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STATE OF INDIANA
DEPT. OF REVENUE
FILED FOR RECORD

2007 030197

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REC'D - CIVIL

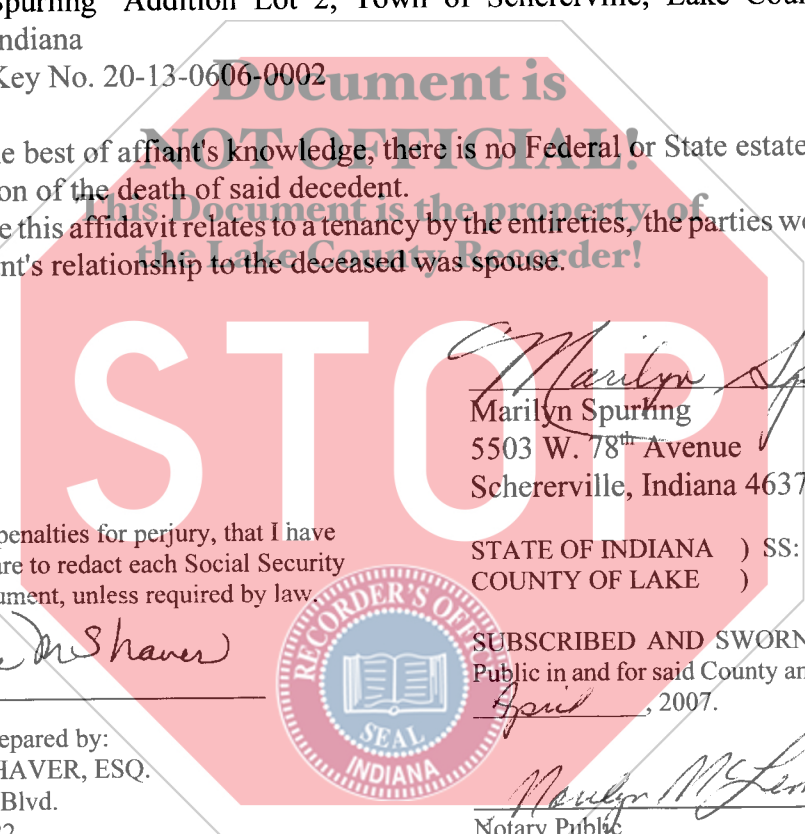
AFFIDAVIT OF SURVIVORSHIP

ON THIS 3RD DAY OF April, 2007, personally appeared Marilyn Spurling, the affiant, who being duly sworn her upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is joint owner of the premises located at 5503 W. 78th Avenue, Schererville, Indiana, and described below;
3. Said premises were formerly owned as tenants by the entireties by Donald G. Spurling and Marilyn J. Spurling.
4. Said Donald G. Spurling died testate on the 22nd day of December, 2006.
5. The legal description of the said premises in question is:

Spurling' Addition Lot 2, Town of Schererville, Lake County,
Indiana
Key No. 20-13-0606-0002

6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
7. Where this affidavit relates to a tenancy by the entireties, the parties were never divorced.
8. Affiant's relationship to the deceased was spouse.



Marilyn Spurling
Marilyn Spurling
5503 W. 78th Avenue
Schererville, Indiana 46375

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.

STATE OF INDIANA) SS:
COUNTY OF LAKE)

Barbara M. Shaver



SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 3 day of April, 2007.

This instrument prepared by:
BARBARA M. SHAVER, ESQ.
9013 Indianapolis Blvd.
Highland, IN 46322
219/838-9200

Barbara M. Shaver
Notary Public
My Commission expires:
6/23/2009
Resident of Lake County.

FILED

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APR 11 2007

ck # 2573

EGGY HOLINGA KATC...
LAKE COUNTY AUDITO...

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A3

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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 3126-06

CERTIFICATE OF DEATH

State No.

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

Form containing fields for: 1. DECEASED-NAME (Donald Gordon Spurling), 2. SEX (Male), 3a. TIME OF DEATH (9:08 P), 3b. DATE OF DEATH (December 22, 2006), 4. SOCIAL SECURITY NUMBER (310-22-6398), 5a. AGE (79), 5b. UNDER 1 YEAR (Months/Days), 5c. UNDER 1 DAY (Hours/Minutes), 6. DATE OF BIRTH (March 26, 1927), 7. BIRTHPLACE (Paris, MO), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1954), 9a. PLACE OF DEATH (HOSPITAL: Inpatient), 9b. FACILITY NAME (St. Margaret Mercy Healthcare Center South Campus), 9c. CITY, TOWN, OR LOCATION OF DEATH (Dyer), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (None), 12a. DECEASED'S USUAL OCCUPATION (Machinist), 12b. KIND OF BUSINESS/INDUSTRY (Inland Steel), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Schererville), 13d. STREET AND NUMBER (5503 78th Avenue), 13e. ZIP CODE (46375), 13f. INSIDE CITY LIMITS (No), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEASED'S EDUCATION (Elementary/Secondary (0-12)), 18. FATHER'S NAME (MacCallister DeWitt J. Spurling), 19. MOTHER'S NAME (Marion Virginia Thomas), 20a. INFORMANT'S NAME (Marilyn Spurling), 20b. MAILING ADDRESS (5503 78th Ave. Schererville, Indiana 46375), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Cremation), 21b. DATE AND PLACE OF DISPOSITION (December 28, 2006, Oakland Memory Lanes), 21c. LOCATION-City or Town, State (Dolton, Illinois), 22a. EMBALMER'S NAME (Marjorie Kunch), 22b. EMBALMER'S LICENSE NO. (FD20500007), 23. WAS DEATH REPORTED TO CORONER? (No), 24a. SIGNATURE OF FUNERAL DIRECTOR, 24b. LICENSE NUMBER (FD20500007), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Chapel Lawn Funeral Home, 8178 Cline Avenue, Schererville, Indiana, 46375), 26. PART I. IMMEDIATE CAUSE OF DEATH (Ruptured aortic aneurysm), 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Certifying Physician), 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. MEDICAL LICENSE NO. (01035471), 29d. DATE SIGNED (12/29/06), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Harish Shah MD F.A.C.C., 200 E 86th St, Merrillville IN 46410), 31. HEALTH OFFICER'S SIGNATURE (Susan J. Best), 31. DATE FILED (January 2, 2006), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK, 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT.