

3

STATE OF INDIANA)
COUNTY OF LAKE)

)SS:
) 2010 013136

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 MAR 11 AM 9:27
MICHELL H. GURMAN
RECORDER

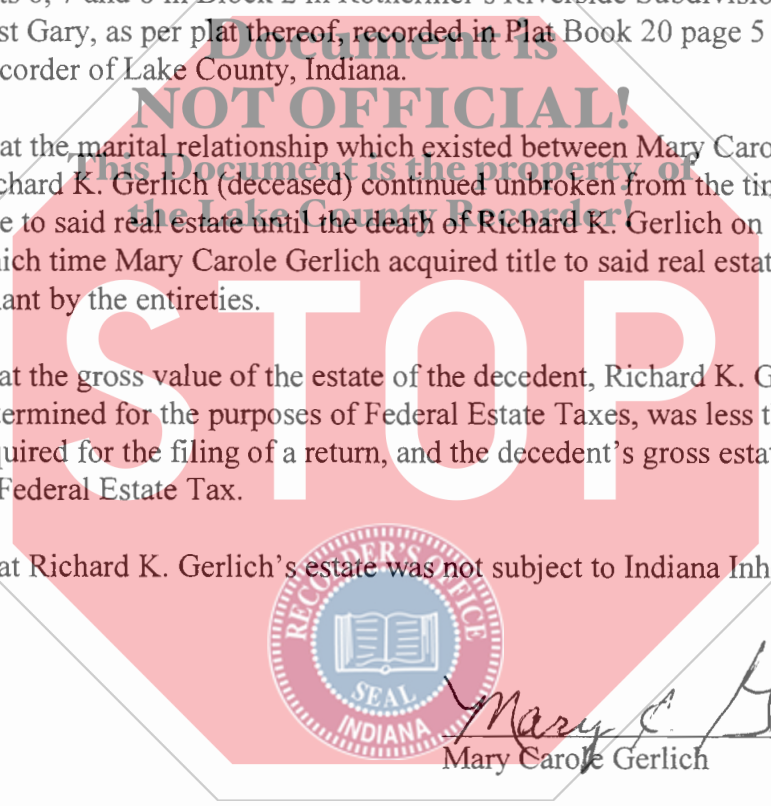
AFFIDAVIT OF SURVIVORSHIP

Mary Carole Gerlich, being first duly sworn upon her oath, states as follows:

- 1) That she is the surviving spouse of Richard K Gerlich, who died on May 21, 2009 (see attached Exhibit "A", certified copy of Death Certificate of Richard K. Gerlich).
- 2) That Mary Carole Gerlich and Richard K. Gerlich were married on June 10, 1961 and were never divorced.
- 3) That Mary Carole Gerlich and Richard K. Gerlich (deceased) were husband and wife at the time they acquired title to the following real estate as tenants by the entireties in Lake County, Indiana:

Lots 6, 7 and 8 in Block 2 in Rothermel's Riverside Subdivision, in the City of East Gary, as per plat thereof, recorded in Plat Book 20 page 5 in the Office of the Recorder of Lake County, Indiana.

- 4. That the marital relationship which existed between Mary Carole Gerlich and Richard K. Gerlich (deceased) continued unbroken from the time they acquired title to said real estate until the death of Richard K. Gerlich on May 21, 2009, at which time Mary Carole Gerlich acquired title to said real estate as surviving tenant by the entireties.
- 5. That the gross value of the estate of the decedent, Richard K. Gerlich, as determined for the purposes of Federal Estate Taxes, was less than the value required for the filing of a return, and the decedent's gross estate was not subject to Federal Estate Tax.
- 6. That Richard K. Gerlich's estate was not subject to Indiana Inheritance Taxes.



Mary C. Gerlich
Mary Carole Gerlich

\$15

FILED

MAR 11 2010

CP# 3414

051397

PEGGY HOLINGA KATONA CA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
)SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Mary Carole Gerlich, and acknowledged the execution of the above and foregoing Power of Attorney.

