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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 070930

2010 DEC -1 PM 2:35

MAURICE J. JOHNSON  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

PARCEL NO.  
45-21-21-476-006.000-012

### SURVIVORSHIP AFFIDAVIT

I, Bridgett Eloe, being first duly sworn, state:

1. Affiant is a resident of Buffalo County, Nebraska <sup>pk</sup>  
~~Lake County, Indiana.~~

2. Affiant states that she is the surviving spouse of Edwin K. Eloe a/k/a Edwin Kent Eloe, who died a resident of Lake County, Indiana, on February 13, 2009.

3. At the time of her death, Edwin K. Eloe and Bridgett Eloe, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot 18 in Country Estates, Unit 2, as per plat thereof, recorded in Plat Book 51, Page 96, in the Office of the Recorder of Lake County, Indiana.  
Commonly known as 18035 Warrick Road, Hebron, Indiana 46341.

4. At the time of his death, Edwin K. Eloe and Bridgett Eloe, were not divorced and were living together as husband and wife. Affiant further states that no federal estate tax or Indiana inheritance tax is due from the Estate of Edwin K. Eloe, deceased.

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, Bridgett Eloe, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated 11-19, 2010

Bridgett Eloe  
Bridgett Eloe

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Bridgett Eloe, and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true this 19th day of November, 2010.

**FILED**

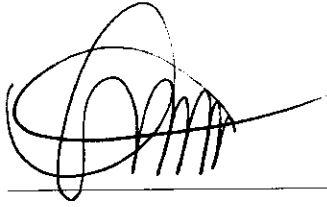
DEC 01 2010

PEGGY MULINGBARTON  
LAKE COUNTY AUDITOR

056327

15#  
3307  
RN

{File: 00130710.DOC}



My Commission Expires: \_\_\_\_\_  
County of Residence: \_\_\_\_\_

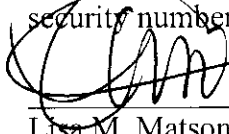
\_\_\_\_\_, Notary Public  
(Printed Name)

This instrument prepared by:

Victor H. Prasco  
Burke Costanza & Cuppy LLP  
9191 Broadway, Merrillville, Indiana 46410  
(219) 769-1313



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.



PTS10-4510-5650

\_\_\_\_\_  
Lisa M. Matson, As Agent for Professionals' Title Services, LLC



**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No 448-09

State No

1. Decedent's Legal Name (First, Middle, Last) <b>Edwin Kent Eloe</b>				1a. Maiden Last Name (If Female)		2. Sex <b>Male</b>		3. Time of Death <b>6:05 PM</b>		4. Date of Death (Month/Day/Year) <b>February 13, 2009</b>	
5. Social Security Number <b>-6358 38</b>		6a. Age - Yrs <b>38</b>		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) <b>April 4, 1970</b>				8. Birthplace (City And State Or Foreign Country) <b>Gothenburg, Nebraska</b>							
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) <b>18034 Warrick St.</b>											
12. City Or Town, State, and Zip Code <b>Hebron, Indiana 46341</b>						13. County Of Death <b>Lake</b>			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 <b>Bridget Eloe</b>				15a. (If Wife) Give Maiden Last Name <b>Huber</b>		16. Decedent's Usual Occupation <b>Financial Advisor</b>			17. Kind Of Business/Industry <b>Self-Employed/Ameriprise</b>		
18. Residence - State <b>Indiana</b>			18a. County <b>Lake</b>			18b. City Or Town <b>Hebron</b>			18c. Street And Number <b>18034 Warrick St.</b>		18d. Apt. No.
18e. Zip Code <b>46341</b>			18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Decedent's Education <b>16</b>		20. Decedent Of Hispanic Origin <b>Non-Hispanic</b>		21. Decedent's Race <b>White</b>		
22. Father's Name (First, Middle, Last) <b>Lowell Eloe</b>				23. Mother's Name (First, Middle, Last) <b>Barbara Eloe</b>				23a. Mother's Maiden Last Name <b>Heinis</b>			
24. Informant's Name <b>Bridget Eloe</b>				24a. Relationship To Decedent <b>Wife</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>18034 Warrick St., Hebron, IN 46341</b>					
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) <b>Calumet Park Cemetery</b>			25c. Location - City, Town, And State <b>Merrillville, Indiana 46410</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Gelsen Funeral Home, Crown Point 606 E. 113th Ave., Crown Point, Indiana 46307</b>						27a. Funeral Home License Number: <b>FH19900060</b>			
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee): <b>FD09000013</b>					
<b>Cause Of Death (See Instructions And Examples)</b>											
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.										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)				A. <u>Glioblastoma Multiforme</u> <small>Due To (Or As A Consequence Of):</small>				3 YRS			
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				B. _____ <small>Due To (Or As A Consequence Of):</small>				C. _____ <small>Due To (Or As A Consequence Of):</small>			
D. _____ <small>Due To (Or As A Consequence Of):</small>				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					
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: <i>Charles Mylan Chuman, M.D.</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: <b>297 Franciscan Lane Suite 207 Crown Point IN 46307</b>						44. License Number <b>IN 1035829</b>		45. Date Certified <b>2-13-2009</b>			
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): <b>February 18, 2009</b>					