

**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA )  
 ) SS:  
COUNTY OF Lake )

Recording Requested by &  
When Recorded Return To:  
US Recordings, Inc.  
2925 Country Drive  
St. Paul, MN 55117

2007 046399

Joyce A. Pulliam, being first duly sworn upon oath,  
deposes and says:

1. That Benjamin D. Pulliam died on 12/11, 2006 at South Lake Hospital, Merrillville, IN 46410
2. That Benjamin D. Pulliam and Joyce A. Pulliam were  
duly and legally married at the time they acquired title as husband and wife to the  
following described real estate:

SEE ATTACHED LEGAL DESCRIPTION

3. 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) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid  
in full.
5. That all of the assets of said decedent which would be includable for Federal Estate  
Tax purposes, including joint bank accounts and life insurance on decedent's life were no  
sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Joyce A. Pulliam  
Affiant Signature

Subscribed and sworn to before me, a Notary Public this 3rd day of  
MAY, 2007.

[Signature]  
Notary Public

My Commission Expires: May 17, 2009

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.

Olivia A. Pugh  
[Name]

County of Residence: Lake  
This Instrument prepared by \_\_\_\_\_

**FILED**

JUN - 6 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORDS  
2007 JUN - 7 10:35  
MICHAEL A. BROWN  
RECORDER OF DEEDS

1622  
04916163  
007411  
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NOTICE: The Social Security # is requested by this state agency in order to fulfill its statutory responsibility. Disclosure is required and there will be no penalty for refusal.

INDIAN STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

No. 3000-06

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

PRINT IN PERMANENT INK

IDENT

IDENT

IDENT

IDENT

IDENT

IDENT

IDENT

1. DECEASED—NAME (First, Middle, Last) Benjamin O. Pulliam		2. SEX Male	3a. TIME OF DEATH 12:10P.M	3b. DATE OF DEATH (Month, Day, Yr) December 11, 2006	
4. SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years) 65	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) September 14, 1941	
8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1963	7. BIRTHPLACE (City and State or Foreign Country) Snow Camp, North Carolina			
9a. FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake		9c. CITY, TOWN, OR LOCATION OF DEATH Merrillville		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Joyce A. Jackson	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator		12b. KIND OF BUSINESS/INDUSTRY (Specify) Mittal Steel Corp.	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary		13d. STREET AND NUMBER 8411 Lakewood Avenue	
13e. ZIP CODE 46403	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) Black	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 1 Year		18. FATHER'S NAME (First, Middle, Last) Robert Pulliam			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Isley		20a. INFORMANT'S NAME (Type/Print) Joyce A. Pulliam		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8411 Lakewood Avenue Gary, Indiana 46403	
20c. Relationship Spouse		21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) December 16, 2006 Evergreen Cemetery		21c. LOCATION—City or Town, State Hobart, Indiana			
22a. EMBALMERS NAME Rosenwald Allen Jr.		22b. EMBALMER'S LICENSE NO. #29400047	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of License) 29700070	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Guy & Allen Funeral Directors, Inc. 2959 West 11th Avenue Gary, Indiana 46404 #83007704		
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. <u>Metastatic Carcinoma</u> b. <u>Pancreatic Carcinoma</u> c. <u>Chronic Bronchitis</u> d. <u>Diabetes Mellitus</u> PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. <u>Chronic Bronchitis</u>					
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. IN 25043	29d. DATE SIGNED (Month, Day, Year) 12/14/06		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type, Print) 8300 <u>ROADWAY, Merrillville IN 46410</u>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					
32. DATE FILED (Month, Day, Year) APR 08 2007					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		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)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

## LEGAL DESCRIPTION

THE FOLLOWING DESCRIBED REAL PROPERTY SITUATE IN THE CITY OF GARY, COUNTY OF LAKE, AND STATE OF INDIANA, TO WIT:

LOT 12, LAKEWOOD HILLS SECOND ADDITION TO THE CITY OF GARY, AS SHOWN IN PLAT BOOK 32, PAGE 30, IN LAKE COUNTY, INDIANA.

8411 LAKEWOOD AVENUE, GARY, INDIANA 46403

TAX ID #: 25 45 0459 0012

BY FEE SIMPLE DEED FROM ERIC L. KIRSCHNER AS SET FORTH IN INSTRUMENT NO. 563603 AND RECORDED ON 12/7/1979, LAKE COUNTY RECORDS.

THE SOURCE DEED AS STATED ABOVE IS THE LAST RECORD OF VESTING FILED FOR THIS PROPERTY. THERE HAVE BEEN NO VESTING CHANGES SINCE THE DATE OF THE ABOVE REFERENCED SOURCE.

2182300

