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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 062086

2009 SEP 10 AM 9:02

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

SURVIVORSHIP AFFIDAVIT

620094040

Oran Hayes, being first duly sworn upon his oath under the penalties for perjury, states:

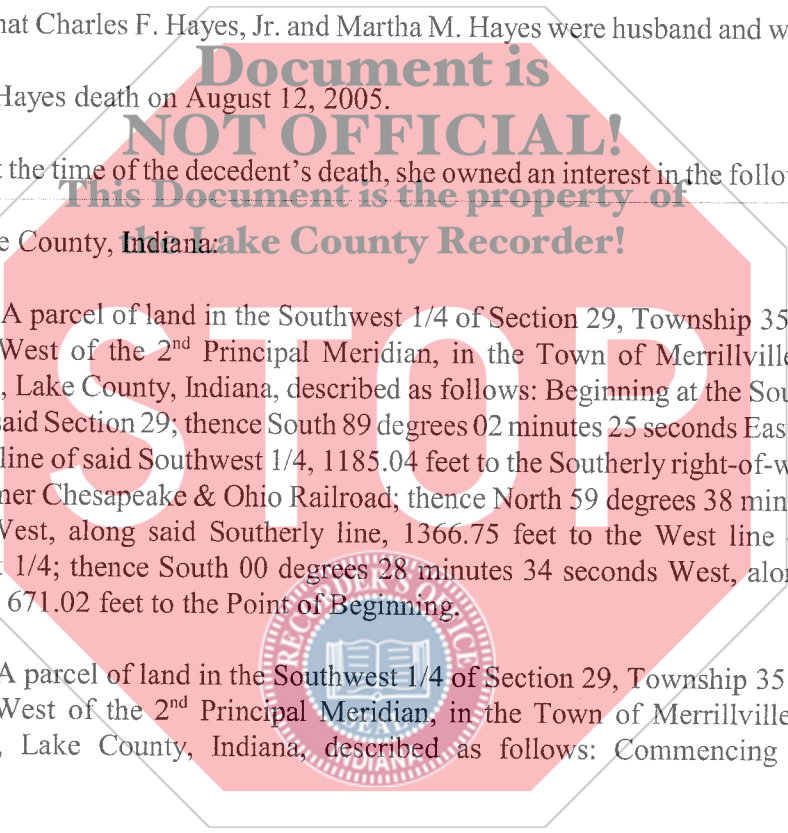
1. He is the step-son of Martha M. Hayes, who died on August 12, 2005 in the State of Florida while a resident of Lake County, Indiana. A certified copy of each death certificate of the decedent is attached to this Affidavit and incorporated herein.

2. That Charles F. Hayes, Jr. and Martha M. Hayes were husband and wife on Nov '63 until Martha M. Hayes death on August 12, 2005.

3. At the time of the decedent's death, she owned an interest in the following described real estate in Lake County, Indiana:

Parcel A: A parcel of land in the Southwest 1/4 of Section 29, Township 35 North, Range 7 West of the 2nd Principal Meridian, in the Town of Merrillville, Ross Township, Lake County, Indiana, described as follows: Beginning at the Southwest corner of said Section 29; thence South 89 degrees 02 minutes 25 seconds East, along the South line of said Southwest 1/4, 1185.04 feet to the Southerly right-of-way line of the former Chesapeake & Ohio Railroad; thence North 59 degrees 38 minutes 16 seconds West, along said Southerly line, 1366.75 feet to the West line of said Southwest 1/4; thence South 00 degrees 28 minutes 34 seconds West, along said West line, 671.02 feet to the Point of Beginning.

Parcel B: A parcel of land in the Southwest 1/4 of Section 29, Township 35 North, Range 7 West of the 2nd Principal Meridian, in the Town of Merrillville, Ross Township, Lake County, Indiana, described as follows: Commencing at the



Chicago The Insurance Company

B 19
CT
CA

DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

SEP 09 2009

016294

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

(1)

Southwest corner of said Section 29; thence North 00 degrees 28 minutes 34 seconds East, along the West line of said Southwest 1/4, 1180.00 feet to the Northwest corner of Deer haven Addition to the Town of Merrillville, as per plat thereof, recorded in Plat Book 75, page 19, in the Office of the Recorder of Lake County, Indiana, said point being the Point of Beginning; thence South 89 degrees 31 minutes 26 seconds East, along the North line of said Deer Haven Addition, 380.0 feet to the Northeast corner of said Addition; thence continuing South 89 degrees 31 minutes 26 seconds East, along the North line of a parcel of land described in Deed recorded on May 13, 1997 as Document No. 97030706 in the Office of the Recorder of Lake County, Indiana, 370.00 feet to the Northeast corner of said Parcel; thence South 00 degrees 28 minutes 34 seconds West, along the East line of said Parcel, 824.67 feet to the Northerly right-of-way line of the former Chesapeake & Ohio Railroad; thence South 59 degrees 38 minutes 16 seconds East, along side Northerly line, 736.64 feet to the South line of said Southwest 1/4; thence South 89 02 minutes 25 seconds East, along side South line, 1006.88 feet to a point that is 250.00 feet West of the Southeast corner of said Southwest 1/4, said point also being the Southwest corner of a parcel of land described in Deed recorded on July 18, 1980 as Document No. 591318 in the Office of the Recorder of Lake County, Indiana; thence North 00 degrees 26 minutes 31 seconds East, along the West line of said Parcel, 435.62 feet to the Northwest corner of said Parcel; thence South 89 degrees 02 minutes 25 seconds Est, along the North line of said Parcel, 250.00 feet to the Northeast corner of said Parcel and the East line of said Southwest 1/4; thence North 00 degrees 26 minutes 31 seconds East, along said East line, 2201.98 feet to the Northeast corner of said Southwest 1/4; thence North 89 degrees 03 minutes 08 seconds West, along the North line of said Southwest 1/4, 2644.03 feet to the Northwest corner of said Southwest 1/4; thence South 00 degrees 28 minutes 34 seconds West, along the West line of said Southwest 1/4, 1457.03 feet to the Point of Beginning.

ADDRESS OF REAL ESTATE: 6810 E. 93rd Ave., Crown Point, Indiana 46307

4. The interest of the Martha M. Hayes in the Real Estate passed to Charles F. Hayes, Jr., as surviving spouse.

Dated this 3rd of September, 2009.



Oran Hayes
Oran Hayes

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public in and for said County and State this 3rd day of September, 2009, personally appeared Oran Hayes and provided sufficient identification, then being duly sworn, stated that the facts contained in the above and foregoing Affidavit are in all respects true and correct.

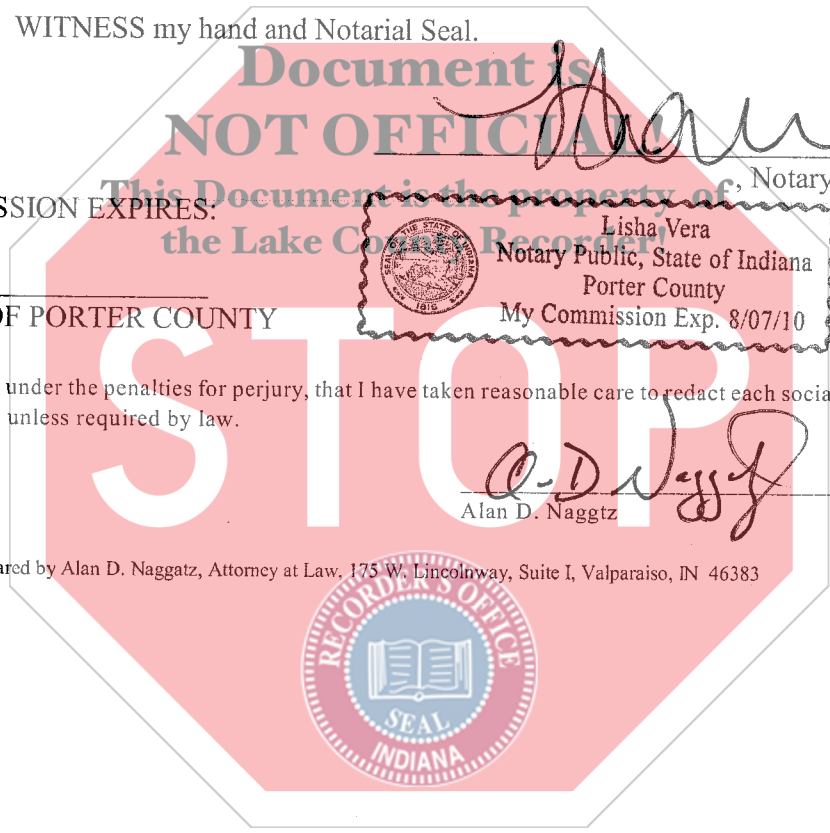
WITNESS my hand and Notarial Seal.

MY COMMISSION EXPIRES:

RESIDENT OF PORTER COUNTY

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.

This instrument prepared by Alan D. Nagatz, Attorney at Law, 175 W. Lincolnway, Suite I, Valparaiso, IN 46383



Document is
NOT OFFICIAL
This Document is the property of
the Lake County Recorder
Lisha Vera
Notary Public, State of Indiana
Porter County
My Commission Exp. 8/07/10

Alan D. Nagatz
Alan D. Nagatz

OFFICE of VITAL STATISTICS
CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. 053457		MARtha M. HAYES		FERNAND	
DATE OF BIRTH (Month/Day/Year) January 6, 1918	AGE (Years) 87	SEX (Male/Female) Female	RACE (White/Black/Hispanic/Latino/Other) White	DATE OF DEATH (Month/Day/Year) August 2, 2005	TIME OF DEATH (Hour/Minute) 12:00 PM
PLACE OF BIRTH (City and State or Foreign Country) Saskatchewan, Canada		COUNTY OF DEATH Lake			
PLACE OF DEATH (Hospital, Home, etc.) Sunrise Lake Hospital		MANNER OF DEATH (Natural/Unnatural) Natural			
MARRITAL STATUS (Married/Widowed/Divorced/Separated/Single) Widowed		SURVIVING SPOUSE'S NAME (Full Name) Charles Hayes			
CITY, TOWN OR LOCATION OF DEATH Clermont		STATE OF DEATH Florida			
STREET ADDRESS 6501 Mira Lago Lane		CITY, TOWN OR LOCATION OF DEATH Clermont			
OCCUPATION (Last one held) Homemaker		KIND OF BUSINESS (If any) Own Home			
EDUCATION (Grade completed) High School					
RELIGION (If any) Catholic					
MOTHER'S NAME (Full Name) Celeste Verbeigh					
FATHER'S NAME (Full Name) Gus Van der Ende		RELATIONSHIP TO DECEASED Daughter		STATE OF BIRTH Michigan	
STREET ADDRESS 1496 Bluffton Road		CITY, TOWN OR LOCATION OF DEATH Chicago			

DECEASED'S USUAL OCCUPATION (Last one held) Homemaker		KIND OF BUSINESS (If any) Own Home			
EDUCATION (Grade completed) High School					
RELIGION (If any) Catholic					
MOTHER'S NAME (Full Name) Celeste Verbeigh		RELATIONSHIP TO DECEASED Daughter		STATE OF BIRTH Michigan	
FATHER'S NAME (Full Name) Gus Van der Ende		CITY, TOWN OR LOCATION OF DEATH Chicago			

MEDICAL CERTIFIER'S NAME (Full Name) Ernesco Zavaleta M.D.		MANNER OF DEATH (Natural/Unnatural) Natural			
STREET ADDRESS 1099 Citrus Homes Blvd		CITY, TOWN OR LOCATION OF DEATH Clermont			
CAUSE OF DEATH TO BE COMPLETED BY MEDICAL CERTIFIER ACUTE CARDIORESPIRATORY INSUFFICIENCY SEVERE ASPIRATION PNEUMONIA ADVANCED DEMENTIA					
MANNER OF DEATH (Natural/Unnatural) Natural					
MANNER OF DEATH (Natural/Unnatural) Natural					
MANNER OF DEATH (Natural/Unnatural) Natural					

REGISTRAR'S NAME (Full Name) Cecilia Sanchez		DATE JUL 18 2007			
TITLE Deputy Registrar		OFFICE Lake County			
WARNING: THIS DOCUMENT IS PRINTED ON SECURITY PAPER WITH A WATERMARK OF THE SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT PAGE CONTAINS MULTI-COLORED BACKGROUNDS AND GOLD EMBOSSED SEALS. IT CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.					
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CERTIFICATION OF VITAL RECORD

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HEALTH

VOID IF ALTERED OR ERASED

OFFICE of VITAL STATISTICS
CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILING NO. _____

1. DECEDENT'S NAME (Last, First, Middle) **Charles Francis Hayes, Jr.** Sex **Male**

2. DATE OF BIRTH (Month, Day, Year) **January 6, 1922** 3. AGE (Years, Months, Days) **86** 4. US BIRTH PLACE (City and State) **Terre Haute, Indiana** 5. COUNTY OF BIRTH **Madison** 6. COUNTY OF DEATH **Clay** 7. DATE OF DEATH (Month, Day, Year) **June 22, 2008**

8. SOCIAL SECURITY NUMBER **14-8869** 9. BIRTH PLACE (City and State) **Terre Haute, Indiana** 10. COUNTY OF DEATH **Clay** 11. SEX **Male**

12. PLACE OF DEATH (Hospital, Home, etc.) **Westminister Care of Clermont** 13. CITY OR LOCATION OF DEATH **Clermont** 14. ZIP CODE **34711**

15. MARITAL STATUS (Specify) **Married** 16. SURVIVING SPOUSE'S NAME (If wife, give maiden name) _____

17. RESIDENCE - STATE **Florida** 18. COUNTY **Clay** 19. CITY OR TOWN OR LOCATION **Clermont** 20. ZIP CODE **34711**

21. STREET ADDRESS **151 East Minnehaha Avenue**

22. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life) **Millwright** 23. KIND OF BUSINESS/INDUSTRY **Steel**

24. DECEDENT'S RACE (Specify) **White** 25. HIGHEST GRADE OF SCHOOL ATTENDED (Specify) **High School**

26. DECEDENT'S EDUCATION (Specify the decedent's highest grade or level of school completed) **High School** 27. WAS DECEDENT EVER IN U.S. ARMED SERVICES? **No**

28. FATHER'S NAME (Last, First, Middle) **Charles F. Hayes, Sr.** 29. MOTHER'S NAME (Last, First, Middle) **Marie Matilda Dorff**

30. DECEDENT'S MARRIAGE STATE **Indiana** 31. RELATIONSHIP TO DECEDENT **Son**

32. CITY OR TOWN **Elwood** 33. STREET ADDRESS **224 S. Indiana** 34. ZIP CODE **46036**

35. PLACE OF DISPOSITION (Name of cemetery, place of interment, etc.) **Salem Cemetery** 36. LOCATION STATE **Indiana** 37. CEMETERY **Hebron**

38. METHOD OF DISPOSITION **Burial** 39. LICENSE NUMBER **45385**

40. NAME OF FUNERAL FACILITY **Page Thiers Funeral Home** 41. FACILITY'S MAILING STATE **Florida**

42. CITY OR TOWN **Leesburg** 43. STREET ADDRESS **914 W. Main Street** 44. ZIP CODE **34748**

45. MEDICAL CERTIFIER **Patricia S. ...** 46. DATE **6/26/2008**

47. MEDICAL CERTIFIER - STATE AND CITY OR TOWN **Florida Orlando** 48. MEDICAL CERTIFIER - LICENSE NUMBER **12806**

49. SUPERREGISTRAR - STATE AND CITY OR TOWN **Florida Orlando** 50. SUPERREGISTRAR - LICENSE NUMBER **12806**

51. DATE FILED BY REGISTRAR **June 30, 2008**

52. PROBABLE MANNER OF DEATH **Natural**

53. CAUSE OF DEATH (PART I) **Ischemic Heart Disease**

54. IMMEDIATE CAUSE **Myocardial Infarction**

55. INTERMEDIATE CAUSE **Coronary Atherosclerosis**

56. UNDERLYING CAUSE **Arteriosclerosis**

57. OTHER CAUSE OF DEATH (Specify) **None**

58. IF SUICIDE, MENTIONED IN PART I OR ENTER REASON FOR SUICIDE **No**

59. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? **No**

60. DATE OF INJURY (Month, Day, Year) _____ 61. TIME OF INJURY (Hour, Minute) _____ 62. LOCATION OF INJURY (Specify) _____

63. CITY OR TOWN _____ 64. STATE _____ 65. ZIP CODE _____

66. DESCRIBE HOW INJURY OCCURRED _____

67. TRANSPORTATION (Specify) _____

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Arden Ginnick
Chief Deputy Registrar
Lake County

JUN 30 2008



51241048

CERTIFICATION OF VITAL RECORD



* 5 7 2 4 7 0 4 8 *



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

MICHAELA A. BROWN
Recorder

PHONE (219) 755-3730
FAX (219) 755-3257

MEMORANDUM

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CUSTOMER INITIALS _____ DATE: ___/___/___

EMPLOYEE INITIALS BB DATE: 9/24/09