3 62007680

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS: 2007 046838
COUNTY OF LAKE)

On this 1st day of May, 2007, before me personally appeared **RODNEY D. LANGEL,** to me personally known, who being duly sworn upon his oath, did say that:

1. Affiant resides at 1955 Fairview Lane, Schererville, Indiana.

2. Affiant is the adult sone of Eugene J. Langel, deceased.

3. The premises located at 8224 Gordon Drive, Highland, Indiana, were formerly owned by Eugene J. Langel, as Trustee of the Eugene J. Langel Revocable Trust dated May 9, 2002, and Eugene J. Langel had reserved a life estate in the Quit-Claim Deed dated May 9, 2002, and recorded May 15, 2002, as Document No. 2002 045765.

4. That Eugene J. Langel died on March 10, 2006, leaving a Last Will and Testament dated the 9th day of May, 2002.

5. The legal description of the premises in question is:

Lot 19, in Block 6, in Highland Estates, in the Town of Highland, as per plat thereof, recorded in Plat Book 27 page 84, in the Office of the Recorder of Lake County, Indiana.

Key No. 16-27-0194-0019

6. That pursuant to Article XI of the Revocable Trust of Eugene J. Langel dated May 9, 2002, the affiant herein, Rodney D. Langel, was designated as Successor Trustee upon the death of Eugene J. Langel, the original Trustee.

7. That affiant states that there never was an estate probated concerning the death of his father, Eugene J. Langel, that there were no claims filed as a result of the death of Eugene J. Langel, and that the funeral expenses and all expenses of illness were paid at the time of his death.

8. That as a result of the death of Eugene J. Langel, there were no State of Indiana inheritance taxes that were due, and there were no federal estate taxes that were due.

9. Affiant further states that Eugene J. Langel was never divorced and continued to be married until the death of his wife.

FILED

JUN - 7 2007

LAKE COUNTY AUDITOR

007553

10. Affiant's relationship to the decedent is that of surviving adult son.

Further, Affiant sayeth not.

RODNEY D. LANGEL

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared **RODNEY D. LANGEL,** and acknowledged the execution of said Survivorship Affidavit to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 1st day of May, 2007.

Notary Public

Printed Name: Brenda Sohovich

My Commission Expires: 12-28-14
County of Residence: Porter

BRENDA SOHOVICH
Porter County
My Commission Expires
December 28, 2014

This instrument prepared by: Rhett L. Tauber, Esq.
Tauber Westland P.C.
1415 Eagle Ridge Drive
Schererville, Indiana 46375
(219) 865-8400

G:\Clients\Real Estate\Langel, Rodney\Survivorship Affidavit re life estate wpd

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.

Local No. 084-06

C20071680

INDIANA STATE DEPARTMENT OF HEALTH

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

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Eugene Langel	Male	2:55 pm M	March 10, 2006

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months	Days	5c. UNDER 1 DAY Hours	Minutes	6. DATE OF BIRTH (Mo. Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
317-12-1804	82					October 12, 1923	Hammond, IN

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9e. PLACE OF DEATH (Check only one. See instructions.)
Yes	1945	HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☒ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Dyer Nursing and Rehab	Dyer	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widowed	N/A	Carpenter	Construction

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
IN	Lake	Highland	8224 Gordon Drive

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46322	☐ No ☐ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Joseph Langel	Ruth Hilda Wester

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Rodney Langel	1955 Fairview Lane, Schererville, IN 46375	Son

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	March 14, 2006 Chapel Lawn Memorial Gardens	Schererville, IN 46375

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Scott Prewitt	FD01006861	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Fagen-Miller	FD 01006015	Fagen-Miller Funeral Home Lic. # FI183003035 2828 Highway Avenue, Highland, Indiana, 46322

CAUSE OF DEATH

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. ADULT FAILURE TO THRIVE — DUE TO (OR AS A CONSEQUENCE OF):

b. END STAGE RENAL DISEASE — DUE TO (OR AS A CONSEQUENCE OF):

c. — DUE TO (OR AS A CONSEQUENCE OF):

d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

Approximate interval between onset and death

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

MAR 14 2006

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

CERTIFIER

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
M.D.	01055426A	3/13/6

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

RAJI MAJETY 5454 HOFFMAN AVE HAMMOND IN 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE — Susan W Burt D.O.

32. DATE FILED (Month, Day, Year) — March 14, 2006

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide			NO	

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.

SDH06-004 State Form 10110 (R5/1-99)