## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA ) )SS: COUNTY OF LAKE

On this 20TH day of JUNE, 2007, before me personally appeared JENNIE R. JUDNICK, 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:

THE NORTHERLY 40.90 FEET OF LOT 15 (BY PARALLEL LINES AND AS MEASURED AT RIGHT ANGLES TO THE NORTHERLY LINE THEREOF) IN HUNTERS RUN, PHASE TWO, PLANNED UNIT DEVELOPMENT IN THE TOWN OF ST. JOHN, LAKE COUNTY, INDIANA, AS SHOWN IN PLAT BOOK 74, PAGE 13, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.

- 2. That said premises were formerly owned as tenants by the entireties by RICHARD J. JUDNICK and JENNIE R. JUDNICK, husband and wife.
- 3. That said RICHARD J. JUDNICK died on FEB. 3, 2005, a resident of Lake County. Indiana, leaving no Will.
- 4. That by reason of the death of RICHARD J. JUDNICK, 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 RICHARD J. JUDNICK, said parties, namely, RICHARD J. JUDNICK and JENNIE R. JUDNICK, were husband and wife, and have not been divorceds Document is the property of

FURTHER AFFIANT SAITH NOT, ounty Recorder!

/Notary Public

STATE OF INDIANA )SS:

COUNTY OF LAKE

NORTHWEST INDIANA TITLE SERVICES, INC. 162 Washington Street Lowell, Indiana 46356

Before me, the undersigned, a Notary Public in and for said Country and State, this 20 TH day of JUNE, 2007, personally appeared JENNIE R. JUDNICK 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:

ounty of Residence:

JUN 26 2007

PEGGY HOLINGA KATONA

NANCY A. COOK Lake County Commission Expires April 26, 2009

LAKE COUNTY AND ROMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
THIS INSTROMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law
160 March 1 162 Washington Street, Lowell IN 46356 FILE NO 07-16255

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.

