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SURVIVORSHIP AFFIDAVIT

PAULINE J. LEADY, being first duly sworn, states upon her oath as follows:

1. That she is the surviving spouse of Charles E. Leady, Jr., who died on the ~~28~~²⁹ day of May, 2007; that a copy of the Certificate of Death issued by the State of Indiana is attached hereto and made a part hereof.

2. That the decedent and the Affiant owned the following described real estate in Lake County, State of Indiana as tenants in common:

Lot No. 20, Fairmeadow 8th Addition, Block 1, to the Town of Munster, as shown in Plat Book 40, page 7, in Lake County, Indiana.

**Commonly known address: 9525 Northcote Avenue, Munster, Indiana 46321
Tax Key No. 18-28-0298-0020**

3. That no estate has been opened or is it intended that an estate will be opened as a result of the death of Charles E. Leady, Jr.

4. That no federal estate taxes or Indiana inheritance taxes are due as a result of the death of Charles E. Leady, Jr.

Dated the 3 day of November, 2007.

2008
MAR 22 10 22 AM '08
FILED
RECORDER'S OFFICE
LAKE COUNTY, INDIANA
MAR 31 2008



Pauline J. Leady
PAULINE J. LEADY

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF IN)
) SS:
COUNTY OF Lake)

"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."
Lisa Moore

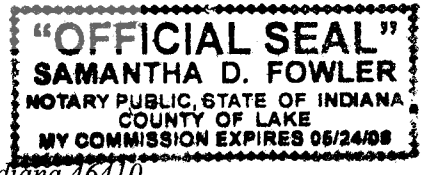
Before me, a Notary Public, personally appeared Pauline J. Leady and acknowledged the execution of the foregoing Affidavit.

Dated this 3rd day of November, 2007.



Samantha D. Fowler
Notary Public

My Commission Expires: 5/24/08
County of Residence: Lake



Prepared by: Attorney Joseph E. Costanza, 9191 Broadway, Merrillville, Indiana 46410.

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3857 2795
Rm

Hold for
Professionals' Title Services

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

State No.

Local No. 12-56-07

928381

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

| | | | | | | | |
|--|--|---|--|---|--|--|---|
| 1. DECEASED-NAME (First, Middle, Last) Charles Edward Leady, Jr. | | | | 2. SEX Male | 3a. TIME OF DEATH 10:50P M | 3b. DATE OF DEATH (Month, Day, Year) May 12, 2007 | |
| 4. *SOCIAL SECURITY NUMBER -2427 | | 5a. AGE - Last Birthday (Years) 87 | 5b. UNDER 1 YEAR Months Days | 5c. UNDER 1 DAY Hours Minutes | 6. DATE OF BIRTH (Mo, Day, Yr) July 30, 1919 | | 7. BIRTHPLACE (City and State or Foreign Country) Pittsburgh, PA |
| 8a. WAS DECEDENT A U.S. VETERAN? Yes | | 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1945 | | 9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence | | | |
| 9b. FACILITY NAME (If not institution, give street and number) St. Margaret Mercy Healthcare | | | | 9c. CITY, TOWN, OR LOCATION OF DEATH Dyer | | 9d. COUNTY OF DEATH Lake | |
| 10. MARITAL STATUS (Specify) Married | | 11. SURVIVING SPOUSE (If wife, give maiden name) Pauline Huettner | | 12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cylindrical Die Maker | | 12b. KIND OF BUSINESS/INDUSTRY US Steel | |
| 13a. RESIDENCE - STATE IN | | 13b. COUNTY Lake | | 13c. CITY, TOWN, OR LOCATION Munster | | 13d. STREET AND NUMBER 9525 Northcote Ave. | |
| 13e. ZIP CODE 46321 | | 13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | 14. CITIZEN OF WHAT COUNTRY? USA | | 15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 16. RACE - American Indian, Black, White, etc. (Specify) White | | | | 17. DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input type="checkbox"/> 12 | | | |
| 18. FATHER'S NAME (First, Middle, Last) Charles Leady, Sr. | | | | 19. MOTHER'S NAME (First, Middle, Maiden Surname) Pearl White | | | |
| 20a. INFORMANT'S NAME (Type/Print) Pauline Leady | | | 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 9525 Northcote Ave. Munster, IN 46321 | | | 20c. Relationship Wife | |
| 21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) | | | 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 19, 2007 Oakhill Cemetery | | | 21c. LOCATION - City or Town, State Cheboyhan, MI | |
| 22a. EMBALMER'S NAME: Apollo Moreno | | | 22b. EMBALMER'S LICENSE NO. 20600073 | | 23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i> | | | 24b. LICENSE NUMBER (of Licensee) 9000031 | | 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN (For Christian FH Cheboygan, MI) | | |
| 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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last | | a. <u>Coronary Artery Disease</u> DUE TO (OR AS A CONSEQUENCE OF): b. <u>congestive heart failure</u> DUE TO (OR AS A CONSEQUENCE OF): c. <u>End stage Renal D.</u> DUE TO (OR AS A CONSEQUENCE OF): d. | | | | Approximate Interval Between Onset and Death 2 years 2 year 3 months | |
| 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) 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) | | | | | | | |
| 29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>[Signature]</i> | | | | 29c. MEDICAL LICENSE NO. X01058603A | | 29d. DATE SIGNED (Month, Day, Year) May 17, 2007 | |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Atassi 7400 Columbia Ave. Hammond, IN 46324 | | | | | | | |
| 31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> | | | | THIS CERTIFICATE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE AS ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT 5/18/2007 | | | |
| 33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined <input type="checkbox"/> Homicide | | 34a. DATE OF INJURY (Month, Day, Year) | | 34b. TIME OF INJURY | | 34c. INJURY AT WORK? (Yes or No) | |
| | | 34d. DESCRIBE HOW INJURY OCCURRED MAY 18 2007 | | 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. | | | |