

Chicago Title Insurance Company

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2009 062843

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2009 SEP 15 AM 8:57
MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Royanne Eck and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Genevieve G. Ashby, deceased.
2. That Genevieve G. Ashby was the owner by a Life Estate of the real property located in Lake County, Indiana, more particularly described as:

Part of the East half of the West Half of the Northeast Quarter of the Northeast Quarter of Section 31, Township 36 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana, described as follows: Commencing at the point of intersection of the South line of 45th Avenue and the West line of said tract; and running thence South along the West line of said tract, 1053.90 feet; thence North 70 degrees 25 minutes and 30 seconds East to a point, which is 94.59 feet East of and at right angles to the West line of said tract; thence North and parallel to and 94.59 feet East of the West line of said tract, 1019.51 feet to the South line of 45th Avenue; thence West on the South line of 45th Avenue, 94.59 feet to the place of beginning.

Commonly known as 3325 W. 45th, Gary, IN 46408

3. That Genevieve G. Ashby died on the 3rd day of May, 2009.
4. Trust No. LTGAG-101-Royanne Eck Trustee; the remainder interest holder in the Trust now vests as a Fee Simple Interest

I affirm under the penalties for perjury that the foregoing statements are true.

Royanne Eck
Royanne Eck

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me this 5 day of Aug, 2009.

My Commission Expires: 3-25-2010

Patricia A. Rees
Patricia A. Rees, Notary Public
Resident of Lake County

This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

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SEP 14 2009
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



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.
Barbara Meggular

145
CF
Bm

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 67-09 State No. 012137

1. Decedent's Legal Name (Print, Middle, Last) GENEVIEVE G. ASHBY GUSC 2. Sex Female 3. Year of Death 11:10p.m 4. Date of Death (Month/Day/Year) May 3, 2009

5. Social Security Number 91 6. Under 1 Year 7. Under 1 Month 8. Under 1 Day 9. Under 1 Hour 10. Under 1 Minute 11. Date of Birth (Month/Day/Year) Aug. 12, 1917 12. Birthplace (City And State Or Foreign Country) Gary, Indiana

13. Facility (If Applicable) 14. If Death Occurred In A Hospital: 15. If Death Occurred Somewhere Other Than A Hospital: Oak Grove Christian Retirement Village

16. City Or Town, State, And Zip Code DeMotte Indiana 46310 17. County Of Death Jasper 18. Minor Status At Time Of Death: Married Widowed Divorced Single Unknown

19. Surviving Spouse's Name 20. If Wife/Spouse Has Last Name 21. Decedent's Usual Occupation Shipper 22. Decedent's Usual Residence 23. Name Of Cemetery/Industry Anderson Co.

24. Residence - State Indiana 25. County Jasper 26. City Or Town DeMotte

27. Street And Number 28. Apt. No. 29. Zip Code 30. State Or City Country 221 W. Division 46310 IN

31. Decedent's Education 32. Decedent's Religion 33. Decedent's Race 12 No White

34. Father's Name (Print, Middle, Last) Lawrence Gusc 35. Mother's Name (Print, Middle, Last) Antonina Gusc 36. Mother's Maiden Last Name Kucmeczk

37. Decedent's Name (Print, Middle, Last) RoyAnne Eck 38. Relationship To Decedent Daughter 39. Address (Street, City, State, Zip Code) 7833 N. 120 E. Lake Village, Ind. 46349

40. Manner Of Disposition: Burial Cremation Donation Entombment Removal From State Other (Specify) 41. Place Of Disposition Chapel Lawn Cemetery 42. Location - City, Town, And State Schererville, Indiana 46375

43. Was Coroner Contacted? Yes No 44. Name And Complete Address Of Funeral Facility Rendina Funeral Home, 5100 Cleveland St. Gary, Ind. 46307 45. Funeral Home License Number: PH83007819

46. Name Of Individual Funeral Service Licenses: Anthony J. Rendina 47. License Number (Of Licensee) FDO1010402

48. 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 Unless 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. The Great Vessel B. Lung Mass C. D. E. Approximate Interval: Onset To Death

49. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last

50. Part III. Enter Other Significant Conditions Contributing To Death, And Not Resulting In The Underlying Cause Listed In Part I

51. Did Venise Use Containers To Destroy? Yes No 52. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Not Pregnant, But Pregnant Within 1 Year Before Death Unknown If Pregnant Within The Past Year 53. Measure Of Death: Sudden Inevitable Assisted Pending Investigation Suicide Questionable

54. Date Of Injury (Month/Day/Year) 55. Type Of Injury 56. Nature Of Injury (E.g., Disease Of Heart, Contusion Of Head, Restaurant, Wooded Area) 57. Injury At Work? Yes No

58. Location Of Injury - State 59. City Or Town 60. Street & Number 61. Apt. No. 62. Zip Code

63. Describe How Injury Occurred 64. Transportation Mode, Status: Driver/Operator Passenger Pedestrian Other (Specify)

65. Signature Of Person Completing Certificate Of Death 66. Signature (Print Name) 67. Date Of Death 68. Date Of Certificate 69. Signature Of Local Health Officer 70. Date Of Registration (Date Filed With Registrar) May 11, 2009

71. Home, Address And Zip Code Of Person Completing Cause Of Death: P O Box 23 DeMotte IN 46310 72. License Number: D11619928 73. Date Of Issue: 5-6-09

74. Address Of Funeral Service Provider: 75. Name: 76. Date Of Registration (Date Filed With Registrar): May 11, 2009

JASPER COUNTY HEALTH DEPARTMENT
Kensseler, Indiana 47978
This is a true copy of the original record.
Michael Louckmire
Health Officer

