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STATE OF INI	DIANA )	2011 01	00733/		2011 JAN -6	}
COUNTY OF L	AKE )	SS:			Miss.	X. WAN
	<u>AI</u>	FFIDAVIT OF	SURVIVO	RSHIP		
Comes no	ow, Candace V	7. Templeton,	being duly	sworn up	on her oath	and states as
follows:						20
1. Th	nat Candace V. 7	Templeton, refe	rred to herea	fter as the	e "Affiant", is	the surviving
spouse of David V						<del></del> /
2. Th	at David Warre	en Templeton a	and his wife,	, Candac	e V. Templete	2 4 0 on, <b>Te</b> sided at
7626 Walnut Aver						
28	t Forty-seven (4 y of Hammond at page 81 in the This I at said David W	e Recorder's O	ffice of Lake	shown in County,	Plat Book Indiana.	
husband and wife						
	at the Affiant sta					ဟ္ 🎏 🦠
on October 3, 2010	), as confirmed	by a certified c	opy of a deat	th certific	eate issue	the State of
Indiana, a copy of	which is attache	ed hereto as nam	of this Affid	lovit	acc, issue	the State of
5. That	t the marital rel	lationship that	existed betw	een Davi	/ 0/ 1/ ***	29 2011 pepleton and
Candace V. Temple	ton continued u	nbroken from t	he time they	so acquir	rea title to sai	u rear/ostane
until the death of I	David Warren T	empleton on the	e 3 <sup>rd</sup> day of	October,	2010, at wh	ich time his 12 11
			·		DUNT \$	time his 16

HOLD FOR MERIDIAN TITLE CORPORATION HOLD FOR MERIDIAN TITLE CORP

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OVERAGE.L.

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

## FURTHER AFFIANT SAYETH NOT.

Dated this  $12^{\frac{1}{2}}$  day of November, 2010.

Candace V. Templeton

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

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.

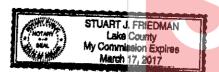
This Document is the property of the Lake County Records.

My Commission Expires:

March 17 2017

Notary Public

Resident of Lake County, Indiana





This instrument prepared by and should be mailed to: A 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.		-1( )							كالمام الدا	
1. Decadent's Legal Name (First, I	Middle, Lest)	<u></u>	1 4a Maineir					i of ad New Mill	us mites Hite	` (
DAVID TEMPLETON			N/A	Last Name (If Female)		2. Se	FILE	3. Time of the		hte Of Death (Month/Day/Yea
)	6a. Age Yrs 6b. Unde	f 1 Year 6c. Un	der 1 Month   6d Under 1	Day 1 de institut		M		10:01 A.M.	O	TOBER 3, 2010
304-48-0436	65 Months	Days	20 1	00073	7. Date (	Of Birth (Mod	Mry Ja	18. Bidhplacello	1 1/0 State	Country)
9. Ever In U.S. Armed Forces?	10. If Death Occurred to	n A Hospital:	12011	00013	* k		1343	PLATTSBI	JRGH, NE	W YORK
Yes No Unknown			tpatient 🔲 Dead On Arrival	10st. if Death O	counted Somewher	e Other Than	A Hospital:	Hospice Facility	67 Dánasta	15 Home Nursing Home/Lo
11. Facility Name (If Not Institution,	, Give Street And Number)		The Dead Of Alliva	Term Care Facil	ity 🗀 Other (Spec	cify)		رسيو. ديميون. الريان دريان ت		15 Home/Lo
7626 WALNUT AVENUE										
12. City Or Town, State, And Zip Co		·	<del></del>							
HAMMOND, INDIANA 46	6324			13. Cou	nty Of Death			14. Marital 8	Status At Time	Of Death
15. Surviving Spouse's Name			15a. (If Wife)Give M	1				Married	☐ Married, I	But Separated Divorced
CANDACE TEMPLETON			BALFOUR	larden Last Name			int's Usual Occu	pation	L. Never M	larried Unknown and Of Business/Industry
18. Residence - State		18a. County				HAVC(I	HEATING	& AC)		ALLER
INDIANA		LAKE		18b. City Or						·—
18c. Street And Number	<del></del>	<u> </u>		HAMMON	lD.					
7626 WALNUT AVENUE							18d. Apl. No.	18e.	Zip Code	Titt. Inside City Limits
19. Decedent's Education		20. Decedent	Of Hispenic Origin			1		463	24	Ø Yes □ No
Some college credit, but n			panish/Hispanic/Lat	u	. Decedent's Rec Thite	6				
22. Father's Name (First, Middle, Last		L		1						
HARRY TEMPLETON, JR.				23. Mother's Nam MARJORIE T		si)				Maiden Last Name
24. Informant's Name CANDACE TEMPLETON		24a. Reiati	onship to Decedent	240. Maleng Addre				M	ASHARE	
		WIFE		7626 WALNU	T AVENUE.	HAMMON	léte, Zip Côde)** ND INCOLAN			
25a. Method Of Disposition.	1 35 6		25.	The state of			an, nanita	A 46324		
☐ Donation ☐ Entombraent ☐ Remo ☐ Other (Specify):	Cremation 25b. P	LAWN CEME	Name Of Complety, Cremate	ory, Other Place)	25c. Location	L- City Tour	A STATE OF THE STA			
7b. Signature Of Jackena Falmorat Sand	RIDGELAVIN FU	NERAL HOME	4201 W. RIDGE R	ROAD GARY, INC	GARY, IN	XL.			27a. Fu	necal Home License Number
7b. Signature of Inchana Fuperal Servi	RIDGELAVIN FU	NERAL HOME	4201 W. RIDGE R	ROAD GARY, INC	1	AL!			FH102	neral Home Licanse Number.
7b. Signatura O lactiona Fuporal Servi	RIDGELAWN FU	INERAL HOME	4201 W. RIDGE R	road Gary, INC	1	AL.	27c Ubense	Number (Of Lice	FH102	neral Home License Number:
- Melle	e C. Kir	TA	4201 W, RIDGE R	ent is th	e proj	perty	FD29500	880	FH102	000007
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B. Part I. Enter The Chain Of Evuch As Cardiac Arrest, Respirator Line. Add Additional Lines if Neumediate Cause (Final Disease Control of Evucentially List Conditions, if Anyme A. Enter The Underlying Cause Events Resulting In Death) Last in Enter Other Stantificant Conditions.  Did Tobacco Use Contribute To Death (res II) Probably II) No Additional Tobactor (res II) Probably III No Additional Tobactor (res II) Probably III No Additional Tobactor (res) Injury - State  Baccibe How Injury Occurred  Becaribe How	verits Diseases, Injuries Diseases, Injuries Diseases, Injuries Diseases, Or Ventricular Diseases, Or Ventricular Diseases Disease Or Injury The St  Condition To Death But No	s. Or Complication Fibrillation Without Death Listed On Lat Initiated  of Resulting in The U  ale: herd With Past Year Day of Injury  of Death: Ro  Town	Chues Of Death (Sens—That Directly Cause at Showing The Etiolog  A Color  B.  C D.  Inderlying Cause Given in Part of Year Balor Death  Set To 1 Year Balor Death  Jac To 1 Year Balor	ent is the see Instructions As ed The Death, Do Not Abbreviate  On Control of the Property of	DIANA 46408 C DIO DIA TO (OT AS A C.  DUE TO (	al Events one Cause one Ca	FD29500  On  Neurola 19 Com  N	Yes No piete The Cause  h: Pededanning the Pededanning the Cause  HE MOTOR E IS  LIFTCATE OF LITTLE OF LIT	FH102  OT Desert?  A TRIPETAN ON AENTI Store Core	Approximate interval: Onset To Death  Yes No  No  No  Partified  Specify