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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 052962

2007 JUN 29 AM 9:10

MICHAEL A. BROWN
RECORDER

 **TICOR TITLE INSURANCE**

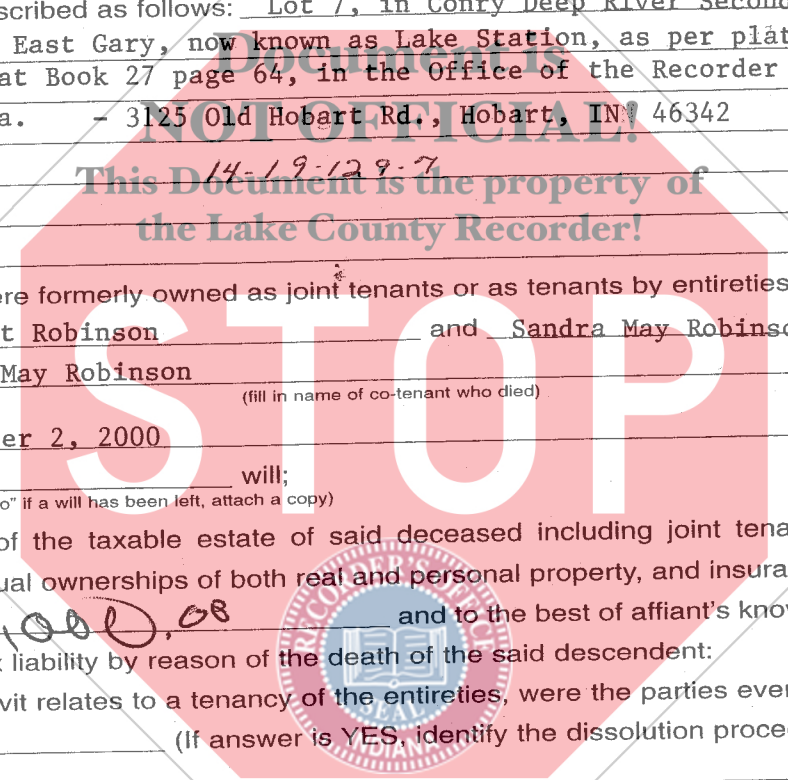
SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)
) SS:
COUNTY OF: Lake)

On this June 22, 2007 Before me personally appeared _____
Charles Matt Robinson

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature;
- Affiant is owner (state interest of affiant in the above premises as owner)
- Said premises described as follows: Lot 7, in Conry Deep River Second Subdivision, in the Town of East Gary, now known as Lake Station, as per plat thereof, recorded in Plat Book 27 page 64, in the Office of the Recorder of Lake County, Indiana. - 3125 Old Hobart Rd., Hobart, IN 46342
14-19-129-7
- Said premises were formerly owned as joint tenants or as tenants by entireties by Charles Matt Robinson and Sandra May Robinson
- Said Sandra May Robinson (fill in name of co-tenant who died) died on November 2, 2000 leaving no will; (insert "a" or "no" if a will has been left, attach a copy)
- The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownerships of both real and personal property, and insurance does not exceed the sum of \$ 100,000.00 and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:
- Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? no (If answer is YES, identify the dissolution proceedings.)
- Affiant's relationship to the deceased was husband



Signature: [Handwritten Signature]
Charles Matt Robinson
Address: PO Box 33 Buffalo IN 47925

State of Indiana)
County of Porter Lake)
Before me, the undersigned, a Notary Public in and for said County and State, this June 22, 2007 personally appeared Charles Matt Robinson

and acknowledged the execution of the foregoing Affidavit.

[Handwritten Signature]
Becky Selman Notary Public
Resident of Porter County
My Commission expires: Nov. 9, 2012 *#13*

Prepared by: Charles Matt Robinson

"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." Chris Burk

FILED

JUN 27 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

927-3252
TICOR HBT

008478

*TI
CA*

1 NO. REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 617215

STATE OF ILLINOIS COUNTY OF COOK CITY OF CHICAGO

NOV 3 2000

I, SHEILA LYNE, RSM, 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 ORDINANCE OF SAID LAW AND ORDINANCES.

DEPARTMENT OF PUBLIC HEALTH CITY OF CHICAGO

RECORDER'S OFFICE SEAL INDIANA

SHEILA LYNE RSM LOCAL REGISTRAR

NOV 3 2000

1 DECEASED-NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR) 1 SANDRA MAE ROBINSON 2 FEMALE 3 NOVEMBER 21, 2000

4 COUNTY OF DEATH 5a. 5b. 5c. 5d. 5e. 6a. 6b. 6c. 6d. 6e. 6f. 6g. 6h. 6i. 6j. 6k. 6l. 6m. 6n. 6o. 6p. 6q. 6r. 6s. 6t. 6u. 6v. 6w. 6x. 6y. 6z. 7a. 7b. 7c. 7d. 7e. 7f. 7g. 7h. 7i. 7j. 7k. 7l. 7m. 7n. 7o. 7p. 7q. 7r. 7s. 7t. 7u. 7v. 7w. 7x. 7y. 7z. 8a. 8b. 8c. 8d. 8e. 8f. 8g. 8h. 8i. 8j. 8k. 8l. 8m. 8n. 8o. 8p. 8q. 8r. 8s. 8t. 8u. 8v. 8w. 8x. 8y. 8z. 9a. 9b. 9c. 9d. 9e. 9f. 9g. 9h. 9i. 9j. 9k. 9l. 9m. 9n. 9o. 9p. 9q. 9r. 9s. 9t. 9u. 9v. 9w. 9x. 9y. 9z. 10a. 10b. 10c. 10d. 10e. 10f. 10g. 10h. 10i. 10j. 10k. 10l. 10m. 10n. 10o. 10p. 10q. 10r. 10s. 10t. 10u. 10v. 10w. 10x. 10y. 10z. 11a. 11b. 11c. 11d. 11e. 11f. 11g. 11h. 11i. 11j. 11k. 11l. 11m. 11n. 11o. 11p. 11q. 11r. 11s. 11t. 11u. 11v. 11w. 11x. 11y. 11z. 12a. 12b. 12c. 12d. 12e. 12f. 12g. 12h. 12i. 12j. 12k. 12l. 12m. 12n. 12o. 12p. 12q. 12r. 12s. 12t. 12u. 12v. 12w. 12x. 12y. 12z. 13a. 13b. 13c. 13d. 13e. 13f. 13g. 13h. 13i. 13j. 13k. 13l. 13m. 13n. 13o. 13p. 13q. 13r. 13s. 13t. 13u. 13v. 13w. 13x. 13y. 13z. 14a. 14b. 14c. 14d. 14e. 14f. 14g. 14h. 14i. 14j. 14k. 14l. 14m. 14n. 14o. 14p. 14q. 14r. 14s. 14t. 14u. 14v. 14w. 14x. 14y. 14z. 15a. 15b. 15c. 15d. 15e. 15f. 15g. 15h. 15i. 15j. 15k. 15l. 15m. 15n. 15o. 15p. 15q. 15r. 15s. 15t. 15u. 15v. 15w. 15x. 15y. 15z. 16a. 16b. 16c. 16d. 16e. 16f. 16g. 16h. 16i. 16j. 16k. 16l. 16m. 16n. 16o. 16p. 16q. 16r. 16s. 16t. 16u. 16v. 16w. 16x. 16y. 16z. 17a. 17b. 17c. 17d. 17e. 17f. 17g. 17h. 17i. 17j. 17k. 17l. 17m. 17n. 17o. 17p. 17q. 17r. 17s. 17t. 17u. 17v. 17w. 17x. 17y. 17z. 18a. 18b. 18c. 18d. 18e. 18f. 18g. 18h. 18i. 18j. 18k. 18l. 18m. 18n. 18o. 18p. 18q. 18r. 18s. 18t. 18u. 18v. 18w. 18x. 18y. 18z.

13a. 3125 Old Howard Road 13b. Lake Station 13c. YES 13d. LAKE

15. ORVILLE SCHEINER 16. Helen ROSS

17a. JACKIE SMITH 17b. 251 E. Huron Chicago 60611

Immediate Cause (Final disease or condition resulting in death) (a) LIVER FAILURE (b) METASTATIC DISEASE (c) BREAST CANCER

20a. 20b. NOVEMBER 1, 2000 20c. YES 20d. YES 20e. YES 20f. YES 20g. YES 20h. YES 20i. YES 20j. YES 20k. YES 20l. YES 20m. YES 20n. YES 20o. YES 20p. YES 20q. YES 20r. YES 20s. YES 20t. YES 20u. YES 20v. YES 20w. YES 20x. YES 20y. YES 20z. YES

21a. 21b. ND 21c. 0030 M. 21d. NOVEMBER 7, 2000 21e. 125-040783

22a. MICHAEL DUCK, M.D. 22b. 222 E. Superior St. Chicago, Illinois

23. STEPHANIE WILLIAMS, M.D. 23a. 23b. 23c. 23d. 23e. 23f. 23g. 23h. 23i. 23j. 23k. 23l. 23m. 23n. 23o. 23p. 23q. 23r. 23s. 23t. 23u. 23v. 23w. 23x. 23y. 23z.

24a. 24b. 24c. 24d. 24e. 24f. 24g. 24h. 24i. 24j. 24k. 24l. 24m. 24n. 24o. 24p. 24q. 24r. 24s. 24t. 24u. 24v. 24w. 24x. 24y. 24z.

25a. SHEILA LYNE RSM 25b. 25c. 034-04632 25d. NOV 3 2000

26a. 26b. 26c. 26d. 26e. 26f. 26g. 26h. 26i. 26j. 26k. 26l. 26m. 26n. 26o. 26p. 26q. 26r. 26s. 26t. 26u. 26v. 26w. 26x. 26y. 26z.

27a. 27b. 27c. 27d. 27e. 27f. 27g. 27h. 27i. 27j. 27k. 27l. 27m. 27n. 27o. 27p. 27q. 27r. 27s. 27t. 27u. 27v. 27w. 27x. 27y. 27z.

28a. 28b. 28c. 28d. 28e. 28f. 28g. 28h. 28i. 28j. 28k. 28l. 28m. 28n. 28o. 28p. 28q. 28r. 28s. 28t. 28u. 28v. 28w. 28x. 28y. 28z.

29a. 29b. 29c. 29d. 29e. 29f. 29g. 29h. 29i. 29j. 29k. 29l. 29m. 29n. 29o. 29p. 29q. 29r. 29s. 29t. 29u. 29v. 29w. 29x. 29y. 29z.

30a. 30b. 30c. 30d. 30e. 30f. 30g. 30h. 30i. 30j. 30k. 30l. 30m. 30n. 30o. 30p. 30q. 30r. 30s. 30t. 30u. 30v. 30w. 30x. 30y. 30z.

31a. 31b. 31c. 31d. 31e. 31f. 31g. 31h. 31i. 31j. 31k. 31l. 31m. 31n. 31o. 31p. 31q. 31r. 31s. 31t. 31u. 31v. 31w. 31x. 31y. 31z.