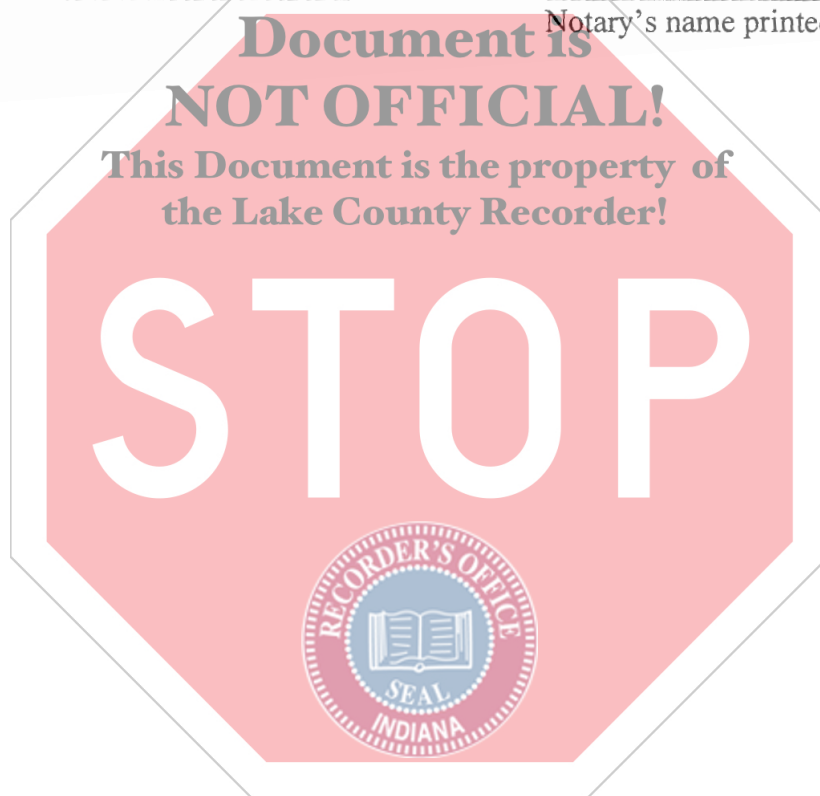
IN WITNESS WHEREOF, I do hereby set my hand and notary seal this 25th day of January, 2010.

My commission expires: January 25, 2018

David R. Paulowski
Notary Public

County of Residence: LAKE

David R. Paulowski
Notary's name printed



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 19 33-09

State No.

1 Decedent's Legal Name (First, Middle, Last) Richard K. Gerlich				1a Maiden Last Name (If Female) ---		2 Sex M	3 Time Of Death 5:00 a.m.	4 Date Of Death (Month/Day/Year) May 21, 2009		
5 Social Security Number 313-34-3816	6a Age - Yrs 69	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) Nov. 4, 1939		8 Birthplace (City And State Or Foreign Country) Gary, IN		
9 Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10 If Death Occurred In A Hospital. <input 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 checked="" 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) 2009 Fairview										
12 City Or Town, State, And Zip Code Lake Station, IN 46405					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 Mary Gerlich			15a (If Wife) Give Maiden Last Name Kuckuck		16 Decedent's Usual Occupation Electric Lineman		17 Kind Of Business/Industry NIPSCO Public Utility			
18 Residence - State Indiana			18a County Lake		18b City Or Town Lake Station					
18c Street And Number 2009 Fairview			18d Apt No		18e Zip Code 46405		18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19 Decedent's Education 1 Year College		20 Decedent Of Hispanic Origin No			21 Decedent's Race Caucasian					
22 Father's Name (First, Middle, Last) Lawrence Gerlich			23 Mother's Name (First, Middle, Last) Marjorie Gerlich			23a Mother's Maiden Last Name Mock				
24 Informant's Name Mary Gerlich		24a Relationship To Decedent Wife		24b Mailing Address (Street And Number, City, State, Zip Code) 2009 Fairview, Lake Station, IN 46405						
25a Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NW Indiana Cremation Service			25c Location - City, Town, And State Crown Point, IN					
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342				27a Funeral Home License Number FH83002380				
27b Signature Of Indiana Funeral Service Licensee <i>James E. Burns</i>		27c License Number (Of Licensee) FD01009461			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. Leukemia Due To (Or As A Consequence Of) B. myelofibrosis Due To (Or As A Consequence Of) C. D. Approximate Interval: Onset To Death 2 mo's 6 mc's					
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						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 checked="" 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 checked="" 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			37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			38c Apt No		38d Zip Code	
38 Location Of Injury - State		38a City Or Town		38b Street & Number						
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 <i>George Sloan MD</i>						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 George Sloan, MD 8127 Merrillville Rd., Merrillville, IN 46410						44 License Number 01059110A		45 Date Certified 5/21/09		
46 Additional Funeral Service Provider						47 *Akas*				
48 Signature of Local Health Officer <i>Susan W. Best, D.O.</i>						49 For Registrar Only - Date Filed (Month/Day/Year) May 22, 2009				