

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2011 072372

2011 DEC 14 AM 10:32

MICHELLE Y. GROFF
RECORDER

Linda Faye Kolarik, an adult, ("Affiant"), being first duly sworn on oath, states:

1. That Freda M. Mummery, Sharon Louise Forkner, and Linda Faye Kolarik were the joint tenant owners of the following described real estate located in Lake County, Indiana, to-wit:

The West 165 feet of the East 330 feet of the East 1/2 of the West 1/2 of the Northwest 1/4 of Section 35, Township 36 North, Range 8 West of the 2nd P.M., EXCEPT the North 528 feet thereof in Lake County, Indiana.
see att. Leva

2. That Freda Mae Mummery and Linda Faye Kolarik and Sharon Louise Forkner acquired title as tenants by the entireties to said real estate.

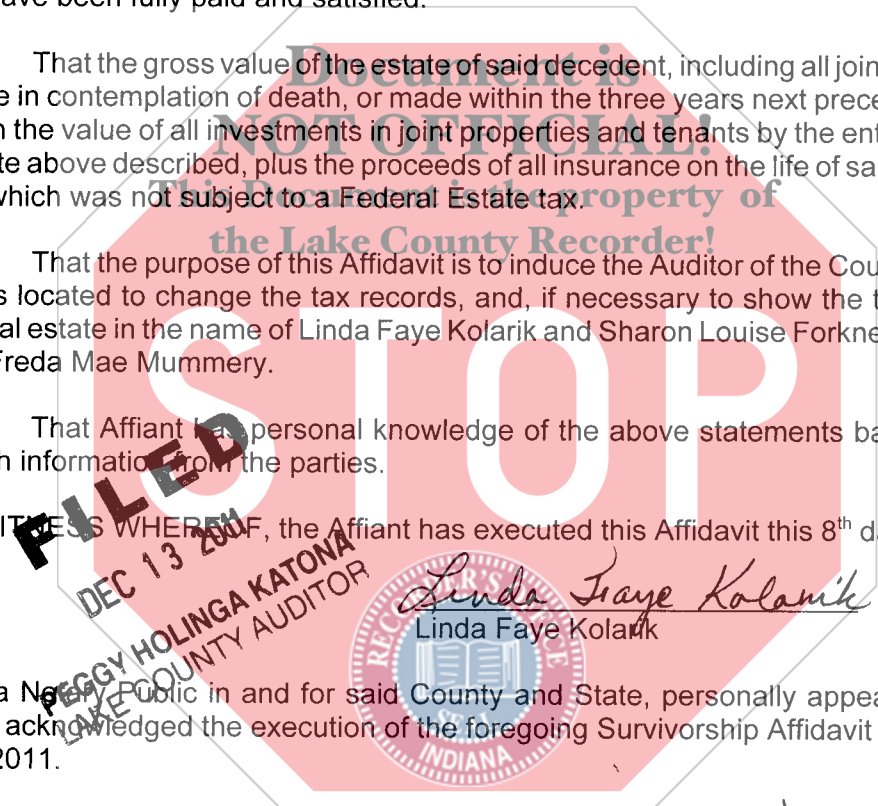
3. That the relationship which existed between Freda May Mummery and Linda Faye Kolarik and Sharon Louise Forkner continued unbroken from the time they acquired title to said real estate until the date of the death of Freda May Mummery, on January 28, 2010, at which time Linda Faye Kolarik and Sharon Louise Forkner, as surviving Joint Tenants, acquired title to said real estate. That all debts, funeral expenses, and expenses of last illness of Freda Mae Mummery, deceased, have been fully paid and satisfied.

4. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in contemplation of death, or made within the three years next preceding said death, together with the value of all investments in joint properties and tenants by the entireties, including the real estate above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate tax.

5. That the purpose of this Affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Linda Faye Kolarik and Sharon Louise Forkner, surviving Joint Tenants of Freda Mae Mummery.

6. That Affiant has personal knowledge of the above statements based upon being provided with information from the parties.

IN WITNESS WHEREOF, the Affiant has executed this Affidavit this 8th day of December, 2011.



Linda Faye Kolarik
Linda Faye Kolarik

Before me, a Notary Public in and for said County and State, personally appeared Linda Faye Kolarik who acknowledged the execution of the foregoing Survivorship Affidavit on the 8th day of December, 2011.

My Commission Expires:
8-31-17

Michelle Y. Groff
Michelle Y. Groff
Residing in Lake County, IN

029942

*180
E on
MT
KR*

This instrument prepared by: Andrew R. Drake, Attorney-at-Law, 11711 n. Pennsylvania Street, Suite 110, Carmel, IN 46032. Case: 11-32854

11-32854
MERIDIAN TITLE CO.

