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SURVIVORSHIP AFFIDAVIT

2011 018308

Ophelia M. Vasquez before me personally appeared and after having been duly sworn upon her oath deposes and states that:

- Affiant resides at 7621 Oak Ave., Gary, IN 46403.
- I, Ophelia M. Vasquez, am the surviving spouse of Edmund P. Vasquez, Deceased, who died on September 5, 2010 (said Death Certificate is attached as Exhibit "A").
- That Decedent Edmund P. Vasquez died without leaving a Will.
- That Ophelia M. Vasquez and Edmund P. Vasquez were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Key No.

Property No. 45-05-32-228-004.000-004

Legal Description: NORCOTT'S ADD. INDIANA CITY ALL L.21 BL. 22 AND W. 1 FT. OF L. 20 BL. 22

Subject to any and all easements, agreements, and restrictions of record. The address of such real estate is commonly known as 7613 Oak Ave., Gary, IN 46403.

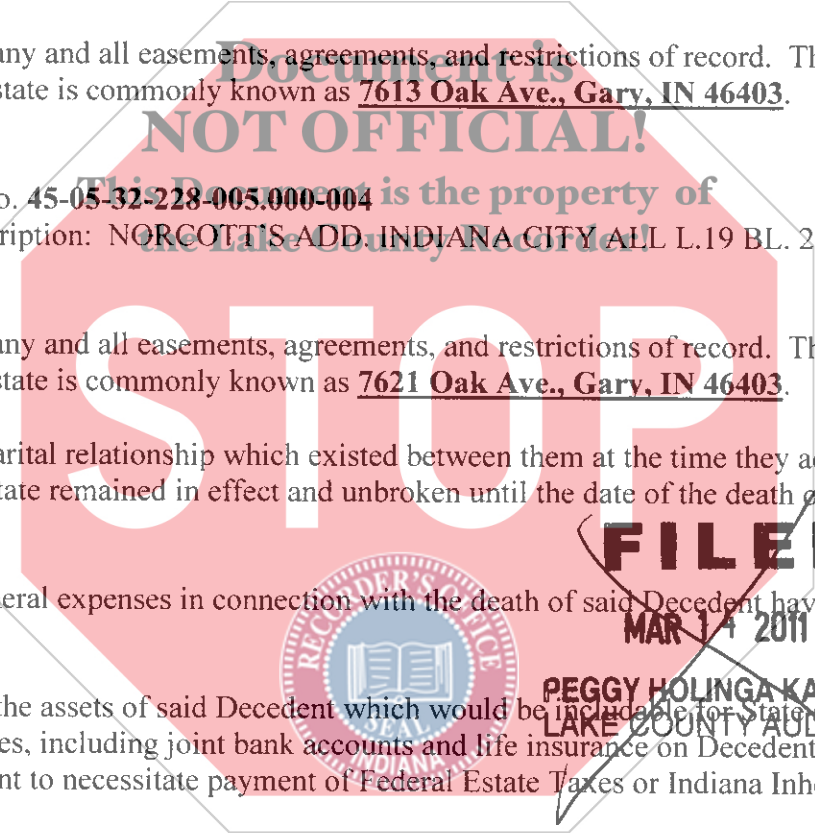
Key No.

Property No. 45-05-32-228-005.000-004

Legal Description: NORCOTT'S ADD. INDIANA CITY ALL L.19 BL. 22 E. 24FT L. 20 BL. 22

Subject to any and all easements, agreements, and restrictions of record. The address of such real estate is commonly known as 7621 Oak Ave., Gary, IN 46403.

- That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of the death of the Decedent.
- That all funeral expenses in connection with the death of said Decedent have been paid in full.
- That all of the assets of said Decedent which would be includable for State and Federal Tax purposes, including joint bank accounts and life insurance on Decedent's life, were not sufficient to necessitate payment of Federal Estate Taxes or Indiana Inheritance Tax.
- That all said assets were in the joint name of the parties and have been delivered to the undersigned without administration.



STATE OF INDIANA)
COUNTY OF LAKE)

FILED
MAR 29 2011

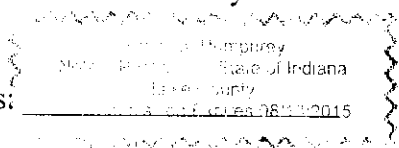
Ophelia Vasquez
Ophelia M. Vasquez

026103

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

SUBSCRIBED AND SWORN to before me, a Notary Public, this 10th day of March, 2011 in and for aforementioned State and County.

My Commission Expires:



Gregory S. Reising
Notary Public

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. Gregory S. Reising, Attorney at Law

This instrument prepared by:
GREGORY S. REISING, Attorney at Law, 607 S. Lake St., Gary, IN 46403, (219) 938-8080

AMOUNT \$ 14.00
 CASH _____ CHARGE _____
 CHECK # 1508 / 15094
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK _____

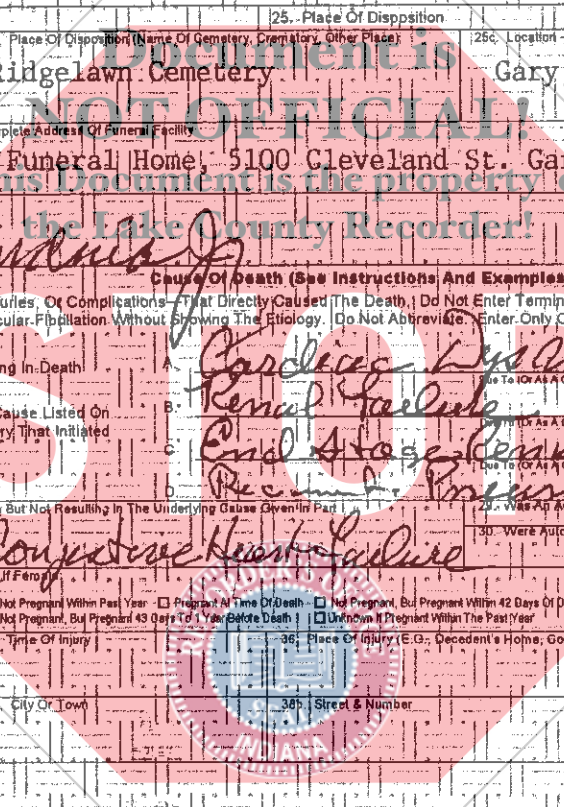
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. State No.

Form containing fields for decedent information (Name, Sex, Date of Birth, Social Security Number), death details (Time of Death, Place of Death, Cause of Death), informant information, and certification (Signature of Local Health Officer, Date Certified).



Approximate Interval: One To Death 30 days

Signature: September 8 2010