

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2011 000733/

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2011 JAN -6 AM 10:38
MRS. JUDITH A. KATON
RECORDER

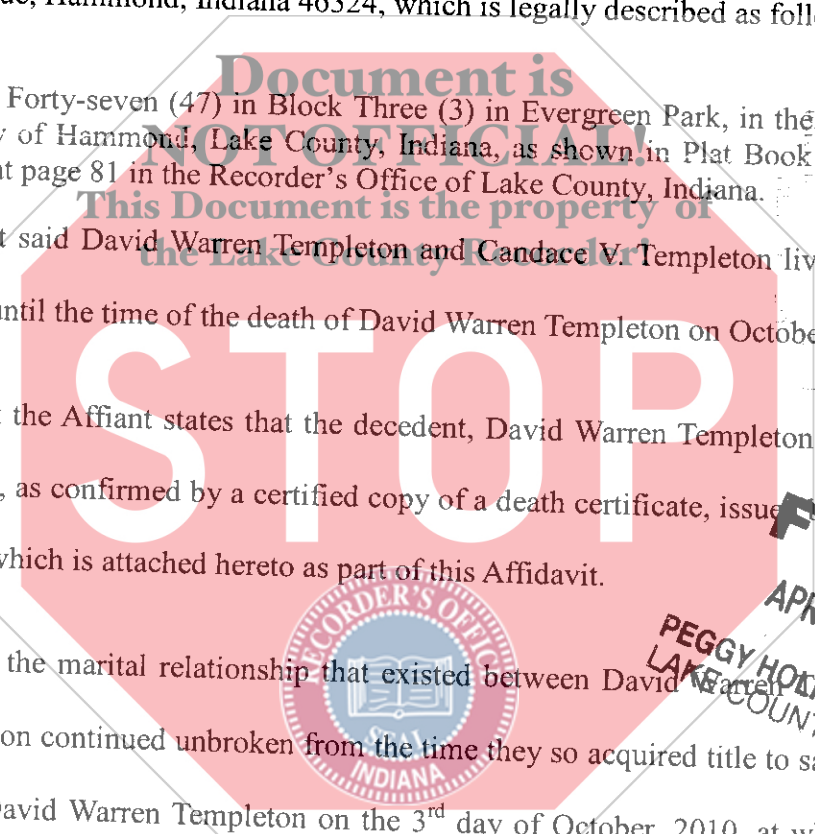
AFFIDAVIT OF SURVIVORSHIP

Comes now, Candace V. Templeton, being duly sworn upon her oath and states as follows:

1. That Candace V. Templeton, referred to hereafter as the "Affiant", is the surviving spouse of David Warren Templeton.
2. That David Warren Templeton and his wife, Candace V. Templeton, resided at 7626 Walnut Avenue, Hammond, Indiana 46324, which is legally described as follows:

Lot Forty-seven (47) in Block Three (3) in Evergreen Park, in the City of Hammond, Lake County, Indiana, as shown in Plat Book 28 at page 81 in the Recorder's Office of Lake County, Indiana.

3. That said David Warren Templeton and Candace V. Templeton lived together as husband and wife until the time of the death of David Warren Templeton on October 3, 2010.
4. That the Affiant states that the decedent, David Warren Templeton, passed away on October 3, 2010, as confirmed by a certified copy of a death certificate, issued by the State of Indiana, a copy of which is attached hereto as part of this Affidavit.
5. That the marital relationship that existed between David Warren Templeton and Candace V. Templeton continued unbroken from the time they so acquired title to said real estate until the death of David Warren Templeton on the 3rd day of October, 2010, at which time his



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PEGGY HOLLAND
LAKE COUNTY AUDITOR

* Re-recording to take Auditor's Stamp *

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COPY _____
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surviving spouse, Candace V. Templeton, acquired title to the above described real estate as surviving tenants by entireties.

FURTHER AFFIANT SAYETH NOT.

Dated this 12th day of November, 2010.

X Candace V Templeton
Candace V. Templeton

STATE OF INDIANA,)
)
COUNTY OF LAKE) SS:

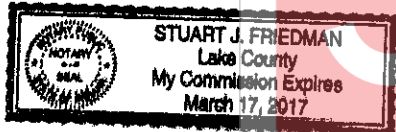
Before me, the undersigned Notary Public in and for said County and State, do hereby certify that **Candace V. Templeton** personally appeared and executed the above document as her voluntary act and deed, for the uses and purposes therein stated.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal this ___ day of November, 2010.

My Commission Expires:
March 17 2017

[Signature]

Notary Public
Resident of Lake County, Indiana



This instrument prepared by and should be mailed to: Stuart J. Friedman, Attorney at Law, Hinshaw & Culbertson LLP, 322 Indianapolis Blvd., Suite 201, Schererville, Indiana 46375, (219) 864-5051.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 3513-10

STATE OF INDIANA
State No. FILED

1. Decedent's Legal Name (First, Middle, Last) **DAVID TEMPLETON**

1a. Maiden Last Name (If Female) **N/A**

2. Sex **M**

3. Time Of Death **10:01 A.M.**

4. Date Of Death (Month/Day/Year) **OCTOBER 3, 2010**

5. Social Security Number **304-48-0436**

6a. Age Yrs **65**

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) **March 12, 1945**

8. Birthplace (City And State Or Foreign Country) **PLATTSBURGH, NEW YORK**

9. Ever In U.S. Armed Forces? Yes No Unknown

10. If Death Occurred In A Hospital: Inpatient Emergency Department Outpatient Dead On Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: Hospice Facility Decedent's Home Nursing Home/Long-Term Care Facility Other (Specify) **MILITARY RECORDS**

11. Facility Name (If Not Institution, Give Street And Number) **7626 WALNUT AVENUE**

12. City Or Town, State, And Zip Code **HAMMOND, INDIANA 46324**

13. County Of Death **LAKE**

14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown

15. Surviving Spouse's Name **CANDACE TEMPLETON**

15a. (If Wife) Give Maiden Last Name **BALFOUR**

16. Decedent's Usual Occupation **HAVC(HEATING & AC)**

17. Kind Of Business/Industry **INSTALLER**

18. Residence - State **INDIANA**

18a. County **LAKE**

18b. City Or Town **HAMMOND**

18c. Street And Number **7626 WALNUT AVENUE**

18d. Apt. No.

18e. Zip Code **46324**

18f. Inside City Limits? Yes No

19. Decedent's Education **Some college credit, but no degree**

20. Decedent Of Hispanic Origin **No, not Spanish/Hispanic/Latino**

21. Decedent's Race **White**

22. Father's Name (First, Middle, Last) **HARRY TEMPLETON, JR.**

23. Mother's Name (First, Middle, Last) **MARJORIE TEMPLETON**

23a. Mother's Maiden Last Name **MASHARE**

24. Informant's Name **CANDACE TEMPLETON**

24a. Relationship To Decedent **WIFE**

24b. Mailing Address (Street And Number, City, State, Zip Code) **7626 WALNUT AVENUE, HAMMOND, INDIANA 46324**

25a. Method Of Disposition: Burial Cremation Donation Entombment Removal From State Other (Specify):

25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) **RIDGLAWN CEMETERY**

25c. Location - City, Town, And State **GARY, INDIANA**

26. Was Coroner Contacted? Yes No

27. Name And Complete Address Of Funeral Facility **RIDGELAWN FUNERAL HOME 4201 W. RIDGE ROAD GARY, INDIANA 46408**

27a. Funeral Home License Number: **FH10200007**

27b. Signature Of Indiana Funeral Service Licensee: *Sheila C. Kirby*

27c. License Number (Of Licensee) **FD29500088**

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. **Colon Cancer**

B. _____ Due To (Or As A Consequence Of) _____

C. _____ Due To (Or As A Consequence Of) _____

D. _____ Due To (Or As A Consequence Of) _____

Approximate Interval: Onset To Death

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? Yes No

30. Were Autopsy Findings Available To Complete The Cause Of Death? Yes No

31. Did Tobacco Use Contribute To Death? Yes Probably No Unknown

32. If Female: Not Pregnant Within Past Year Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 Days Of Death Not Pregnant, But Pregnant 43 Days To 1 Year Before Death Unknown If Pregnant Within The Past Year

33. Manner Of Death: Natural Homicide Accident Pending Investigation Suicide 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, Workplace)

37. Street & Number

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: Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: *Rowland Mbaoma*

42. Certifier (Check Only One) Certifying Physician Coroner Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **Rowland Mbaoma
7905 Calumet Ave. Munster IN 46321**

44. License Number **0106024614**

45. Date Certified **10-6-10**

46. Additional Funeral Service Provider:

47. *AKAS:

48. Signature of Local Health Officer: *Susan W Best DO*

49. For Registrar Only - Date Filed (Month/Day/Year): **October 6, 2010**

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