

FILED IN
LAKE COUNTY
FILED IN RECORDS

2010 001528

2010 JAN 11 AM 9:18

SURVIVORSHIP AFFIDAVIT

CASE NO. 09-00000000
ADVISOR

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

On this 3rd day of December, 2009, before me personally appeared, GERTRUDE ALEXANDER, to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below the affiant's signature;
2. Affiant is the surviving joint owner of the real estate described below;
3. Said premises are described as follows:

PARCEL 1: The North 46.81 feet of Tract 29, by parallel lines and as measured at right angles to the North line thereof, in Pebble Brooks, Phase Three, a Planned Unit Development, in the City of Crown Point, as per plat thereof, recorded in Plat Book 74 page 25, in the Office of the Recorder of Lake County, Indiana.

PARCEL 2: DRIVEWAY EASEMENT FOR INGRESS AND EGRESS OVER AND ACROSS THE FOLLOWING DESCRIBED TRACT: Part of Tract 29 in Pebble Brooks, Phase Three, a Planned Unit Development in the City of Crown Point, as per plat thereof, recorded in Plat Book 74 page 25, in the Office of the Recorder of Lake County, Indiana, described as follows: Commencing at the Northeast corner of said Tract 29; thence South 01 degrees 15 minutes 56 seconds East, along the East line of said Tract 29, a distance of 46.81 feet; thence South 88 degrees 44 minutes 04 seconds West, a distance of 59.71 feet, to the point of beginning; thence South 01 degrees 15 minutes 56 seconds East, a distance of 6.05 feet; thence South 73 degrees 15 minutes 01 seconds West, a distance of 22.38 feet to a point on the Westerly line of said Tract 29; thence Northerly along a curve concave to the West and having a radius of 53.00 feet, an arc distance of 12.53 feet; thence North 88 degrees 44 minutes 04 seconds East, a distance of 24.54 feet to the beginning.

(More commonly known as 9463 VanBuren Court, Crown Point, IN 46307.)

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PEGGY HOLINGA-LETONA
LAKE COUNTY AUDITOR

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4. Said premises were formerly owned as tenants by the entireties by Edward J. Alexander and Gertrude Alexander, Husband and Wife;
5. Said Edward J. Alexander died on October 24, 2009, leaving a will;
6. Where this affidavit relates to a tenancy by the entireties, that the parties were never divorced;
7. Affiant's relationship to the deceased was spouse.

Affiant's Signature *Gertrude Alexander*

Name Printed Gertrude Alexander

Address 9463 VanBuren Court

Crown Point, IN 46307

Subscribed and sworn to before me, a Notary Public, this 3rd day of December, 2009.

Clyde D. Compton
 Clyde D. Compton, Notary Public
 Resident of Porter County

My Commission Expires:
November 7, 2017

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.

Clyde D. Compton
 Clyde D. Compton

64625.1
 16,213

This instrument prepared by:

Clyde D. Compton
 Attorney at Law
 8700 Broadway
 Merrillville, Indiana 46410



→ *Hedges & Davis*

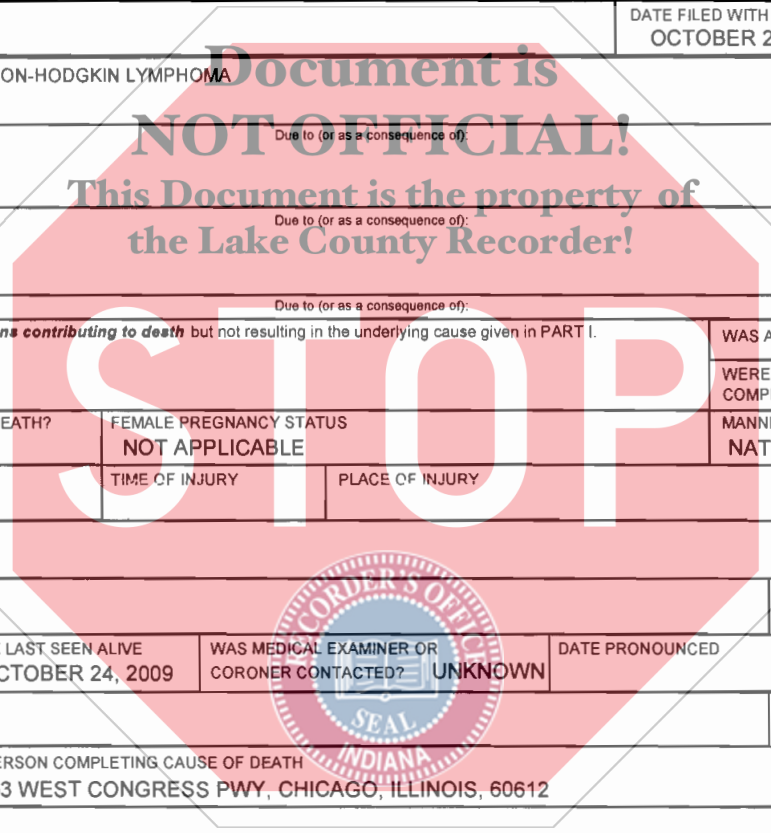
CERTIFICATION OF DEATH RECORD

CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2009 0077637

DATE ISSUED 11/05/2009

DECEDENT'S LEGAL NAME EDWARD J ALEXANDER			SEX MALE	DATE OF DEATH OCTOBER 24, 2009											
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 84 YEARS		DATE OF BIRTH AUGUST 13, 1925											
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER												
PLACE OF DEATH INPATIENT															
BIRTHPLACE EAST MOLINE, IL		SOCIAL SECURITY NUMBER 315-28-1370	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME GERTRUDE KAMISARCIK	EVER IN U.S. ARMED FORCES? YES										
RESIDENCE 9463 VAN BUREN COURT			APT. NO.	CITY OR TOWN CROWN POINT	INSIDE CITY LIMITS? YES										
COUNTY LAKE	STATE IN	ZIP CODE 46307	FATHER'S NAME ALEX ALEXANDER		MOTHER'S NAME PRIOR TO FIRST MARRIAGE THERESA MIKULAITIS										
INFORMANT'S NAME GERTRUDE ALEXANDER			RELATIONSHIP WIFE	MAILING ADDRESS 9463 VAN BUREN COURT, CROWN POINT, IN, 46307											
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION CALUMET PARK CEMETERY		LOCATION - CITY OR TOWN AND STATE MERRILLVILLE, IN	DATE OF DISPOSITION OCTOBER 29, 2009										
FUNERAL HOME MRAZEK AND RUSS FUNERAL SERVICE, 3601 WEST DIVERSEY AVE, CHICAGO, IL, 60647															
FUNERAL DIRECTOR'S NAME RUSS, MICHAEL				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014579											
LOCAL REGISTRAR'S NAME DAVID ORR				DATE FILED WITH LOCAL REGISTRAR OCTOBER 27, 2009											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death) </td> <td style="width: 10%;">PART I.</td> <td style="width: 55%;">NON-HODGKIN LYMPHOMA</td> <td rowspan="4" style="width: 10%; text-align: center; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> </tr> <tr> <td>a.</td> <td>_____</td> </tr> <tr> <td>b.</td> <td>_____</td> </tr> <tr> <td>c.</td> <td>_____</td> </tr> </table>						CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I.	NON-HODGKIN LYMPHOMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	a.	_____	b.	_____	c.	_____
CAUSE OF DEATH IMMEDIATE CAUSE (Final disease or condition resulting in death)	PART I.	NON-HODGKIN LYMPHOMA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH												
	a.	_____													
	b.	_____													
	c.	_____													
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A											
DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN	FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL												
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY			INJURY AT WORK?										
LOCATION OF INJURY															
DESCRIBE HOW INJURY OCCURRED:					IF TRANSPORTATION INJURY, SPECIFY:										
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIVE OCTOBER 24, 2009	WAS MEDICAL EXAMINER OR CORONER CONTACTED? UNKNOWN	DATE PRONOUNCED	TIME OF DEATH 07:18 PM											
CERTIFIER PHYSICIAN				DATE CERTIFIED OCTOBER 25, 2009											
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH LARSON MD, MELISSA, 1653 WEST CONGRESS PWY, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 036108941											



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE