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SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

On this November 23, 2009, before me personally appeared, Bernice Reynolds, to me personally known, who being duly sworn on oath did say that:

1. That she is the wife of Ted R. Reynolds, who died October 6, 2009, in Crown Point, Indiana, intestate.

2. That prior to his death, Bernice Reynolds and her husband, Ted R. Reynolds were the owners, as tenants by the entireties, of the following described real estate in Lake County, Indiana.

Lot 31 in Oakland Hills, as per plat thereof, recorded in Plat Book 34 page 1 in the Office of the Recorder of Lake County.

Common address: 11213 Durbin Place, Crown Point, IN 46307

3. That the marriage of Bernice Reynolds and her husband Ted R. Reynolds, continued unbroken until the death of Ted R. Reynolds on October 6, 2009.

4. That as a result of the death of Ted R. Reynolds on October 6, 2009, Bernice Reynolds became the sole owner of real estate above described.

5. That the estate of Ted R. Reynolds was not subject to Federal or State inheritance taxes.

6. That this affidavit is made for the purpose of establishing the above facts and to induce the Auditor of Lake County, Indiana, to show on his records that Bernice Reynolds is the sole owner of the real estate herein described.

7. Affiant requests that all future tax statements be sent to her at 11213 Durbin Pl., Crown Point, IN 46307.

Further affiant sayeth not.

FILED

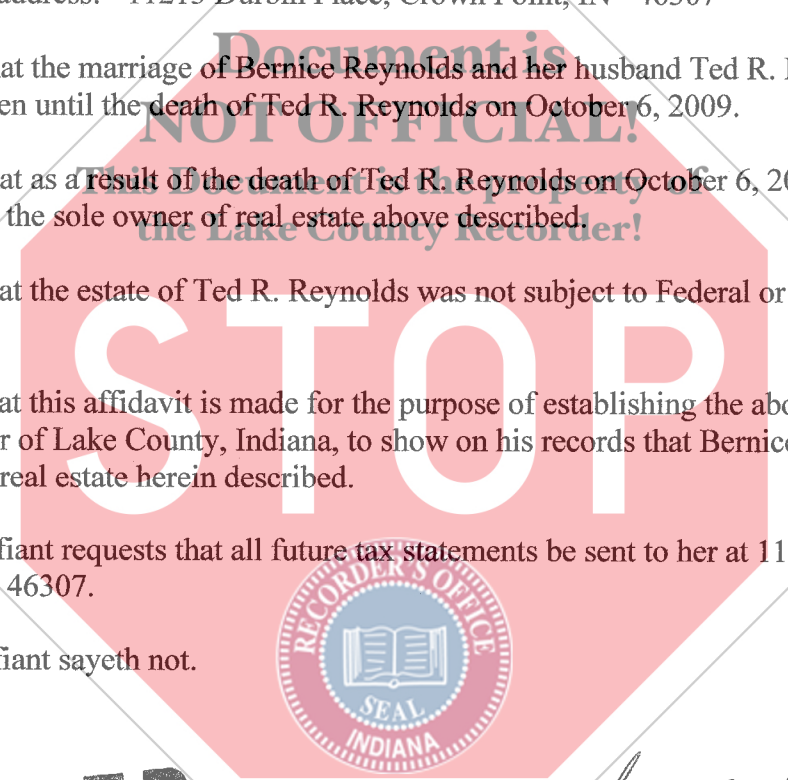
DEC 04 2009

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**



Affiant's Signature: *Bernice Reynolds*
Name Printed: Bernice Reynolds
Address: 11213 Durbin Place
Crown Point, IN 46307

014296



2009 090815

STATE OF INDIANA
LAKE COUNTY
FILED OR RECORDED
NOV 24 PM 3:33
MICHAEL A. BRIDEN
RECORDER

\$16
CS
CW

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn before me by the affiant this 2nd day of December, 2009.

Ervin C. Carstensen
Notary Public

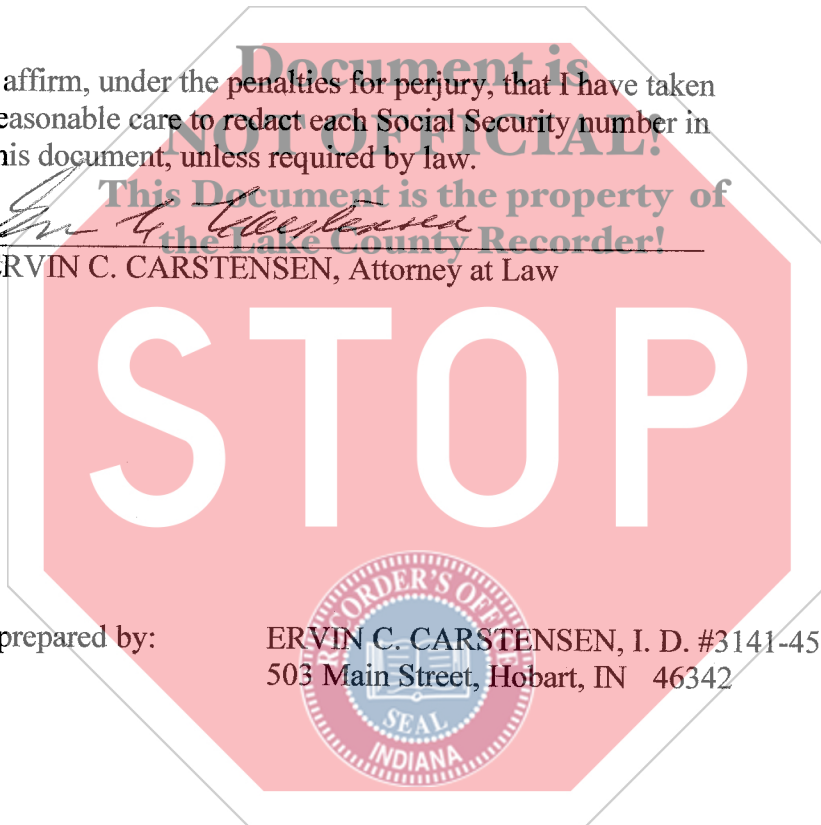
Printed Name: Ervin C. Carstensen

My commission expires: 07/01/17

Resident of Lake 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.

Ervin C. Carstensen
ERVIN C. CARSTENSEN, Attorney at Law



This instrument prepared by:

ERVIN C. CARSTENSEN, I. D. #3141-45
503 Main Street, Hobart, IN 46342

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 3524-04

State No.

1. Decedent's Legal Name (First, Middle, Last) TED R. REYNOLDS				1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 10:53 PM	4. Date Of Death (Month/Day/Year) October 6, 2009	
5. Social Security Number 317-20-5859		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) April 2, 1926		8. Birthplace (City And State Or Foreign Country) Gary, Indiana
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) St. Anthony Medical Center									
12. City Or Town, State, And Zip Code Crown Point, Indiana 46307					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 Bernice Reynolds			15a. (If Wife) Give Maiden Last Name Spak		16. Decedent's Usual Occupation Carpenter		17. Kind Of Business/Industry Construction		
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Crown Point					
18c. Street And Number 11213 Durbin Place						18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education 12th Grade		20. Decedent Of Hispanic Origin No			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Roy Reynolds				23. Mother's Name (First, Middle, Last) Leona Reynolds			23a. Mother's Maiden Last Name Shumate		
24. Informant's Name Bernice Reynolds			24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 11213 Durbin Place, Crown Point, Indiana 46307				
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) Calumet Park Cemetery			25c. Location - City, Town, And State Merrillville, Indiana 46410				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Pruzin & Little Funeral Service, 811 East Franciscan Drive, Crown Point, Indiana 46307							
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee): 1009893		27d. Date Of Death OCT 14 2009	
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. Coronary Artery Disease B. End Stage Renal Disease 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 _____									
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. Asbestosis, Diabetes Mellitus						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 type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input 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 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						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: 						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. Eduardo Fletes, 297 W. Franciscan Drive, Suite 104, Crown Point, Indiana 46307 (2119)662-6543						44. License Number 010492496	45. Date Certified 10/09/2009		
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): October 14, 2009			