

**SURVIVORSHIP AFFIDAVIT**

Comes now Lee Shinault before me personally appeared and after having been duly sworn upon her oath deposes and states that:

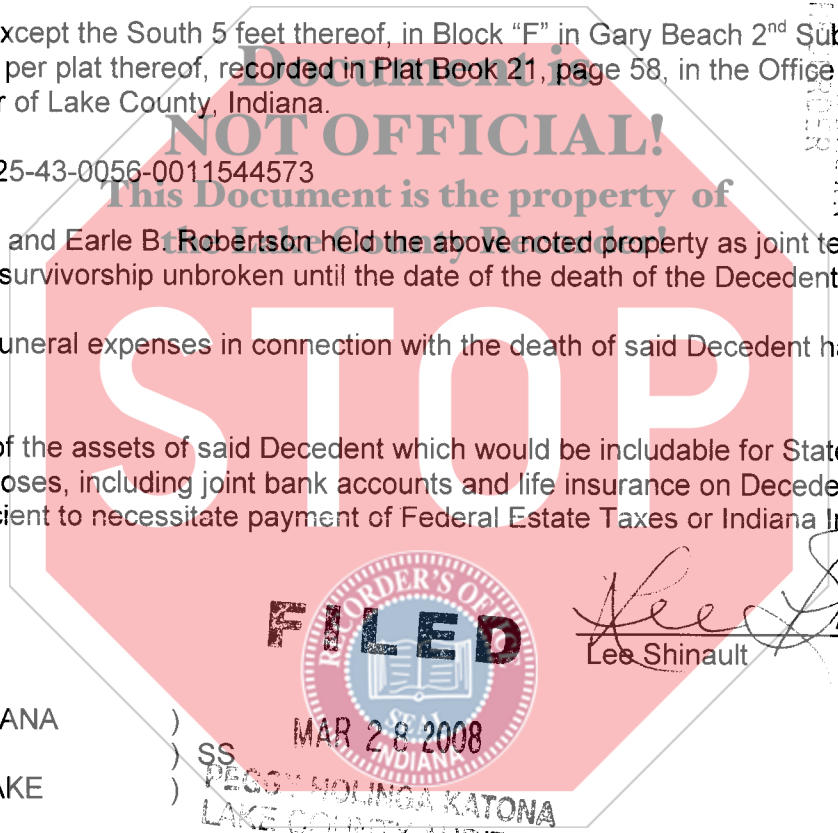
1. Affiant resides at 6999 Hemlock Ave. Gary, IN 46403.
2. That she holds said property as a joint tenant with rights of survivorship with Earle B. Robertson.
3. That she and Earle B. Robertson held the property as joint tenants with rights of survivorship since at least November 16, 1993.
4. That said Earle B. Robertson died on the 4<sup>th</sup> day of August, 2006. A copy of the Death Certificate of Earle B. Robertson is attached hereto, made a part hereof and marked Exhibit "A".
5. That Earle B. Robertson and Lee Shinault held the following described property as tenants in common with rights of survivorship:

Lot 11, except the South 5 feet thereof, in Block "F" in Gary Beach 2<sup>nd</sup> Subdivision to Gary, as per plat thereof, recorded in Plat Book 21, page 58, in the Office of the Recorder of Lake County, Indiana.

Key no. 25-43-0056-0011544573

6. That she and Earle B. Robertson held the above noted property as joint tenants with rights of survivorship unbroken until the date of the death of the Decedent.
7. That all funeral expenses in connection with the death of said Decedent have been paid in full.
8. That all of the assets of said Decedent which would be includable for State and Federal Tax purposes, including joint bank accounts and life insurance on Decedent's life, were not sufficient to necessitate payment of Federal Estate Taxes or Indiana Inheritance Tax.

2008 MAR 22 5 16



*Lee Shinault*  
Lee Shinault

STATE OF INDIANA )  
COUNTY OF LAKE )

FILED  
MAR 28 2008  
DEGGY HOUNGA KATONA  
LAKE COUNTY AUDITOR

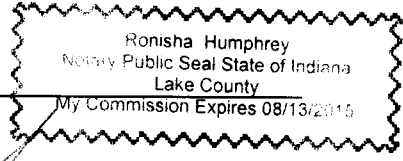
3841

*ddm*  
*14.00 #*  
*4113 #*

SUBSCRIBED AND SWORN to before me, a Notary Public, this 5<sup>th</sup> day of March, 2008 in and for aforementioned State and County.

My Commission Expires:

*Ronsha Humphrey*  
Notary Public



*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. Prepared By: Dwight King*

Exhibit "A"

LET OVER

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

No. 06 0431

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

E/PRINT IN PERMANENT INK

IDENT

NTS

RMANT

OSITION

SE OF H

TIFIER

LTH CER

1 DECEASED—NAME (First, Middle, Last) <b>Earle Bernard Robertson</b>				2 SEX <b>Male</b>	3a. TIME OF DEATH <b>4:27P</b>	3b. DATE OF DEATH (Month, Day, Yr) <b>August 4, 2006</b>
4. *SOCIAL SECURITY NUMBER <b>358-26-6083</b>	5a. AGE—Last Birthday (Years) <b>70</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>April 21, 1936</b>	7. BIRTHPLACE (City and State or Foreign Country) <b>Chicago, IL.</b>	
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1965</b>	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9b. FACILITY NAME (If not institution, give street and number) <b>6999 Hemlock</b>			9c. CITY, TOWN, OR LOCATION OF DEATH <b>Gary</b>		9d. COUNTY OF DEATH <b>Lake</b>	
10. MARITAL STATUS (Specify) <b>Divorced</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>N/A</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Police Officer</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Hospital</b>		
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Gary</b>		13d. STREET AND NUMBER <b>6999 Hemlock</b>		
13a. ZIP CODE <b>46403</b>	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) <b>Black</b>	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>3</b>	
18. FATHER'S NAME (First, Middle, Last) <b>Earle Van Buran Robertson</b>			19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Bennette Gilham</b>			
20a. INFORMANT'S NAME (Type/Print) <b>Earle D. Robertson</b>			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>2356 Tanglewood Ct. Aurora, IL. 60506</b>		20c. Relationship <b>Son</b>	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>August 9, 2006 Regional Cremation Services</b>			21c. LOCATION—City or Town, State <b>Munster, IN.</b>	
22a. EMBALMER'S NAME <b>N/A</b>		22b. EMBALMER'S LICENSE NO. <b>N/A</b>		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Avis Robinson</i>		24b. LICENSE NUMBER (of Licensee) <b>FD29700012</b>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Alpha Mortuary FH19900030 421 W. 5th Ave, Gary, IN. 46402</b>		
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. Approximate Interval Between Onset and Death						
IMMEDIATE CAUSE (Final disease or condition resulting in death)						
a. <b>Cardiac arrhythmia</b>					<b>seconds</b>	
b. <b>severe coronary arteriosclerosis</b>					<b>unknown</b>	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last						
c. _____						
d. _____						
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) <b>No</b>			28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>Yes</b>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>Yes</b>	
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>James Bryant MD</i>				29c. MEDICAL LICENSE NO. <b>01048374A</b>		29d. DATE SIGNED (Month, Day, Year) <b>8-10-06</b>
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>James Bryant MD 333 N. Michigan #3400 Chicago 60601</b>						
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>					32. DATE FILED (Month, Day, Year) <b>AUG 14 2006</b>	
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	
34a. 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.			

