

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

ARTHUR F. AKER, being first duly sworn upon his oath, deposes and says:

1. That he is of lawful age and lives and resides in the City of Hammond, Lake County, Indiana; that he was formerly married to one MARILYN L. AKER for many years and lived continuously with her as his wife until her death. (Death Certificate Attached as Exhibit A)

2. That Affiant and his said spouse became the owners, as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

45-07-03-380-019.000-023

Lot Number Fifty two (52), in Block Number Five (5), as marked and laid down on the recorded plat of EASTGATE Subdivision in the City of Hammond, Lake Co., Indiana, as the same appears of record in Plat Book 30, page 16 in the Recorder's Office of Lake County, Indiana.

Commonly known as: 6424 Missouri Court, Hammond, Indiana 46323

3. That Affiant further says that they continued to be such owners of the title to said real estate until the intestate death of his spouse on the 19th day of January, 2009 in Lake County, Indiana.

4. That the value of his spouse's estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that Affiant, by reason of his wife's death, is now the sole owner of the fee simple title to said real estate and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, MARILYN L. AKER, from the tax rolls on said real estate.

Further your Affiant sayeth not.

FILED

Arthur F. Aker
ARTHUR F. AKER

APR 16 2009

STATE OF INDIANA)

COUNTY OF LAKE) PEGGY HOISINGA KATONA
LAKE COUNTY AUDITOR

Subscribed and sworn to before me a Notary Public in and for County and State this 27 day of March, 2009.

My Commission Expires: 1/31/10

[Signature]
Notary Public
Resident of Lake County, Indiana

"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: *[Signature]*

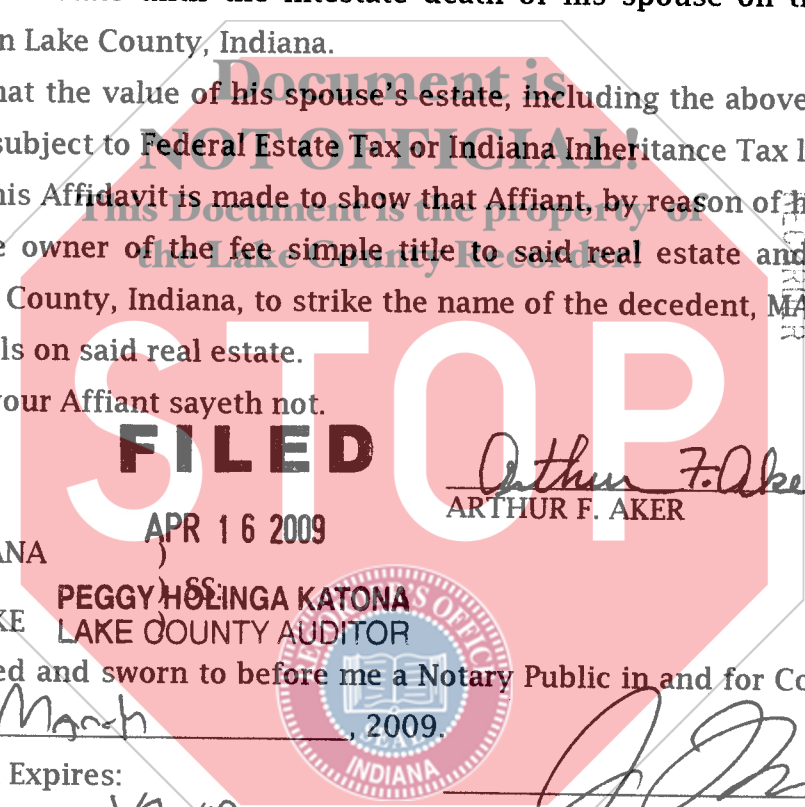
This Instrument Prepared by:

Joseph Banasiak
Indiana Atty. No: 10769-45
2546 - 45th Street
Highland, IN 46323
(219) 924-3020
FAX: (219) 924-1648

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2009 APR 16 11:09
LAKE COUNTY RECORDER





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

514-09

Local No. RESUBMIT

State No.

1. Decedent's Legal Name (First, Middle, Last) Marilyn L. Aker				1a. Maiden Last Name (if Female)		2. Sex Female	3. Time Of Death 6:57 PM	4. Date Of Death (Month/Day/Year) January 19, 2009		
5. Social Security Number 311-24-3175	6a. Age - Yrs 83	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) January 15, 1926		8. Birthplace (City And State Or Foreign Country) Ft. Wayne, IN		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home / Long Time Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) St. Margaret Mercy Hospital										
12. City Or Town, State, And Zip Code Hammond, IN 46320					13. County of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name Arthur Aker			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Own Home			
18. Residence - State IN		18a. County Lake			18b. City Or Town Hammond					
18f. Street And Number 6424 Missouri Ct.				18d. Apt. No.	18e. Zip Code 46323		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 12			20. Decedent Of Hispanic Origin No		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) Louis Franke				23. Mother's Name (First, Middle, Last) Wilma		23a. Mother's Maiden Last Name Brower				
24. Informant's Name Arthur Aker		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 6424 Missouri Ct. Hammond, IN 46323						
25. Place Of Disposition										
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Chapel Lawn Cemetery			25c. Location - City, Town, And State Schererville, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home 5840 Hohman Ave. Hammond, IN 46320					27a. Funeral Home License Number: 3002819			
27b. Signature Of Indiana Funeral Service Licensee: <i>Thomas J. Burns</i>						27c. License Number (Of Licensee): 1045184				
Cause Of Death (See Instructions And Examples)										
28. Part I. Enter The Chain Of Events - Diseases, Injuries Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Lung Cancer Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last								Approximate Interval: Onset To Death		
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To The Coroner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34. Date Of Injury (Month/Day/Year) FEB 12 2009		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			38c. Apt. No.	38d. Zip Code		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code			
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature Of Person Certifying Cause Of Death: <i>Dr. Pathak</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. PATHAK 5454 Hohman Ave. Hammond IN 46320						44. License Number 01054411A		45. Date Certified 1/27/09		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Office: <i>Susan J. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): February 2, 2009				

State Form 10110 (07/01-07) ATTENTION ESTATE: The Social Security # is being requested for this state agency in order to process the estate responsibility. Disclosure is unknown and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER 16.37.1-10.

EXHIBIT A