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AFFIDAVIT OF SURVIVORSHIP FOR SHEILA SHERMAN

Affiant, being first duly sworn upon his oath, states as follows:

1. I am over 21 years old.

2. I am not now nor have I ever been determined to be mentally insane or incompetent.

3. Sheila Sherman's full proper name is Sheila Leola Sherman.(see attached birth certificate)

4. In the history of the deeded ownership of the property of the following described real estate in Lake County, Indiana, to wit:
Lot 10, in Block 4, in B-B Heights in the City of Gary, as per plat thereof, recorded in Plat Book 25, Page 44, in the Office of the Recorder of Lake County, Indiana.
Pin No.: 25-41-0244-0010.
Commonly known as 2024 Hovey Place, Gary, Indiana 46406.
on May 22, 2007 was Tazie & Earlene Sherman (husband and wife) and Sheila Leola Sherman (their daughter).

2008 018260

5. Tazie Sherman, the father of Sheila Sherman, died on October 7, 2007.(see attached death certificate)

6. Earlene Sherman, the mother of Sheila Sherman, died on November 13, 2007.(see attached death certificate)

7. Sheila Sherman, as Executrix of the Estate of Earlene Sherman, deceased by virtue of the power and authority granted to her under the Indiana Code while proceeding under unsupervised administration in **cause no. 45C01-0801-EU-00002** conveyed to herself the aforementioned real estate.

8. Sheila Sherman is now the sole owner and acquired title to the real estate as the surviving joint tenant pursuant to property law.

9. That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax or required the filing of a Federal Estate Tax Return.

6. That the decedent's estate was not subject to Indiana Inheritance Taxes.
Further Affiant sayeth not.
I affirm under the penalties for perjury that the foregoing representations are true.

18
CS
JN

Dated: 3/5/08

Robert M. Holland III
Robert M. Holland III Attorney for Sheila Sherman
Affiant Signature

FILED
MAR 13 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

This instrument prepared by Robert M. Holland III, Attorney At Law, 1219 Broadway, Gary, Indiana 46407

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6047

GARY HEALTH DEPARTMENT

1145 West 5th Avenue, Gary, IN 46402

006501

CERTIFICATE OF BIRTH

This Certifies,

THAT ACCORDING TO THE RECORDS OF THE HEALTH DEPARTMENT

NAME SHEILA LEOLA SHERMAN

WAS BORN IN GARY INDIANA, ON MARCH 26 YEAR 1964

CHILD OF TAZIE SHERMAN and EARLENE SHERMAN

BIRTHPLACE OF FATHER INDIANA

BIRTHPLACE OF MOTHER ALABAMA

RECORD WAS FILED 05/01/64

CERTIFICATE NUMBER AND VOLUME AND PAGE No. 01899 068 0064 Pg. 0000

DATE ISSUED 11/13/92

NOT VALID UNLESS MACHINE NUMBERED

CITY OF THE CENTURY

CERTIFIED BY

HEALTH COMMISSIONER

GARY CIVIL HEALTH COMMISSIONER M.D

DATE NOV 13 1992

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 1579-07

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): TAZIE H. SHERMAN
2. SEX: MALE
3a. TIME OF DEATH: 7:00 a.m.
3b. DATE OF DEATH (Month, Day, Yr): OCTOBER 7, 2007
4. *SOCIAL SECURITY NUMBER: 495-16-4355
5a. AGE—Last Birthday (Years): 85
5b. UNDER 1 YEAR (Months / Days)
5c. UNDER 1 DAY (Hours / Minutes)
6. DATE OF BIRTH (Mo, Day, Yr): MAY 25, 1922
7. BIRTHPLACE (City and State or Foreign Country): GARY, INDIANA
8a. WAS DECEDENT A U.S. VETERAN?: YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 24 JAN 46
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: XXX Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): LINCOLNSHIRE NURSING HOME
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): EARLENE SHERMAN
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): CRANEMAN
12b. KIND OF BUSINESS/INDUSTRY: INLAND STEEL
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: GARY
13d. STREET AND NUMBER: 2024 HOVEY PLACE
13e. ZIP CODE: 46406
13f. INSIDE CITY LIMITS: ☐ No XX Yes
13g. ON A FARM?: XX No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN?: XX No ☐ 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): 12th; College (1-4 or 5 +): 3 RD

PARENTS

18. FATHER'S NAME (First, Middle, Last): MR. LOVE SHERMAN
19. MOTHER'S NAME (First, Middle, Maiden Surname): MS. RUTHIE HICKMAN

INFORMANT

20a. INFORMANT'S NAME (Type/Print): MRS. EARLENE SHERMAN
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2024 HOVEY PLACE-GARY, IN. 46406
20c. Relationship: WIFE

DISPOSITION

21a. METHOD OF DISPOSITION: XX Burial ☐ Entombment ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): SATURDAY, OCTOBER 13, 2007 CALUMET PARK CEMETERY
21c. LOCATION—City or Town, State: MERRILLVILLE, IND.
22a. EMBALMER'S NAME: MR. ROSENWALD D. ALLEN, SR.
22b. EMBALMER'S LICENSE NO.: #C10606
23. WAS DEATH REPORTED TO CORONER?: XX No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Rosenwald Allen
24b. LICENSE NUMBER (of Licensee): #1010606
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: ALLEN FUNERAL HOME #300769 3546 GUTHRIE ST.-E.CHGO,IN.

