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**SURVIVORSHIP AFFIDAVIT**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 052451

2007 JUN 27 AM 10:58

STATE OF INDIANA )  
                          )SS:  
COUNTY OF LAKE )

MICHAEL A. BROWN  
RECORDER

On this 15<sup>TH</sup> day of June, 2007, before me personally appeared Candy Trogden, 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:

Lot 11, in Roselawn Park Addition to Hammond, as per plat thereof, recorded in Plat Book 16 page 36 in the Office of the Recorder of Lake County, Indiana.

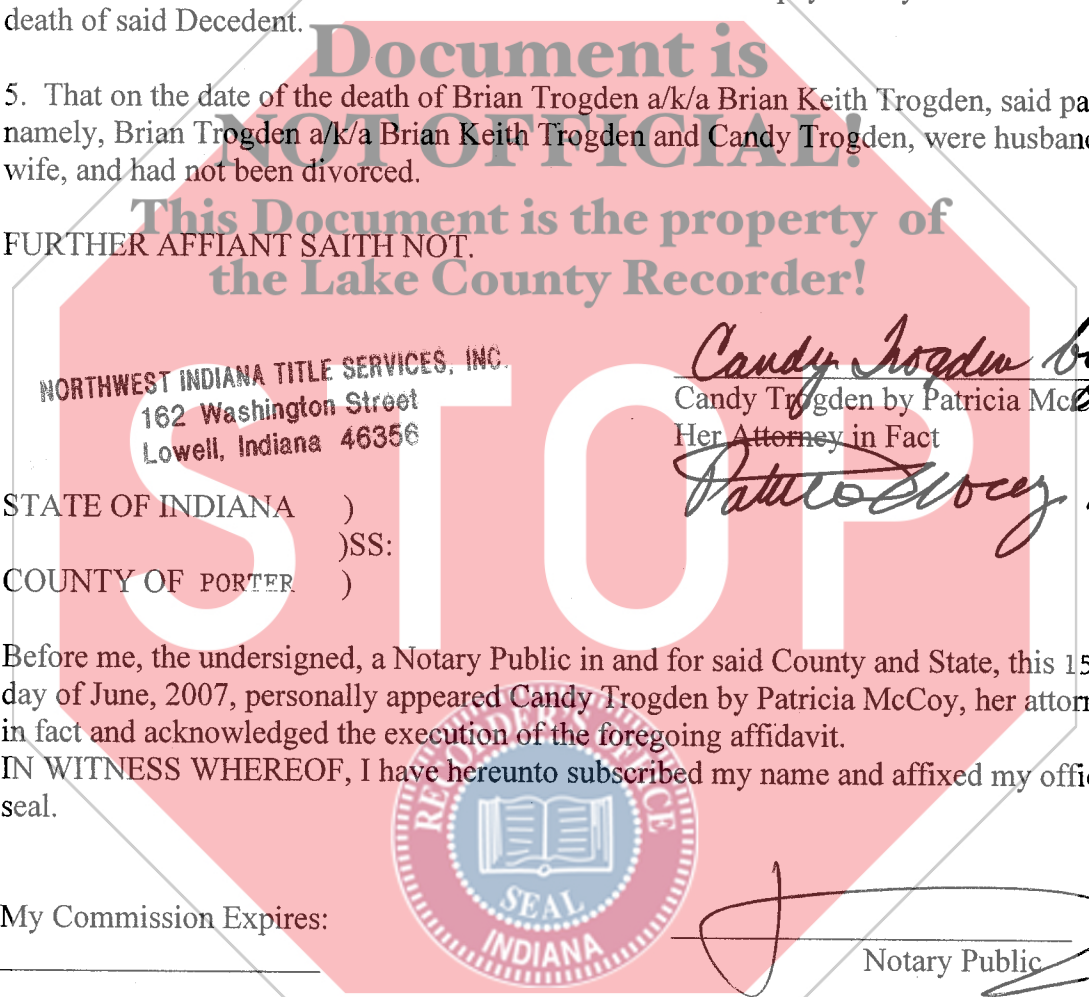
2. That said premises were formerly owned as tenants by the entireties by Brian Trogden a/k/a Brian Keith Trogden and Candy Trogden, husband and wife.

