

3

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2010 017758

INDIANA
LAKE COUNTY
FILED FOR RECORD
2010 MAR 29 AM 9:33

AFFIDAVIT OF SURVIVORSHIP

MICHELLE L. VAN
RECORDER

JEFF JENDREAS, JASON JENDREAS and KELLY BALLARD, being duly sworn upon
their oath, depose and say as follows:

1. The Affiants are all adults, are all children of JAMES JENDREAS, deceased, and make
this affidavit based upon their personal knowledge.

2. JAMES JENDREAS died intestate on December 13, 2009, while a resident of Lake
County, Indiana, which residence is commonly known as 410 Ben Drive, Schererville, Indiana
46375, a certified copy of his death certificate is attached hereto.

3. At the time of his death, JAMES JENDREAS was the sole owner, in fee simple, of the
following described real estate, to-wit:

Lot 23 in Scherland Park 3rd Addition to the Town of Schererville, as per plat thereof,
recorded in Plat Book 51, page 52 in the Office of the Recorder of Lake County,
Indiana.
Parcel No. 45-11-04-402-009.000-036
Commonly known as 410 Ben Drive
Schererville, Indiana 46375

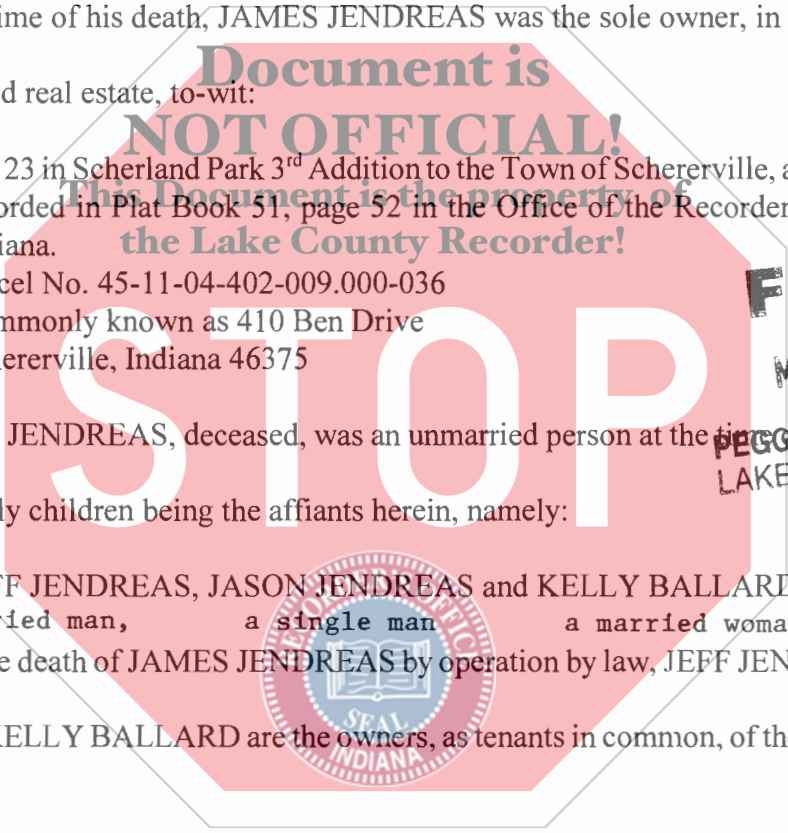
4. JAMES JENDREAS, deceased, was an unmarried person at the time of his death and he
survived by his only children being the affiants herein, namely:

JEFF JENDREAS, JASON JENDREAS and KELLY BALLARD, all adults.
a married man, a single man a married woman

5. Upon the death of JAMES JENDREAS by operation by law, JEFF JENDREAS, JASON
JENDREAS and KELLY BALLARD are the owners, as tenants in common, of the above described
real estate.

6. The above described real estate is the only property owned by JAMES JENDREAS,
deceased, in his name only, at the time of his death in the State of Indiana.

7. There are no unpaid claims, debts or expenses of last illness because of the death of



FILED
MAR 19 2010

PEGGY HOULINGA KATONA
LAKE COUNTY AUDITOR

051589

*\$16
TI
ew*

TICOR 30

1000006BT

JAMES JENDREAS.

8. There are no federal estate taxes due because of the death of JAMES JENDREAS.

9. Because of the individual exemption of \$100,000.00 each available to the heirs of JAMES JENDREAS, there are no Indiana Inheritance taxes due because of the death of JAMES JENDREAS.

10. No estate has been opened, nor is one contemplated because of the death of JAMES JENDREAS, and, no estate is pending in any other jurisdiction.

11. Affiants make this affidavit to induce the public officials of Lake County, Indiana to correct their real estate tax records and title records to reflect the ownership of the above said real estate in the names of JEFF JENDREAS, JASON JENDREAS and KELLY BALLARD, and, to induce Burnet Title to issue their policy of title insurance insuring that JENDREAS, JASON JENDREAS and KELLY BALLARD are the owners in fee simple of the above described real estate and have the legal right to sell said real estate.

Further affiants sayeth not.

Signed this 15th day of March, 2010.

Jeff Jendreas

Jason Jendreas

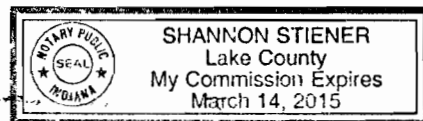
Kelly Ballard

Subscribed and sworn to before me a Notary Public for said county and state, this 15th day of March, 2010. personally appeared Jeff Jendreas, Jason Jendreas, and Kelly Ballard, who acknowledged the execution of the foregoing instrument.
My Commission Expires:

3-14-15

Shannon Stiener Notary Public
Resident of Lake County

Prepared by: Richard J. Lesniak
LESNIAK O'ROURKE
40 E. Joliet Street, Suite B
Scherville, Indiana 46375
Telephone Number: (219) 864-5300



"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." Chris Burk

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO.

1. DECEDENT'S NAME (First, Middle, Last, Suffix) JAMES JENDREAS		2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) May 23, 1946		4. AGE-Last Birthday (Years) 63	
5. DATE OF DEATH (Month, Day, Year) December 13, 2009		6. SOCIAL SECURITY NUMBER 3645	
7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		8. COUNTY OF DEATH Pinellas	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other (Specify) Friend's Condo			
10. FACILITY NAME (If not institution, give street address) 1111 Bayshore Boulevard, #12		11a. CITY, TOWN, OR LOCATION OF DEATH Clearwater	
12. MARITAL STATUS (Specify) <input type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Never Married		13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
14a. RESIDENCE - STATE Indiana		14b. COUNTY Lake	
14c. CITY, TOWN, OR LOCATION Schererville		14d. STREET ADDRESS 410 Ben Drive	
14e. APT. NO.		14f. ZIP CODE 46375	
14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Carpenter	
15b. KIND OF BUSINESS/INDUSTRY Construction		16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify)	
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian			
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate			19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) John Jendreas		21. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Marke	
22a. INFORMANT'S NAME Jeff Jendreas		22b. RELATIONSHIP TO DECEDENT Son	
23a. INFORMANT'S MAILING - STATE Indiana		23b. CITY OR TOWN St John	
23c. STREET ADDRESS 8649 W. 92nd Avenue		23d. ZIP CODE 46373	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Community Cremation Service		25a. LOCATION - STATE Indiana	
25b. LOCATION - CITY OR TOWN Schererville		26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)	
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) F045509	
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Samuel S. ...</i>		28. NAME OF FUNERAL FACILITY Michels & Lundquist Funeral Home	
29a. FACILITY'S MAILING - STATE Florida		29b. CITY OR TOWN New Port Richey	
29c. STREET ADDRESS 5228 Trouble Creek Road		29d. ZIP CODE 34652	
30. CERTIFIER: <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.			
31a. (Signature and Title of Certifier) <i>Noel Palma, M.D., M.E.</i>		31b. DATE SIGNED (mm/dd/yyyy) 12/14/2009	
32. TIME OF DEATH (24 hr.) Found 1104		33. MEDICAL EXAMINER'S CASE NUMBER 0 9 0 6 0 1 8 1 2	
34a. LICENSE NUMBER (of Certifier) ME 78540		34b. CERTIFIER'S NAME Noel Palma, M.D., M.E.	
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)		36a. CERTIFIERS - STATE Florida	
36b. CITY OR TOWN Largo		36c. STREET ADDRESS 10900 Ulmerton Rd.	
36d. ZIP CODE 33778		37. SUBREGISTRAR - Signature and Date <i>Wendy Houghton</i>	
38a. LOCAL REGISTRAR - Signature <i>Wendy Houghton</i>		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) December 17, 2009	
39. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined			
40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			41. CAUSE OF DEATH - PART I (See instructions on back) Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Arteriosclerotic Cardiovascular Disease
42. IMMEDIATE CAUSE (Final disease or condition resulting in death) 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			Approximate Interval: Onset to Death
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Diabetes Mellitus, Chronic Obstructive Pulmonary Disease			
42a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY (Mo., Day, Yr.)	
44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown			
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> If Yes, specify timeframe: <input type="checkbox"/> at time of death <input type="checkbox"/> within 1 to 42 days of death <input type="checkbox"/> within 43 days to 1 year of death			
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)	
48. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		49a. LOCATION OF INJURY - STATE	
49b. CITY OR TOWN		49c. STREET ADDRESS	
49d. APT. NO.		49e. ZIP CODE	
50. DESCRIBE HOW INJURY OCCURRED			51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
IF TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
52b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)			

Barbara M. Sarner
Chief Deputy Registrar, Pinellas County

Issued: December 18, 2009

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

DH FORM 1947 (08/04)

36286363

CERTIFICATION OF VITAL RECORD



FLORIDA DEPARTMENT OF
HEALTH



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED