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STATE OF INDIANA)
)
COUNTY OF LAKE)

2007 043708

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 MAY 30 AM 10:27
MICHAEL A. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

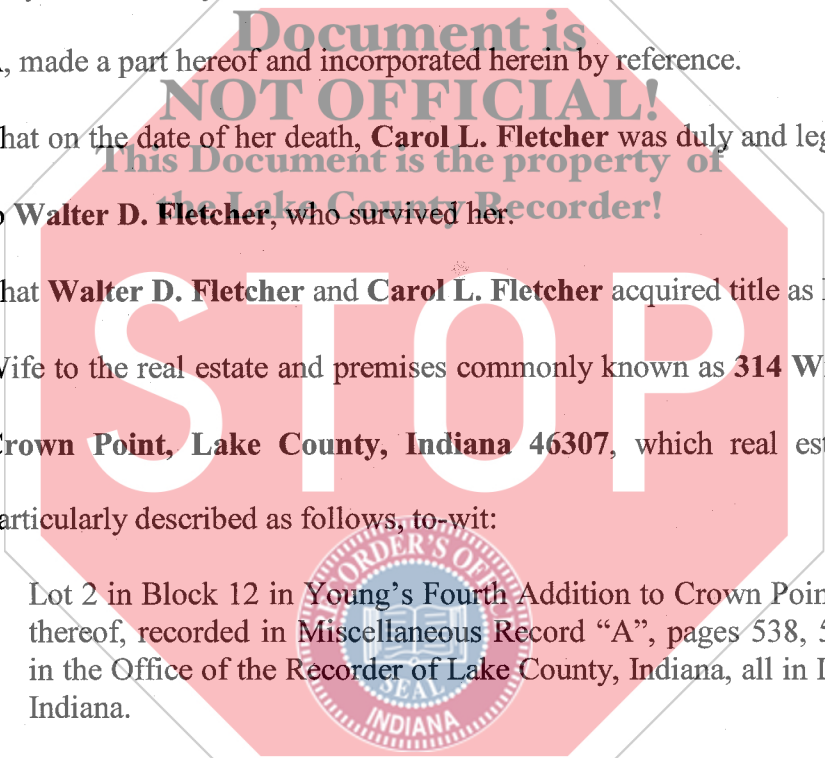
Walter D. Fletcher, being first duly sworn upon her oath, deposes and says:

1. That he is an adult having personal knowledge about the facts herein contained and is otherwise competent to make this Affidavit by virtue of being the surviving spouse of **Carol L. Fletcher**.
2. That **Carol L. Fletcher** died on the 12th day of December, 2005, as is more fully evidenced by the Certificate of Death which is attached hereto as **Exhibit A**, made a part hereof and incorporated herein by reference.
3. That on the date of her death, **Carol L. Fletcher** was duly and legally married to **Walter D. Fletcher**, who survived her.
4. That **Walter D. Fletcher** and **Carol L. Fletcher** acquired title as Husband and Wife to the real estate and premises commonly known as **314 Wright Street, Crown Point, Lake County, Indiana 46307**, which real estate is more particularly described as follows, to-wit:

Lot 2 in Block 12 in Young's Fourth Addition to Crown Point, as per plat thereof, recorded in Miscellaneous Record "A", pages 538, 539 and 540, in the Office of the Recorder of Lake County, Indiana, all in Lake County, Indiana.

That the marital relationship which existed between **Walter D. Fletcher** and **Carol L. Fletcher** at the time they acquired title to the aforesaid real estate remained in effect and unbroken until the date of **Carol L. Fletcher's** death.

METROPOLITAN TITLE IN, LLC 210421 (2)



FILED

MAY 23 2007

PEGGY MOLINGA KATONA
LAKE COUNTY AUDITOR

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MTC
20

CR# 6315102572
6315104448

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6. That all funeral expenses in connection with the death of **Carol L. Fletcher** have been paid in full.

7. That the total value of the taxable estate of **Carol L. Fletcher**, including joint tenancies, tenancies by the entireties, individual ownership of both real and personal property and insurance on his life, was not sufficient to incur any liability for Federal or Indiana inheritance taxes.

Dated this 26 day of February, 2007.

Walter D. Fletcher
Walter D. Fletcher

STATE OF INDIANA)

COUNTY OF LAKE)

Document is
NOT OFFICIAL!

This Document is the property of

Subscribed and sworn to before me, a Notary Public, this 26 day of

February, 2007.

My Commission Expires: 10-29-08

My County of Residence: Lake

Notary Public



Kimberly Kay Schultz
Printed Name

THIS INSTRUMENT PREPARED BY: **Thomas K. Hoffman #7731-45**
Attorney at Law
One Professional Center
Suite 306
Crown Point, IN 46307

* 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
CERTIFICATE OF DEATH

State No.

Local No. 4104-05
694300

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) Carol Lynn Fletcher		2. SEX Female	3a. TIME OF DEATH 1:30 AM	3b. DATE OF DEATH (Month, Day, Yr.) December 12, 2005
4. *SOCIAL SECURITY NUMBER 317-52-8598	5a. AGE - Last Birthday (Years) 58	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr.) September 05, 1947
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	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) St. Anthony Medical Center	9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Walter Fletcher	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Homemaker	12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Crown Point	13d. STREET AND NUMBER 1300 Sycamore	
13e. ZIP CODE 46307-	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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) Arthur Patz		19. MOTHER'S NAME (First, Middle, Maiden Surname) Juanita Burns		
20a. INFORMANT'S NAME (Type/Print) Walter Fletcher		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1300 Sycamore Crown Point IN 46307-		20c. Relationship Husband
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) Burial		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 15, 2005 Memory Lane Memorial Park		21c. LOCATION - City or Town, State Schererville, Indiana
22a. EMBALMER'S NAME Kevin Knaga		22b. EMBALMER'S LICENSE NO. FD20400005		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDO9000013		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FH19900060 109 N. East St., Crown Point, Indiana 46307-
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. Vascular collapse Due to arteriosclerotic heart and vascular disease Approximate Interval Between Onset and Death: Unknown				
27. WAS DECEASED 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 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. Deputy				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) December 15, 2005
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Paul R. Castro, Chief Investigator, 2900 West 93rd Avenue, Crown Point, Indiana 46307				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) December 15, 2005
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"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
		34d. DESCRIBE HOW INJURY OCCURRED		
		34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year) December 12, 2005		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		