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SURVIVORSHIP AFFIDAVIT

The undersigned Affiant, KENNETH R. COLEMAN, being first duly sworn on his oath, hereby states and says:

1. That Affiant herein KENNETH R. COLEMAN is the surviving joint owner of certain real estate in Lake County, Indiana with NANCY M. YOKO, and described hereafter.
2. That said NANCY M. YOKO died on September 29, 2008, while domiciled in Lake County, Indiana and as evidence by the attached Certified Death Certificate of NANCY M. YOKO.
3. That more than forty-five (45) days have elapsed since the death of NANCY YOKO, the decedent, and decedent died with a Last Will (testate); that an unsupervised estate is now pending in the Lake Circuit Court, under cause number 45C01-0810-EU-0313, concerning decedent's death, and that Affiant herein is also the sole devisee pursuant to decedent's Last Will and Testament filed in said estate and the court appointed Personal Representative of the estate.

4. That at the time of her death, the decedent owned with Affiant as joint tenant the real property located in the City of Hobart, Lake County, State of Indiana, which is described as follows:

Lot 9, in Block "A", in Ridge Road Homes First Subdivision, in the City of Hobart, as shown in Plat Book 17, page 35, in the Office of the Recorder of Lake County, Indiana.
(Key # 27-18-0126-0009)

Said real estate commonly known as 3042 W. Old Ridge Road, Hobart, Lake County, Indiana.

5. That by virtue of a Quit Claim Deed dated September 28, 2007, Affiant Kenneth R. Coleman was the joint owner of the above concerned real estate with the deceased Nancy M. Yoko, and with full rights of survivorship.

6. That at the time of her death, the following persons were/are entitled to an interest in the above-described real property as a result of Nancy M. Yoko, the decedent's, death:

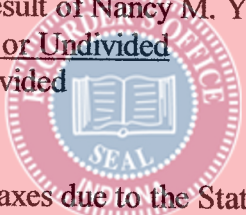
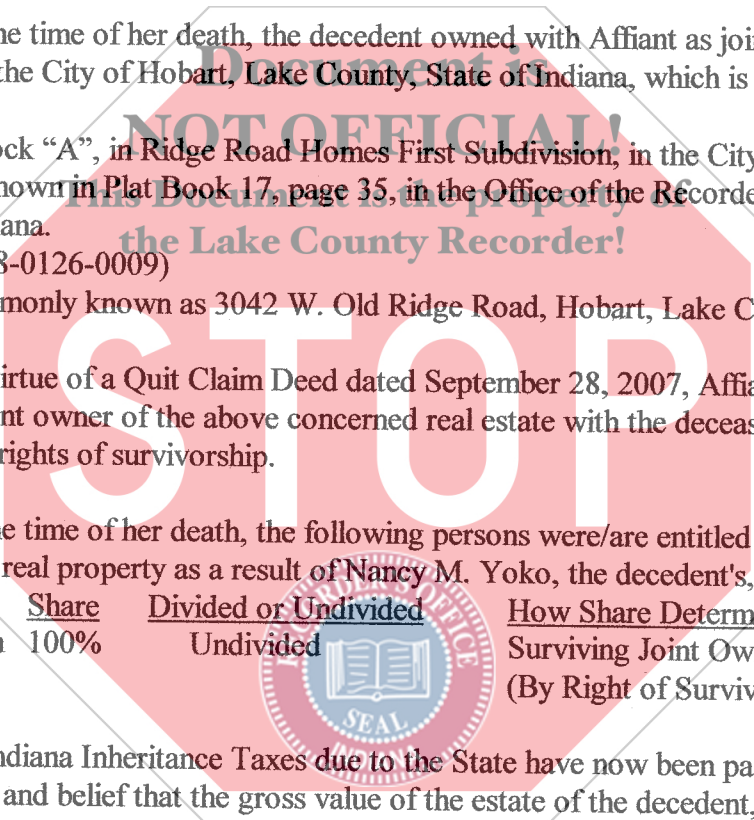
<u>Name of Person</u>	<u>Share</u>	<u>Divided or Undivided</u>	<u>How Share Determined</u>
Kenneth R. Coleman	100%	Undivided	Surviving Joint Owner (By Right of Survivorship)

7. That all Indiana Inheritance Taxes due to the State have now been paid in full and to Affiant's knowledge and belief that the gross value of the estate of the decedent, Nancy M. Yoko, as determined was not subject to any Federal Estate Tax.

