

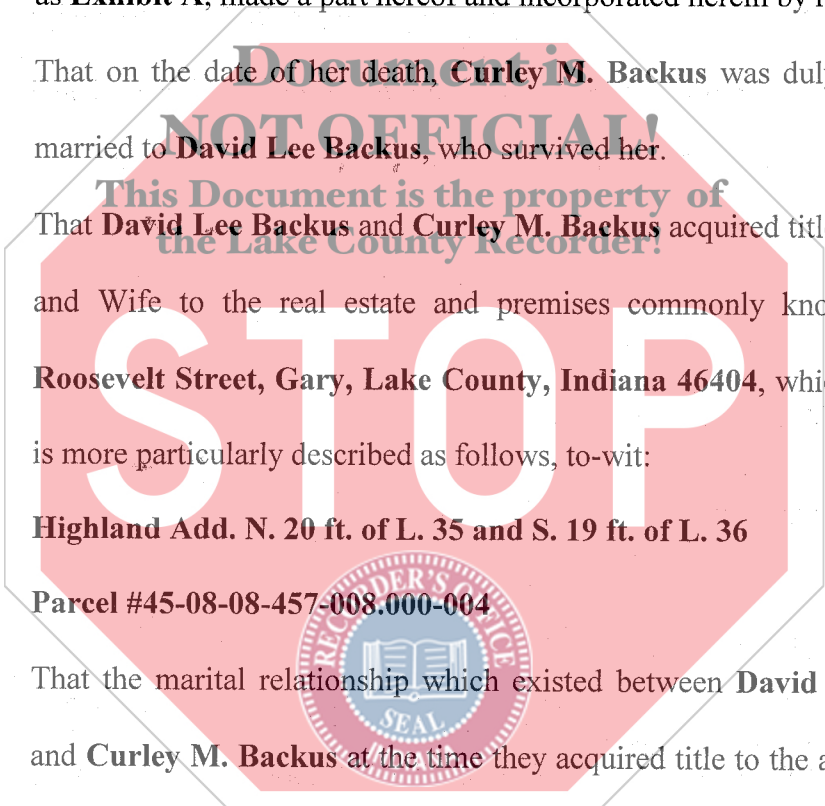
3

STATE OF INDIANA)
)
COUNTY OF LAKE) SS:

SURVIVORSHIP AFFIDAVIT

David Lee Backus, being first duly sworn upon his oath, deposes and says:

1. That he is an adult having personal knowledge about the facts herein contained and is otherwise competent to make this Affidavit by virtue of being the surviving spouse of **Curley M. Backus**.
2. That **Curley M. Backus** died on the 10th day of **December, 2004**, as is more fully evidenced by the **Certificate of Death** which is attached hereto as **Exhibit A**, made a part hereof and incorporated herein by reference.
3. That on the date of her death, **Curley M. Backus** was duly and legally married to **David Lee Backus**, who survived her.
4. That **David Lee Backus** and **Curley M. Backus** acquired title as **Husband and Wife** to the real estate and premises commonly known as **2041 Roosevelt Street, Gary, Lake County, Indiana 46404**, which real estate is more particularly described as follows, to-wit:
Highland Add. N. 20 ft. of L. 35 and S. 19 ft. of L. 36
Parcel #45-08-08-457-008.000-004
5. That the marital relationship which existed between **David Lee Backus** and **Curley M. Backus** at the time they acquired title to the aforesaid real estate remained in effect and unbroken until the date of death of **Curley M. Backus**.



2009 08 18 88

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL BROWN
RECORDER
DEC - 08 AM 11:44

FILED

014261

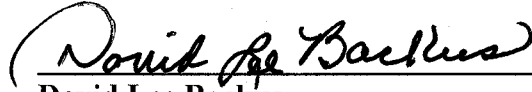
DEC 04 2009

**PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR**

16.00
CK-6442
A.O

6. That all funeral expenses in connection with the death of **Curley M. Backus** have been paid in full.
7. That the total value of the taxable estate of **Curley M. Backus**, including joint tenancies, tenancies by the entireties, individual ownership of both real and personal property and insurance on her life, was not sufficient to incur any liability for Federal or Indiana inheritance taxes.

Dated this 30th day of October, 2009.

