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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

FILED FOR RECORD
LAKE COUNTY
2010 DEC 23 PM 12:46

AFFIDAVIT OF SURVIVORSHIP

Gregory A. Bloskey a/k/a Gregory J. Bloskey, after being duly sworn upon his oath, now states as follows:

1. That he is the great-nephew of Anne B. Bloskey a/k/a Ann B. Bloskey and knew her for over twenty (20) years.

2. That on or about December 14, 1987, Gregory A. Bloskey, acquired title and ownership in real estate located in the City of East Chicago, Lake County, Indiana which is legally described as follows:

Lots Numbered 17 and 18 and the East half of Lot Numbers 19 in Block 5, as shown on the recorded plat of Subdivision of part of the Northwest quarter of Section 33, Township 37 North, Range 9 West of the Second Principal Meridian, in the City of East Chicago, recorded in Plat Book 4, page 4, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-03-33-130-044.000-024

More commonly known as: 5036 Alexander Avenue, East Chicago, Indiana

3. That Grantor, Ann B. Bloskey (aunt), reserved unto herself a Life Estate in the above real estate for the term of her natural life.

4. On August 11, 2010, said Ann B. Bloskey died. A copy of the Death Certificate is attached hereto as Exhibit "A".

5. This Affidavit is brought for the purpose of removing the life estate in the name of Ann B. Bloskey and transferring title to the above-described real estate into the sole name of Gregory A. Bloskey, and for no other reason.

FILED

DEC 23 2010

PEGGY HOLLINGA KATONA
LAKE COUNTY AUDITOR

Gregory A. Bloskey

Gregory A. Bloskey

056891

AMOUNT \$ 16⁰⁰
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK _____

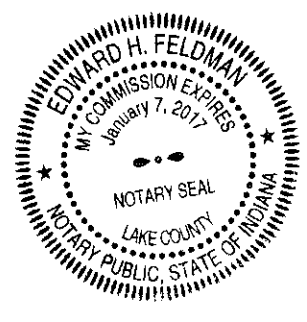
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said county and state, this 2nd day of November, 2010 personally appeared Gregory A. Bloskey a/k/a Gregory J. Bloskey, and acknowledged the execution of this foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed by official seal.

Edward H. Feldman
Notary Public, Edward H. Feldman

My Commission Expires: 1-7-2017

County of Residence: Lake



*This Affidavit was prepared by Edward H. Feldman, Attorney at Law,
→ 2833 Lincoln Street, Suite B, Highland, IN 46322 (219) 838-8200*

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.

Edward H. Feldman
Edward H. Feldman

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. 000202

State No.

1. Decedent's Legal Name (First, Middle, Last) ANNE B. BLOSKEY		1a. Maiden Last Name (if Female) Same		2. Sex Female	3. Time Of Death 1:24 P.M.	4. Date Of Death (Month/Day/Year) AUGUST 11, 2010			
5. Social Security Number 307-01-3499	6a. Age - Yrs 102	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) AUGUST 19, 1907	8. Birthplace (City And State Or Foreign Country) EAST CHICAGO, INDIANA		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>				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) 5036 ALEXANDER STREET									
12. City Or Town, State, And Zip Code EAST CHICAGO				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name n / a		15a. (If Wife) Give Maiden Last Name n / a		16. Decedent's Usual Occupation CLERICAL		17. Kind Of Business/Industry Inland Steel Company L.C. Treasurer's Ofc.			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town EAST CHICAGO		18c. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18d. Street And Number 5036 ALEXANDER STREET		18e. Apt. No. n / a		18f. Zip Code 46312					
19. Decedent's Education 12 Years H.S. Grad.		20. Decedent Of Hispanic Origin no		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) JOSEPH BLOSKEY			23. Mother's Name (First, Middle, Last) BARBARA BLOSKEY			23a. Mother's Maiden Last Name DOMSICH			
24. Informant's Name GREGORY J. BLOSKEY		24a. Relationship To Decedent Great Nephew		24b. Mailing Address (Street And Number, City, State, Zip Code) 5036 Alexander St., East Chicago, IN 46312					
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) August 16, 2010 St John Cemetery		25c. Location - City, Town, And State Hammond, Indiana					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Oleska-Pastrick Funeral Home, 3934 Elm St., East Chicago, IN				27a. Funeral Home License Number FH86000155			
27b. Signature Of Indiana Funeral Service Licensee: <i>Davis Pastrick</i>				27c. License Number (Of Licensee) 08800012					
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. Approximate Interval: Onset To Death									
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>Natural Causes</u> Due To (Or As A Consequence Of):									
B. _____ Due To (Or As A Consequence Of):									
C. _____ Due To (Or As A Consequence Of):									
D. _____ Due To (Or As A Consequence Of):									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input 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 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)		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>Chris McIntire MD</i>				42. Certifier (Check Only One) <input 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: 3831 Hohman Ave. Hammond, IN 46327				44. License Number 02001515A		45. Date Certified 8.13.10			
46. Additional Funeral Service Provider:				47. Akas:					
48. Signature of Local Health Officer: <i>Quinn Bontrick Abornick MD</i>				49. For Registrar Only - Date Filed (Month/Day/Year) 8/16/10					