

3

Survivorship Affidavit

2011 046403

State of Indiana
) SS:
County of Lake)

Susanne M. Fitzgerald being first duly sworn upon oath, deposes and says:

1. That Affiant's Husband died without leaving a will (copy of death certificate attached) on February 26, 2011

2. Roy A. Fitzgerald (aka Roy A. Fitzgerald, Sr) and Susanne M. Fitzgerald were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

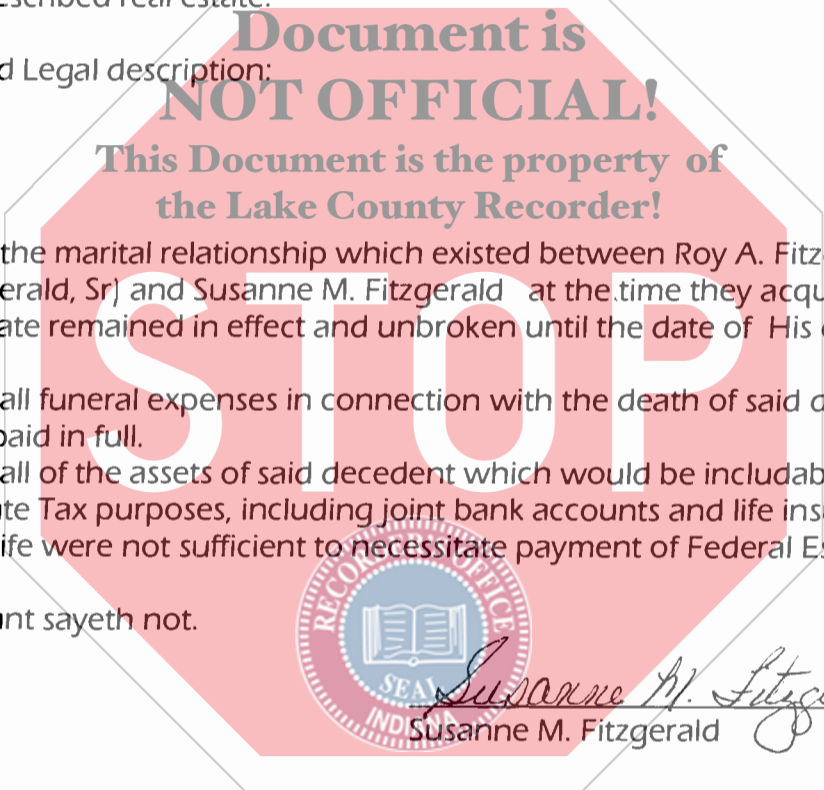
See attached Legal description:

3. That the marital relationship which existed between Roy A. Fitzgerald (aka Roy A. Fitzgerald, Sr) and Susanne M. Fitzgerald at the time they acquired title to said real estate remained in effect and unbroken until the date of His death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



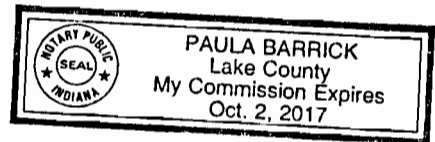
Susanne M. Fitzgerald
Susanne M. Fitzgerald

Subscribed and sworn to before me, a Notary Public, this 5th day of August 2011

Paula Barrick
Paula Barrick

My Commission expires: 10-02-17

County of Residence: Lake



This Instrument prepared by: Susanne M. Fitzgerald

File No. :920112554

FIDELITY MO

FILED

AUG 23 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 16.00
CASH _____ CHARGE _____
CHECK # 710
OVERAGE _____
COPY _____
NON-COM
CLERK AV

054992

EXHIBIT "A"

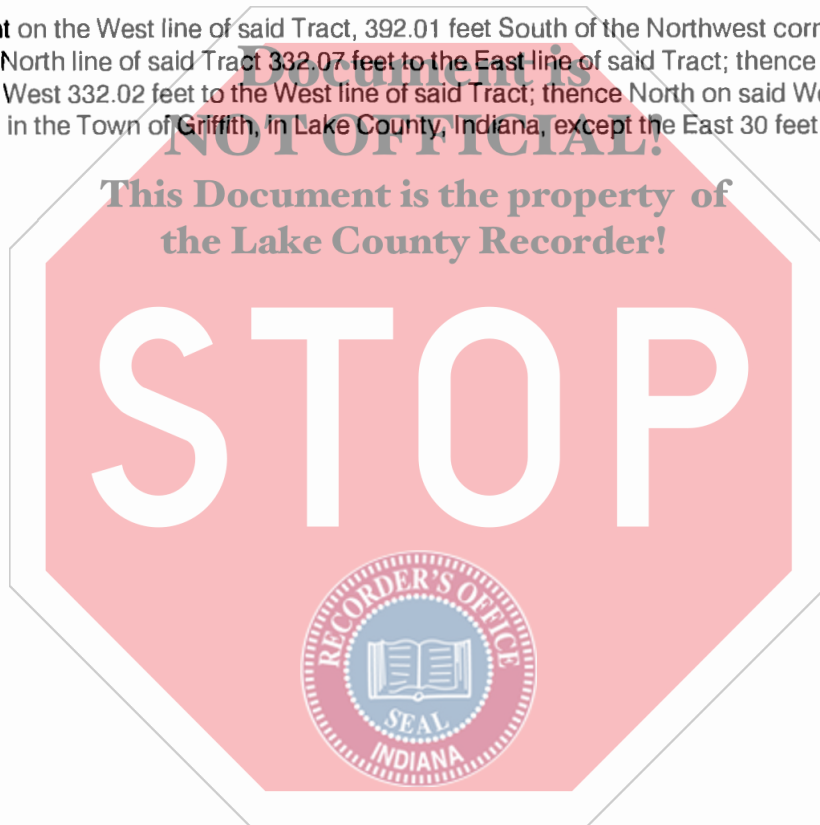
Order No. 920112554

PARCEL 1: Part of the West Half of the West Half of the Southwest Quarter of the Northwest Quarter of Section 26, Township 36 North, Range 9 West of the 2nd Principal Meridian, being the East Half of the following described tract:

Beginning at a point on the West line of said Tract 392.01 feet South of the Northwest corner thereof; thence East parallel to the North line of said Tract 332.07 feet to the East line of said Tract; thence South on said East line 66 feet; thence West 332.02 feet to the West line of said Tract; thence North on said West line 66 feet to the place of beginning, in the Town of Griffith, in Lake County, Indiana, except the East 30 feet thereof, and except the North 2.25 feet thereof.

PARCEL 2: The North 2.25 feet of part of the West Half of the West Half of the Southwest Quarter of the Northwest Quarter of Section 26, Township 36 North, Range 9 West of the 2nd Principal Meridian, being the East Half of the following described Tract:

Beginning at a point on the West line of said Tract, 392.01 feet South of the Northwest corner thereof; thence East parallel to the North line of said Tract 332.07 feet to the East line of said Tract; thence South on said East line 66 feet; thence West 332.02 feet to the West line of said Tract; thence North on said West line 66 feet to the place of beginning, in the Town of Griffith, in Lake County, Indiana, except the East 30 feet thereof.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No 000637

EDR No 00000185795

State No

1. Decedent's Legal Name (First, Middle, Last) ROY A FITZGERALD SR		1a. Maiden Name (If Female)		2. Sex MALE	3. Time Of Death 03:25 AM	4. Date Of Death (Month/Day/Year) 02/26/2011	
5. Social Security Number 307-52-4594	6a. Age - Yrs 61	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) 03/02/1949	
8. Birthplace (City and State or Foreign Country) VALPARAISO, IN		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
10. # 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 checked="" type="checkbox"/> Hospice Facility <input 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE							
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				13. County Of Death LAKE		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 SUSANNE M FITZGERALD		15a. (If Wife) Give Maiden Last Name REIDELBACH		16. Decedent's Usual Occupation BANDER		17. Kind Of Business/Industry STEEL MANUFACTURING	
10. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18c. Zip Code 46319	
10c. Street And Number 1420 NORTH WOODLAWN AVENUE		18d. Apt. No.		18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) VON FITZGERALD		23. Mother's Name (First, Middle, Last) JENNY FITZGERALD		23a. Mother's Maiden Last Name FISHER			
24. Informant's Name SUSANNE FITZGERALD		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1420 NORTH WOODLAWN AVENUE, GRIFFITH, IN 46319			
25. Place Of Disposition							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) CALUMET PARK CEMETERY - CREMATORY		25c. Location - City, Town, And State MERRILLVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410				27a. Funeral Home License Number FH10400032	
27b. Signature Of Indiana Funeral Service Licensee: SHERRY L WILLIAMS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20700074			
Cause Of Death (See Instructions And Examples)							
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. LUNG CANCER		Due to (Or As A Consequence Of)		Approximate Interval: One to Death MONTHS	
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.		Due to (Or As A Consequence Of)			
		C.		Due to (Or As A Consequence Of)			
		D.		Due to (Or As A Consequence Of)			
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 43 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.O., 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 Or Number		38c. Apt. No.	
38d. Zip Code		39. Describe How Injury Occurred					
41. Signature Of Person Certifying Cause Of Death: ERWIN L ROBIN, BY ELECTRONIC SIGNATURE				42. Certifies (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01038072A	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ERWIN L ROBIN, 801 MACARTHUR BOULEVARD SUITE 401, MUNSTER, IN 46321				45. Date Certified 02/28/2011		47. *ACRS:	
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): FEB 28 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

FILED