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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 028228

2007 APR - 5 AM 10: 52

SURVIVORSHIP AFFIDAVIT

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 27TH day of MARCH, 2007, before me personally appeared SHELLEY K. BALLANTINE who being duly sworn on his/her oath states the following:

1. That the Affiant is the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

LOT 16, BLOCK 7, HYDE PARK ADDITION IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 12 PAGE 3 IN LAKE COUNTY, INDIANA.

2. That said premises were formerly owned as tenants by the entireties by MICHAEL L. BALLANTINE and SHELLEY K. BALLANTINE, husband and wife.

3. That said MICHAEL L. BALLANTINE died on DECEMBER 28, 2006, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of MICHAEL L. BALLANTINE, there are no Federal Estate Taxes nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent.

5. That on the date of the death of MICHAEL L. BALLANTINE, said parties, namely, MICHAEL L. BALLANTINE and SHELLEY K. BALLANTINE, were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)



Shelley K. Ballantine
SHELLEY K. BALLANTINE
NORTHWEST INDIANA TITLE SERVICES, INC.
102 Washington Street
Lowell, Indiana 46356
219-866-0100

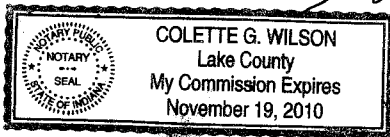
Before me, the undersigned, a Notary Public in and for said County and State, this 27TH day of MARCH, 2007, personally appeared SHELLEY K. BALLANTINE and acknowledged the execution of the foregoing affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:

Colette G. Wilson
Notary Public

County of Residence:



THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
162 Washington Street, Lowell IN 46356
FILE NO. 07-16032

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I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT UNLESS REQUIRED BY LAW.

FILED

APR - 4 2007

Richard A. Zunica

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

004468A

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

2006-1388

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 L. BALLANTINE			2. SEX MALE		3a. TIME OF DEATH 10:31 PM		3b. DATE OF DEATH (Month, Day, Yr.) DECEMBER 28, 2006								
4. SOCIAL SECURITY NUMBER XXXXXXXXXX		5a. AGE—Last Birthday (Years) 57		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) APRIL 20, 1949		7. BIRTHPLACE (City and State or Foreign Country) CHICAGO, ILLINOIS					
8a. WAS DECEDENT A U.S. VETERAN? YES		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1969		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence											
9b. FACILITY NAME (If not institution, give street and number) PORTER HOSPITAL					9c. CITY, TOWN, OR LOCATION OF DEATH VALPARAISO			9d. COUNTY OF DEATH PORTER							
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) SHELLEY YAKIMOW			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) FOREMAN			12b. KIND OF BUSINESS/INDUSTRY CITY OF HAMMOND							
13a. RESIDENCE—STATE INDIANA		13b. COUNTY PORTER		13c. CITY, TOWN, OR LOCATION VALPARAISO			13d. STREET AND NUMBER 98 SOUTH, 575 EAST								
13e. ZIP CODE 46383		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		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+)					
18. FATHER'S NAME (First, Middle, Last) FRANK BALLANTINE					19. MOTHER'S NAME (First, Middle, Maiden Surname) BARBARA LORETH										
20a. INFORMANT'S NAME (Type/Print) SHELLEY BALLANTINE					20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 98 SOUTH, 575 EAST, VALPARAISO, IN 46383				20c. Relationship WIFE						
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" 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) JANUARY 2, 2007 COMMUNITY CREMATION SERVICE				21c. LOCATION—City or Town, State SCHERERVILLE, INDIANA								
22a. EMBALMER'S NAME KEITH D. ANTHONY				22b. EMBALMER'S LICENSE NO. 01011911		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes									
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Keith D. Anthony</i>				24b. LICENSE NUMBER (of Licensee) 01011911		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME ANTHONY & DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, IN 46327									
26. PART I. Enter the disease, 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. Sudden cardiac arrest DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death FILED APR - 4 2007 EGGY HOLINGA KATONA LAKE COUNTY AUDITOR															
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) YES		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) YES	
29a. CERTIFIER (Check only one) <input 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 checked="" 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>Don P. ...</i> Deputy Coroner Porter County					29c. MEDICAL LICENSE NO. CORONER - 64			29d. DATE SIGNED (Month, Day, Year) JANUARY 2, 2007							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Doris A. Amling, 155 Indiana Avenue, Valparaiso, IN 46383										(representative of office)					
31. HEALTH OFFICER'S SIGNATURE <i>Mary A. Babroski MD</i>										32. DATE FILED (Month, Day, Year) January 2, 2007					
33. MANNER OF DEATH <input checked="" 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) DEC 28, 2006		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no) No		34d. DESCRIBE HOW INJURY OCCURRED							
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify) At home						34d. LOCATION (Street and Number or Rural Route Number, City or Town, State) 98 South 575 East Valparaiso, Indiana									
34g. DATE PRONOUNCED DEAD (Month, Day, Year) December 28, 2006				34h. MOTOR VEHICLE ACCIDENT? (Yes or no). If yes, specify driver, passenger, pedestrian, etc. No				4468B							