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Advanced Carcinoma of

DUE TO (OR AS A CONSEQUENCE OF):
b. Carcinoma Prostate

DUE TO (OR AS A CONSEQUENCE OF):
c. Arterosclerotic heart disease

DUE TO (OR AS A CONSEQUENCE OF):
d. Hypertension

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

PART II. Other significant conditions - Conditions contributing to death but not resulting in the underlying cause given in Part I: arterosclerotic cerebrovascular disease

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): N/A
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): N/A
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT. OCT 22 2007

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: [signature] MD
29c. MEDICAL LICENSE NO.: IN25043
29d. DATE SIGNED (Month, Day, Year): 10/17/07
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): KRISHNAN [illegible] MD 8308 BROADWAY Merrillville IN 4641

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan W Best, D.O.
32. DATE FILED (Month, Day, Year): October 22, 2007

33. MANNER OF DEATH: XXX Natural ☐ Pending investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year): N/A
34b. TIME OF INJURY: N/A
34c. INJURY AT WORK? (Yes or no): N/A
34d. DESCRIBE HOW INJURY OCCURRED: N/A
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify): N/A
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State): N/A
34g. DATE PRONOUNCED DEAD (Month, Day, Year):
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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* 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.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 256

State No. ....

Resubmit

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): EARLENE SHERMAN
2. SEX: FEMALE
3a. TIME OF DEATH: 8:31 PM
3b. DATE OF DEATH (Month, Day, Yr.): NOVEMBER 13, 2007
4. *SOCIAL SECURITY NUMBER: 416-32-8611
5a. AGE—Last Birthday (Years): 78
5b. UNDER 1 YEAR (Months, Days):
5c. UNDER 1 DAY (Hours, Minutes):
6. DATE OF BIRTH (Mo. Day Yr.): JAN.9, 1929
7. BIRTHPLACE (City and State or Foreign Country): BESSEMER, ALABAMA
8a. WAS DECEDENT A U.S. VETERAN? NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number): ST. CATHERINE HOSPITAL
9c. CITY, TOWN, OR LOCATION OF DEATH: EAST CHICAGO
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): WIDOWED
11. SURVIVING SPOUSE (If wife, give maiden name): N/A
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): TEACHER'S AIDE
12b. KIND OF BUSINESS/INDUSTRY: SCHOOL SYSTEM
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: GARY
13d. STREET AND NUMBER: 2024 HOVEY PLACE
13e. ZIP CODE: 46404
13f. INSIDE CITY LIMITS: [ ] No [X] Yes
13g. ON A FARM? [X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? [X] No [ ] 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+): 2

PARENTS

18. FATHER'S NAME (First, Middle, Last): SPENCER LUVERT
19. MOTHER'S NAME (First, Middle, Maiden Surname): LEOLA MATTHEWS

INFORMANT

20a. INFORMANT'S NAME (Type/Print): SHEILA SHERMAN
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2024 HOVEY PLACE, GARY, IN 46404
20c. Relationship: DAUGHTER

DISPOSITION

21a. METHOD OF DISPOSITION: [X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify) [ ] Entombment
21b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): NOVEMBER 24, 2007 CALUMET PARK CEMETERY
21c. LOCATION—City or Town, State: MERRILLVILLE, IN
22a. EMBALMER'S NAME: PAUL ANTHONY ROBINSON
22b. EMBALMER'S LICENSE NO.: 1017284
23. WAS DEATH REPORTED TO CORONER? [X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: [signature]
24b. LICENSE NUMBER (of Licensee): 1017284
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: HOUSE OF ROBINSON FH#19500007 1900 W. 15th Ave, Gary, IN 4640

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter mode of dying, 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. Acute myocardial infarction — Approximate Interval Between Onset and Death:
b. DUE TO (OR AS A CONSEQUENCE OF):
c. DUE TO (OR AS A CONSEQUENCE OF):
d. DUE TO (OR AS A CONSEQUENCE OF):

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

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

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): 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
[X] 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: [signature]
29c. MEDICAL LICENSE NO.: 01047343
29d. DATE SIGNED (Month, Day, Year): 11/27/07
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Satish Patel 9108 Colombia Avenue, Munster, Indiana 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] MD
32. DATE FILED (Month, Day, Year): 11/28/07

33. MANNER OF DEATH: [ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be Determined
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.

IVRA 20 (7/05)