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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2008 061593

2008 SEP -2 10:05:55

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: Katherine Horvat, Deceased
Key No.: 26-35-0359-0012
45-07-16-130-012.000-023

SURVIVORSHIP AFFIDAVIT

Peoples Bank, by Stephan A. Ziembra, as Personal Representative of the Estate of Edward G. Horvat, being first duly sworn, states:

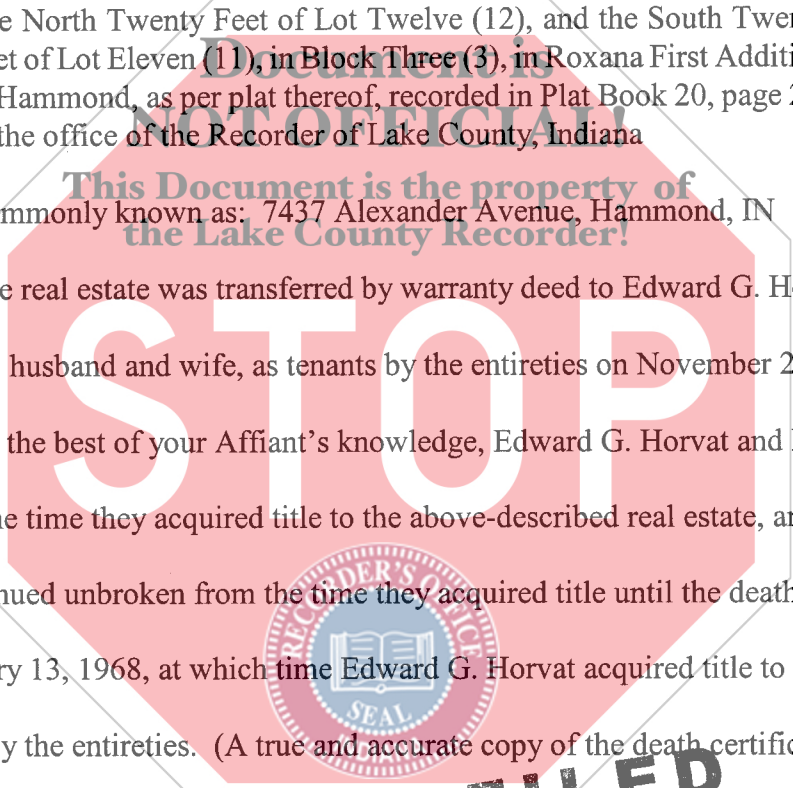
1. Edward G. Horvat and Katherine Horvat are the owners of the following described real estate located in Lake County, Indiana:

The North Twenty Feet of Lot Twelve (12), and the South Twenty Feet of Lot Eleven (11), in Block Three (3), in Roxana First Addition to Hammond, as per plat thereof, recorded in Plat Book 20, page 24, in the office of the Recorder of Lake County, Indiana

Commonly known as: 7437 Alexander Avenue, Hammond, IN

2. The real estate was transferred by warranty deed to Edward G. Horvat and Katherine Horvat, husband and wife, as tenants by the entireties on November 20, 1947.

3. To the best of your Affiant's knowledge, Edward G. Horvat and Katherine Horvat were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Katherine Horvat on February 13, 1968, at which time Edward G. Horvat acquired title to the real estate as surviving tenant by the entireties. (A true and accurate copy of the death certificate of Katherine Horvat is attached hereto and incorporated herein by reference as Exhibit "A".)



FILED

AUG 22 2008

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

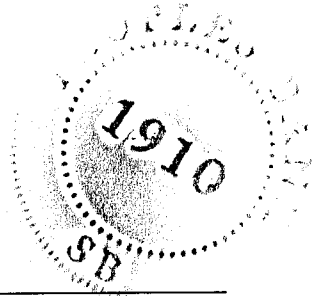
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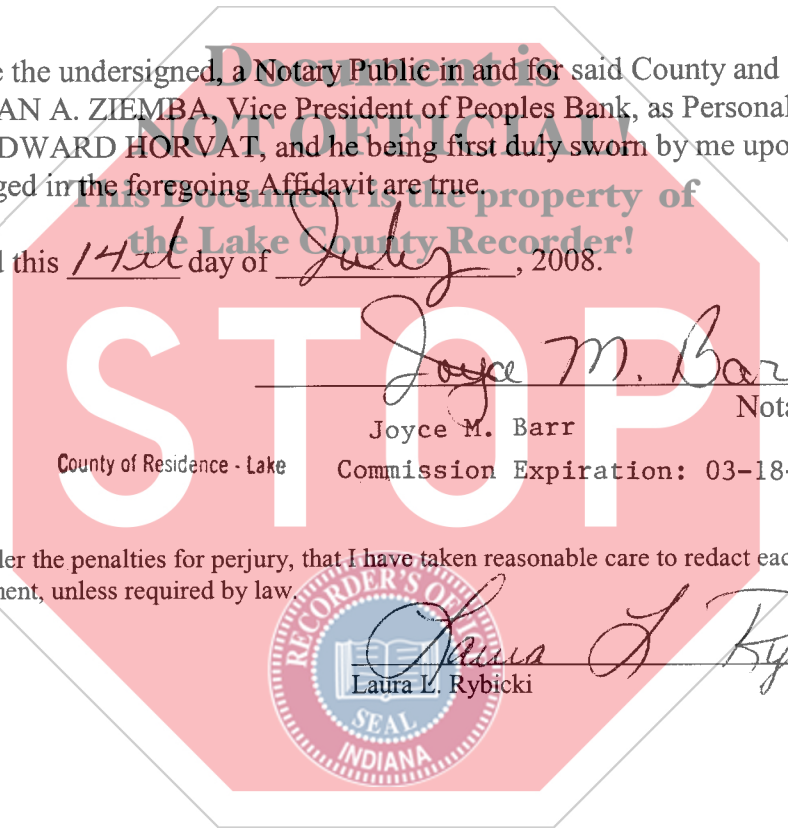