Property Address: 4420 West 49th Avenue, Hobart, IN 46342

The East 125.6 feet of the South 193 feet of the West 165 feet of the East 330 feet of the East 1/2 of the West 1/2 of the Northwest 1/4 of Section 35, Township 36 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana, excepting therefrom the North 528 feet thereof.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

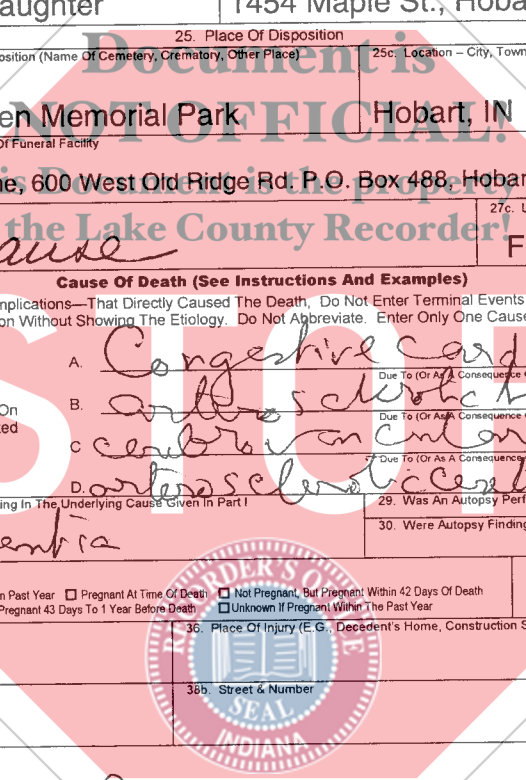


Local No. 304-10

State No.

1. Decedent's Legal Name (First, Middle, Last) FREDA M. MUMMERY				1a. Maiden Last Name (If Female) Crull		2. Sex Female	3. Time Of Death 7:20 A.M.	4. Date Of Death (Month/Day/Year) January 28, 2010	
5. Social Security Number [REDACTED]	6. Age - Yrs E7	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date Of Birth (Month/Day/Year) December 28, 1922		8. Birthplace (City And State Or Foreign Country) Monticello, IN	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) Golden Living Center									
12. City Or Town, State, And Zip Code Merrillville, Indiana 46410					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 checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation Cook		17. Kind Of Business/Industry Restaurant	
18. Residence - State IN		18a. County Lake			18b. City Or Town Hobart		18c. Street And Number 4420 W. 49th Avenue		18d. Apt. No.
18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 9-12 No Diploma		20. Decedent Of Hispanic Origin No not Spanish/Hispanic/Latino		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) Jacob Crull			23. Mother's Name (First, Middle, Last) Tolla Crull			23a. Mother's Maiden Last Name McKinn			
24. Informant's Name Linda Kolarik			24a. Relationship To Decedent Daughter		24b. Mailing Address (Street And Number, City, State, Zip Code) 1454 Maple St., Hobart, IN 46342				
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) Evergreen Memorial Park				25c. Location - City, Town, And State Hobart, IN 46342			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Rees Funeral Home, 600 West Old Ridge Rd., P.O. Box 488, Hobart, Indiana 46342					27a. Funeral Home License Number: FH83003069		
27b. Signature Of Indiana Funeral Service Licensee: <i>James J. Krause</i>						27c. License Number (Of Licensee): FD01006463			
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. Congestive cardiac failure B. arteriosclerotic heart disease C. cerebrovascular accident D. arteriosclerotic cerebrovascular disease 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 Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I Sensitivity, Dementia									
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 checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		32. If Female: <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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)			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>Krishnan Pctti</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Krishnan Pctti MD, 8300 Broadway, Merrillville, IN 46410						44. License Number IN 25000		45. Date Certified 1/1/10	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature Of Local Health Officer: <i>Peggy Holinga Katona</i>						49. For Registrar Only - Date Filed (Month/Day/Year) February 1, 2010			

11-32854 FOR MERIDIAN TITLE CORP



2011 OCT 26 05:27:77

FILED
OCT 21 2011 056445
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$11
MT
CA



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

Recorder

PHONE (219) 755-3730
FAX (219) 755-3257

MEMORANDUM

DISCLAIMER

**This document has been recorded as presented.
It may not meet with State of Indiana Recordation requirements.**

1. STAINED DOCUMENT AT TIME OF RECORDING _____
2. RIPPED OR TORN DOCUMENT AT TIME OF RECORDING _____
3. PAGE (S) MISSING AT TIME OF RECORDING _____
4. ATTACHEMENTS MISSING AT TIME OF RECORDING _____
5. DOCUMENT TOO LIGHT AT TIME OF RECORDING _____
6. DOCUMENT NOT LEGIBLE AT TIME OF RECORDING
7. DOCUMENT TORN DURING PROCESS OF RECORDING _____
8. DOCUMENT STAINED DURING PROCESS OF RECORDING _____
9. CUSTOMER INSISTING DOCUMENT TO BE RECORDED _____
10. DOCUMENT RECORDED AS IS, MAY NOT MEET STATE REQUIREMENTS.

CUSTOMER INITIALS _____ DATE: ____/____/____

EMPLOYEE INITIALS BB DATE: 10 28 11