3. That said Brian Trogden a/k/a Brian Keith Trogden died on May 8, 2006, a resident of Lake County, Indiana, leaving no Will.

4. That by reason of the death of Brian Trogden a/k/a Brian Keith Trogden, 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 Brian Trogden a/k/a Brian Keith Trogden, said parties, namely, Brian Trogden a/k/a Brian Keith Trogden and Candy Trogden, were husband and wife, and had not been divorced.

FURTHER AFFIANT SAITH NOT.



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

*Candy Trogden by*  
Candy Trogden by Patricia McCoy,  
Her Attorney in Fact  
*Patricia McCoy P.O.A.*

STATE OF INDIANA )  
                          )SS:  
COUNTY OF PORTER )

Before me, the undersigned, a Notary Public in and for said County and State, this 15<sup>TH</sup> day of June, 2007, personally appeared Candy Trogden by Patricia McCoy, her attorney in fact 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:

County of Residence:



*[Signature]*  
Notary Public

THIS INSTRUMENT PREPARED BY: RICHARD A. ZUNICA, Attorney at Law  
162 Washington Street, Lowell IN 46356  
File No. 07-16162

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.

**FILED**

JUN 26 2007

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

008437

*[Signature]*

13  
14132  
*[Signature]*

CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

MAY 11 2006

I, TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBTAINANCE OF SAID LAW AND ORDINANCES.



THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.

Medical Certificate of Death form for Brian Keith Trogden, deceased on May 8, 2006. Cause of death: PNEUMONIA. Includes fields for personal information, medical history, and funeral arrangements.

DISTRICT NO. 16.10 REGISTERED NUMBER 606617

MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

DECEASED-NAME FIRST MIDDLE LAST BRIAN KEITH TROGDEN

1. COUNTY OF DEATH 2. MALE DATE OF DEATH 3. MAY 8, 2006

4. COOK CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER 5a. 50 5b. 5c. 5d. JANUARY 30, 1956

6a. CHICAGO BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) 7. HAMMOND, IN

8a. MARRIED SOCIAL SECURITY NUMBER 10b. SUPERVISOR

11a. SUPERVISOR 13a. 15 ROSELAWN STREET 13b. HAMMOND

13a. INDIANA 13b. HAMMOND 14a. WHITE

15. BOBBY GENE TROGDEN FATHER-NAME FIRST MIDDLE LAST

17a. MAYBLEINE GIGGERS 17b. REXBORNS 17c. CHICAGO, ILLINOIS 60637

18. PART I. Immediate Cause (Final disease or condition resulting in death) (a) PNEUMONIA

CONDITIONS IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) GASTROINTESTINAL PERFORATION / LEAK

CAUSE LAST. (b) DUE TO, OR AS A CONSEQUENCE OF (c) HEAD AND NECK CANCER

PART II. Other significant findings contributing to obtain burial or cremation in the underlying cause given in PART I.

20a. DATE OF OPERATION, IF ANY 20b. MAJOR FINDINGS OF OPERATION

21a. (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30)

22a. SIGNATURE NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) JENNIFER HOLDER MURRAY, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

22c. JENNIFER HOLDER MURRAY, MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637

23. BURIAL CREMATION, REMOVAL (SPECIFY) 24b. CREMATION 24c. PORTAGE CREMATORY 24d. PORTAGE, INDIANA

25a. AERO REMOVALS, 919 N. GARFIELD AVE., LOMBARD, IL 60148

25b. LOCAL REGISTRAR'S SIGNATURE TERRY MASON M.D.

26a. LOCAL REGISTRAR'S SIGNATURE TERRY MASON M.D.

26b. MAY 11 2006

26c. 034-015469

26d. MAY 11 2006

BASED ON 1989 U.S. STANDARD OF PRACTICE