BY: STEPHAN A. ZIEMBA, Vice President
Personal Representative of Estate of Edward Horvat

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

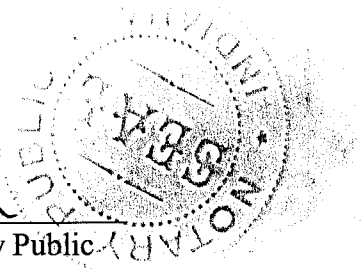
Before me the undersigned, a Notary Public in and for said County and State, personally appeared STEPHAN A. ZIEMBA, Vice President of Peoples Bank, as Personal Representative of the Estate of EDWARD HORVAT, and he being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 14th day of July, 2008.

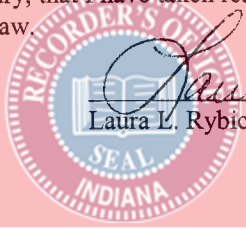


Joyce M. Barr
Notary Public

County of Residence - Lake Commission Expiration: 03-18-16



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



Laura L. Rybicki

This instrument prepared by and after recording return to:
Laura L. Rybicki, of Beckman, Kelly & Smith
5920 Hohman Avenue, Hammond, Indiana 46320 (219) 933-6200

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

APR 21 1968

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

Local No. 145 Death No.

TYPE OR PRINT PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD
Blow for State Office Use

PERMANENT INK, DECEASED NAME, SEX, DATE OF BIRTH, COUNTY OF BIRTH, DATE OF DEATH, MONTH, DAY, YEAR

1. MRS. **KATHERINE HORVAT** FEMALE, 2-13-68
 2. **WHITE** UNDER 1 DAY, 0-6-10-24, LAKE
 3. **HAMMOND** HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN OTHER, GIVE STREET AND NUMBER),
 7437 ALEXANDER AVE
 4. **INDIANA** INSIDE CITY LIMITS (SPECIFY CITY),
 U.S.A. WIDOWED, DIVORCED (SPECIFY),
 5. **HOUSEWIFE** SURVIVING SPOUSE (IF WIFE, GIVE MARRIAGE NAME),
 6. **EDWARD G. HORVAT** WIDOWED, DIVORCED (SPECIFY),
 7. **HAMMOND** CITY, TOWN, OR LOCATION
 8. **INDIANA** COUNTY
 9. **1437 ALEXANDER AVE** STREET AND NUMBER
 10. **Louis** FIRST MIDDLE LAST
 11. **EDWARD G. HORVAT** (HUSBAND) RELATIONSHIP
 12. **ARTERIOSCLEROTIC HEART DISEASE** IMMEDIATE CAUSE
 13. **NO** DEATH WAS CAUSED BY:
 (a) DUE TO, OR AS A CONSEQUENCE OF,
 (b) STARTING THE UNDERLYING CAUSE LAST
 14. **NO** OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE
 15. **NO** ACCIDENT, SUICIDE, POISONING, DATE OF INJURY (MONTH, DAY, YEAR) HOUR
 16. **Natural** OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR
 17. **NO** INJURY AT WORK PLACE OF INJURY AT HOME, PARK, STREET, LOCATION
 18. **NO** INJURY AT WORK PLACE OF INJURY AT HOME, PARK, STREET, LOCATION
 19. **NO** CORONER'S CERTIFICATION
 20. **Feb 13 1968** THE DECEASED WAS PRONOUNCED DEAD BY PHYSICIAN, DATE, OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED
 21. **Feb 13 1968** HOUR MONTH YEAR
 22. **Samuel J. Wong** SIGNATURE
 23. **30 Douglas Street** CITY OR TOWN, STATE
 24. **Hammond, Ind** CITY OR TOWN, STATE
 25. **Hammond, Ind** CITY OR TOWN, STATE
 26. **Feb 13 1968** DATE
 27. **Hammond, Ind** CITY OR TOWN, STATE
 28. **Hammond, Ind** CITY OR TOWN, STATE
 29. **Hammond, Ind** CITY OR TOWN, STATE
 30. **Hammond, Ind** CITY OR TOWN, STATE

EXAMINER'S NAME: WALTER HUBER LICENSE NO. 490 FUNERAL DIRECTOR'S LICENSE NO. 490

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