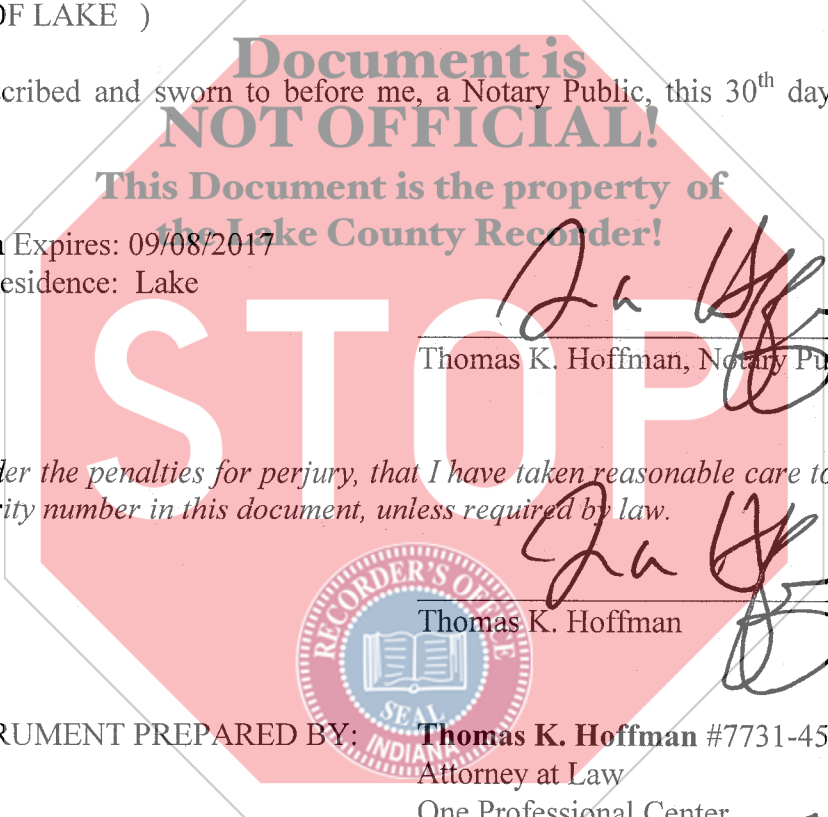



 David Lee Backus

STATE OF INDIANA)
) SS:
 COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 30th day of October, 2009.


Commission Expires: 09/08/2017
 County of Residence: Lake





 Thomas K. Hoffman, Notary Public

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.



 Thomas K. Hoffman

THIS INSTRUMENT PREPARED BY: **Thomas K. Hoffman** #7731-45
 Attorney at Law
 One Professional Center
 Suite 306
 Crown Point, IN 46307



Return to: Thomas K. Hoffman, One Professional Center Suite 306, Crown Point, IN46307

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

Local No.

3086-04

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Curley M. Backus		2. SEX Female	3a. TIME OF DEATH 12:50 AM	3b. DATE OF DEATH (Month, Day, Yr.) December 10, 2004
4. *SOCIAL SECURITY NUMBER 372-52-5461	5a. AGE - Last Birthday (Years) 55	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Mo., Day, Yr.) October 30, 1949
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	7. BIRTH-PLACE (City and State or Foreign Country) Decatur Alabama		
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) David Backus	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Welder		12b. KIND OF BUSINESS/INDUSTRY Trim A Seal
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Gary	13d. STREET AND NUMBER 2041 Roosevelt Street	
13e. ZIP CODE 46402	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) Black
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 11 College (1-4 or 5+) N/A		18. FATHER'S NAME (First, Middle, Last) Robert Jack Walton		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Leola Hampton		20a. INFORMANT'S NAME (Type/Print) David Backus		
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2041 Roosevelt Street, Gary, IN 46402		20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) December 17, 2004 Ridgelaawn Cemetery		21c. LOCATION - City or Town, State Gary, Indiana
22a. EMBALMER'S NAME Sherman G. Banks III		22b. EMBALMER'S LICENSE NO. ED01016254		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman G. Banks III</i>		24b. LICENSE NUMBER (of Licensee) ED01016254		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner FH19600034 4209 Grant Street, Gary, Indiana 46407-
26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Acute Myelogenous Leukemia DUE TO (OR AS A CONSEQUENCE OF): b. _____ DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____		Approximate Interval Between Onset and Death 7 months		
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a. WAS AN AUTOPSY PERFORMED? (Yes or no)
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Barbara L. Fuller, M.D.</i>		29c. MEDICAL LICENSE NO. 01034701		29d. DATE SIGNED (Month, Day, Year) 12/14/04
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Barbara L. Fuller, M.D. 801 MacArthur Blvd Ste 401 Munster, IN 46321				
31. HEALTH OFFICER'S SIGNATURE <i>Steven W. Best, D.O.</i>				32. DATE FILED (Month, Day, Year) December 22, 2004
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 2041 Roosevelt Street, Gary, Indiana
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.		