2009 JUL 25 8:50

2009 JUL 29 PM 2:17

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



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JUL 29 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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SURVIVORSHIP AFFIDAVIT

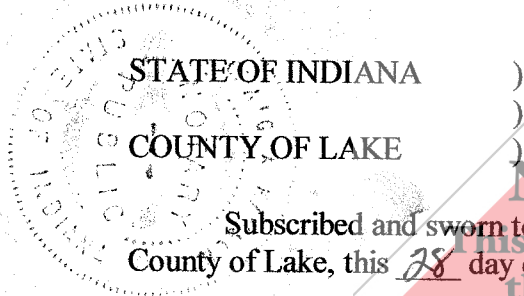
Nancy M. Yoko/Kenneth R. Coleman

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8. That Kenneth R. Coleman, Affiant herein, should now be the sole owner in fee simple of said real estate located in Lake County, Indiana, by virtue of the joint tenancy with the decedent Nancy M. Yoko and as set forth and referred to in the preceding paragraphs herein numbered 4, 5 and 6. That this Affidavit is given to now reflect and clarify Affiant's sole ownership and fee simple interest in and to the above described real estate.

9. That further Affiant sayeth not.

[Signature]
KENNETH R. COLEMAN, Affiant



STATE OF INDIANA)

COUNTY OF LAKE)

SS: **Document is NOT OFFICIAL!**

Subscribed and sworn to before me, a Notary Public, in and for the State of Indiana and County of Lake, this 28 day of July, 2009.

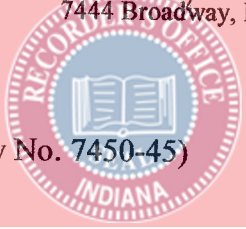
My Commission Expires: July 20, 2016

[Signature]
Notary Public
County of residence: 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.

Prepared by: *[Signature]*
Craig A. Hanson, Atty At Law (# 7450-45)
7444 Broadway, Merrillville, IN 46410

Prepared By AND RETURN TO:
Craig A. Hanson, Attorney At Law (Atty No. 7450-45)
7444 Broadway, Merrillville, IN 46410
Ph: (219) 736-2255





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3273-08

State No.

1. Decedent's Legal Name (First, Middle, Last) Nancy M. Yoko				1a. Maiden Last Name (If Female) Toth		2. Sex F	3. Time Of Death 6:30 p.m.	4. Date Of Death (Month/Day/Year) Sept. 29, 2008	
5. Social Security Number 312-42-5991		6a. Age - Yrs 65	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) March 26, 1943		8. Birthplace (City And State Or Foreign Country) Gary, 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 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 checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) 3042 W. Old Ridge Road									
12. City Or Town, State, And Zip Code Hobart, IN 46342					13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name None			15a. (If W/M) Give Maiden Last Name --		16. Decedent's Usual Occupation Dispatcher		17. Kind Of Business/Industry Police Department		
18. Residence - State Indiana			18a. County Lake		18b. City Or Town Hobart				
18c. Street And Number 3042 W. Old Ridge Road							18d. Apt. No.	18e. Zip Code 46342	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) Steven Toth				23. Mother's Name (First, Middle, Last) Mary Kenninger			23a. Mother's Maiden Last Name Suchka		
24. Informant's Name Ken Coleman			24a. Relationship To Decedent Companion		24b. Mailing Address (Street And Number, City, State, Zip Code) 3042 W. Old Ridge Road, Hobart, IN 46342				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NW Indiana Cremation Service			25c. Location - City, Town, And State Crown Point, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342						27a. Funeral Home License Number: FH83002380	
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee): FD01009461			
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. <u>Metastatic Renal Cell Cancer</u> B. <u>Carcinoma of the Left Kidney</u> C. _____ 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 <u>21 months</u> <u>8.2 yrs</u>									
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 Complete The Cause Of Death? <input 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)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred				THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.			40. 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>Barbara Fuller, MD</i>				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01034701		45. Date Certified 9/30/2008	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Barbara Fuller, MD 1400 S. Lake Park Ave., Hobart, IN 46342						44. License Number		45. Date Certified	
46. Additional Funeral Service Provider:						47. *Akes:			
48. Signature Of Local Health Officer: <i>Susan W. Bert, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>October 2, 2008</i>			

