS OR INDUSTRY	
<u>Indiana</u>		<u>Lake</u>		<u>East Chicago, IN</u>	
STREET AND NUMBER		IS RECORD OF STRAIGHT RESCUE? (IF THIS SPECIFIC MEDICAL DEATH MEMORANDUM, MEMO DEATH, ETC.)		RESIDENCE ON A FARM?	
<u>4753 Carey Street</u>		<u>NO</u>		<u>NO</u>	
FATHER - NAME		MOTHER - NAME		MARRIAGE ADDRESS	
<u>Ralph</u>		<u>Mason</u>		<u>4753 Carey St., East Chicago, IN 46312</u>	
RELATIONSHIP		MARRIAGE ADDRESS		CITY, TOWN OR LOCATION	
<u>Samuel Wayne - Husband</u>		<u>4753 Carey St., East Chicago, IN 46312</u>		<u>East Chicago, IN</u>	
BIRTH DATE		BIRTH PLACE - (Country and State)		DATE RECEIVED BY LOCAL HEALTH OFFICER	
<u>October 31, 1984</u>		<u>St. John Cemetery</u>		<u>10-31-84</u>	
DATE		DISPOSITION		MANNER OF DEATH	
<u>October 31, 1984</u>		<u>Burial</u>		<u>Accidental</u>	
M.D. OR D.O.		CAUSE		MANNER OF DEATH	
<u>Ronald R. Reed, M.D.</u>		<u>Myocardial infarction</u>		<u>Accidental</u>	
MANNER OF DEATH		CAUSE		MANNER OF DEATH	
<u>Accidental</u>		<u>Myocardial infarction</u>		<u>Accidental</u>	



SBH 06-003 State Form 35430
REV. 10/77