008432

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

ig requested to	TATE: The Social Security by this state agency in order by responsibility. Disclosu e will be no penalty for refu	HOR TO INDIANA S	STATE DEPA	RTMENT OI	F HEALTH				
cal No. 329 C.5 CERTIFICATE OF DEATH State No.									
		SERIES ARE CONFIDENTIAL P	ER IC 16-37-1-10						
PE/PRINT IN	RICHARD	J.	JUDNI	2 SEX CK MALE	3a. TAME OF DE		SEBRUARY		
RMANENT	4. *SOCIAL SECURITY NUMBER	Se. ACE-Lest Birthday (Years)	St. UNDER 1 YEAR	5c. UNDER 1 DAY 6. C	ATE OF BINTH (Me, Day, VI)		HATHPLACE (City and 5th		
ACK INK	Ba. WAS DECEDENT	81	MANAGE DESS		UNE 24,192	3	JOLIET.	IL	
•	A U.S. VETERAN?	6b. YEAR LAST SERVED IN U.S. ARMED FORCES?	MOSPITAL CE INPENIE		LACE OF DEATH (Check only		Metructions)		
	YES	1946		tpatient 🖾 DOA	OTHER Nursing Hom	• 🖵	The (Specify)		
CEDENT	9b, FACILITY NAME (If not immunon give street and number)				OWN, OR LOCATION OF DEATH		94. COUNTY OF DEATH		
	10. MARITAL STATUS	GARET MERCY		DYER			LAKE		
	(Specify)	(If wife, give maden neme)	:_ 5 T 4 4.		INTS USUAL OCCUPATION (Give kind of work my thort of working life. Do not use retired)  OCT VISOT  134, STREET AND NUMBER.		Atlantic Richfield		
	MARRIED 134. RESIDENCE—STATE	Jennie Ter	SRATCH Ide, City, Town, OR LO	Supervis					
•	TN	take							
	13a. ZIP CODE 13f. INSIDE C	TY LIMITS 14. CITIZEN OF	15. WAS DECEDENT O	F HISPANIC ORIGIN?	16. RACE—American Indus.	Hin.	ters Run	EDUCATION	
	46372 139 ONAFA	Shet .	7 Se No Cil Ye Mentenn, Puerto Ric		Black, White, etc. (Specify)		(Specify only highest	grade completed)	
	46373 130 ON AFA	USA			1	Ele	Rosiny/Secondary (0-12)	College (1-4 or 5 + )	
TENTS	18. FATHER'S NAME (First, Midd			19. MOTHE	S NAME (FINE MAKIN MAKIN	Surma	12		
	Jacob Judnick		[		Stuckel				
ORMANT	20m, INFORMANT'S NAME (Typ		20b. MARLING A	OORESS (Street and Number	r or Rural Route Number, City o	r Form	State, Zip Gode) 20e.	Fieletionship	
	Jennie Judnick		10004 Hunters		Run. St. Joh			ife	
	2ts. METHOD OF DISPOSITION		216. DATE AND PLACE OF DISPOSITION (Name of		cometery, creasurory, or 20		L ICATION—City or Town. State		
	D Donation C Other (Specify)		other place) Community Cr		remation		Schererville, IN		
POSITION	27A EMBALMER'S NAME		February 7, 2005		23. WAS DEATH REPORTED		1 ) CORONEGS		
	James F. Betkowski		FD0900077		123. WAS DEATH REPORTED		r r www.comeny		
ļ	244. SIGNATURE OF FUNERAL I	DIRECTOR			25. NAME, ADDRESS, AND LICENSE		LUMBER OF FUNERAL HOME		
	(of Licensee)								
	FD09200077 11300 W 971						p <u>to St</u>	John TN	
	28. GART I, Ever the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory areas, shock, or heart failure, List only one cause on each line.							Арргожиние	
								Interval Between Onset and Death	
1	disease or condition		DR AS A CONSEQUENCE		MAKT 125-5		<u> </u>		
TH I	This Decrement is the appropriate of								
1	Conditions, if any, which gave the to the immediate pages,								
	tuffing the enderlying authority to the control of								
		d.		•					
	*ART II, Other provide and conditions - Conditions contributing to death but not previously stated in Part I. 27. WAS DECEDENT 25s. WAS AN AUTO						ISV CON AND ALL		
ĺ					OR 90 DAYS PERFORMED		AVARABLE PRIOR TO		
}				(Yes or no)	Criminary	A		10N OF CAUSE 17 (Yest or no)	
j.	29a. CENTIFIER	ERTIFYING PHYSICIAN To the for				100	0.1		
1	(Check only one)	ERTIFYING PHYSICIAN To the best of a	me or my knowledge, degus t	ton in the case of the case	place, and due to the cause(e) (	is winter			
	<b></b>	CORONER On the beals of examinal	Son end/or investigation, in s	ny comion, death occurred as	the time stop and class, and place.	and du	to the councis) on stand,		
TIFIER	296. SIGNATURE AND TITLE OF	CENTIFIER			29e, MEDICAL LICENSE			IED (Month, Day, Year)	
<u>L</u>	4	(			0105635			4/5	
3	O. NAME AND ADDRESS OF PER	ASON WHO COMPLETED CAUSE O	F DEATH GTEM 26) (Type,	Print)		-		, , , -	
	L HOCKEWASTAT 10200 WITCHER ST JUHN IN 46373 THIS CERTIFIES THE ABOVE						IS A TRUE AND COME	PLETE	
TH "	II. REALTH OFFICERS SERVICE	- U B17	L D.O. 00	R'S O'	COPY OF THE CERT	IPICATE I'H DISE	DATE FILED	(Month, Day, Year)	
<u> </u>	J. MANNER OF DEATH	34s. DATE OF INJURY	A (2)	34e, INJURY AT WORK	,	_	JAPAN JAN	WHI KIDS	
- 1		(Month, Day, Year)		(Yes or no)	7 34d. DESCRIBE HOY	Mund	CUU7		
1	Netural Panding Investigation		~					<i>/</i>   [	
1	Accident  Suitcrite Could not be	34n. PLACE OF INJURY	Y-At home, farm, screet, fac	nory, office 34	LOCATION (Street and Number	Ser or E	tai Bresta Alember Co		
1	Determined Determined	building, etc. (Speci	an E 2	Alan JS	,, 12078	-m wit		rown. atme)	
34	. DATE PRONOUNCED DEAD to	Month Day, Years 34h, MOTOR	VEHICLE ACCIDENTS (V.	( or no) . N yes seconds of		***			