AFFIDAVIT OF SURVIVORSHIP STATE OF INDIANA 2011 073260 2011 DEC 19 AM 9:53 **COUNTY OF LAKE** Comes now DAVID D. HOOVER, being duly sworn upon his oath, and states Donald M. Hoover died intestate, a resident of Lake County on October 14, 2002. His wife, Virginia D. Hoover, died testate, a resident of Lake County, Indiana on June 10, 2011. The affiant herein, DAVID D. HOOVER, also their son, was appointed Personal Representative of the Estate of Virginia D. Hoover on July 14, 2011 by the Circuit Court Lake County under Cause No. 45C01-1107-EU-089. Donald M. Hoover and Virginia D. Hoover, husband and wife, both now deceased, were the owners in fee simple of the following described real estate located in Lake County, Indiana: LOT/10 IN WIRTZ CROWN HEIGHTS, UNIT NO. 1, AS PER PLAT THEREOF, KECORDED IN PLAT BOOK 37, PAGE 10, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. Commonly known as: 2220 West 93rd Place, Crown Point, Indiana 46307. Donald M. Hoover and Virginia D. Hoover, both now deceased, were husband and wife at the time they acquired title to said real estate as tenants by the entireties. The marital relationship which existed between Donald M. Hoover and Virginia D. Hoover, continued unbroken from the time they so acquired title to said real estate until the death of Donald M. Hoover on October 14, 2002, at which time Virginia D. Hoover acquired title to the real estate as the surviving tenant by the entireties. The gross value of the estate of Donald M. Hoover, as determined for the purposes of federal estate taxes, did not require the filing of a Federal Estate Tax Return. The estate of Donald M. Hoover was not subject to legia anheritance Tax. 030221 DEC 27 2011 PEGGY HOLINGA KATONA DAVID D. HOOVER, Personal Representative. DEC 1 4 2011 Subscribed and sworm to before me on November 31, 2011. EGGY HOLINGA KATONA AKE COUNTY AUDITOR My Commission Expires: Jan. 15, 2013 County of Residence: Brevad Prepared by: Kent A. Jeffirs, Attorney at Law, 104 W. Clark Street, Crown Point, IN 46410. I affirm, under the penalties for perjury, that I have taken reasonable care to reduct each Social Security number in this document, unless required by law. DEBRA L LEVESQUE Notary Public - State of Florida Ay Comm. Expires Jan 15, 2013 92011- 4214 Commission # DD 844265 Bonded Through National Notary Assn

"This Document is being re-recorded to correct the Legal Description"

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 45-12-32.203-012.000-039

Local No OC			EO	R No 0000		<u>3573 </u>	2. Sex	State	No Ime Of Deal	14		Death (Month/Day
Decedent's Legal Name (First, Middle, La	ist)			İ	ii (ii araac)		FEM	115	10:04 PI			06/10/2011
Social Security Number 6a. Age - Yrs	6b. Under	1 Year 6	c. Under i Mont	HURYSZ h 6d. Under 1 Day	5e. Under 1	Hour 7. Date	of Birth (Mor	ttvDay/Year)	8. Birthpla	ce (City an		Foreign Country)
87	Months	С	ays	Hours	Minutes		05/04/19			GO, IL		
NEVER M W.S./AMMEDIFORCES? 10. If O	eath Occurred to	n A Hospita	d:		10a. If Deal	h Occurred Some	ewhere Other Decedent's Ho		al sing Home/L	ong-term C	are Facili	y
			artment Outpatier	nt Dead on Amvai	Other (S	pecity)						
Facility Name (If Not Institution, Give S ANTHONY MEDICAL CE			N POINT						14.14	ırtlal Status	At Time	Of Dorath
. City Or Town, State, And Zip Code					13. €	county Of Death			Пм	arried 🔲 M	arried, Br	it Separated 🔲 D
ROWN POINT, IN, 46307					LAKE (ii Wite)Give Malden Last Name		16. Decedent's Usual Occupation			Widowed Never Married Unknown 17. Kind Of Business/Industry		
Surviving Spouse's Name			112	ia. (Il Wite)Live Malosi	n Last Name		IG. Deces	erii s Osodi Oc	оориноп			•
Residence - State		18a. Co	<u> </u>		1 18h Ch	Or Town	HOMEN	IAKER			WN H	OME
		1	Juny									
IDIANA lc. Street And Number		LAKE			ICHON	N POINT		18d. Apt. N	5 1	8e. Zip Co	de	18f. Inside City L
220 WEST 93RD PLACE										4630	7	☐ Yes 🏻
Decedent's Education		20. (Decedent Of Hisp	anic Origin		21. Decedent	s Race					<u> </u>
IGH SCHOOL GRADUATE OMPLETED	OR GED	NO	T HISPANI	С		White						
. Father's Name (First, Middle, Last)					23. Mother's	Name (First, Mic	dde, Last)			23a. Mo	iher's Ma	den Last Name
OHN HURYSZ					HELEN	HURYSZ		07-01-2	- Code)	HERM	A	
t. Informant's Name			24a. Relationship	To Decedent	1	Address (Street				c		
AVID HOOVER		15	SON	25 Pla	ce Of Disposi	REST HILL	DHIVE,	COCOA,	FL 3292	0		
ia, Method Of Disposition Budal Cremation Donation	1 Entembranet	25b. Place	e Of Disposition	Name Of Cemetery, Cr	ematory, Othe	r Place) 25c.	Location - Cit	y, Town, And S	itale			
Removal From State	i						nnu ()#	1 E 1N				
Other (Specify): . Was Coroner Contacted?	27. Name And	Complete A	Address Of Funer	CEMETERY at Facility			RRILLVII				27a. Fu	eral Home License
CI Voc CI No			AL HOME I	NCMERRILLY	/ILLE, 79	05 BROAD	WAY, MI	ERRILLV	LLE, IN	1	FH830	07762
7h Signature Of Indiana Funeral Service	46410-555 Licensee:							7c. License N				
LEXIS G. THANOS, BY E				Cause Of Death (Se	e Instruction	s And Examp	les)	D086005	100			Approxima
28, Part I. Enter The Chain Of Events Such As Cardiac Arrest, Respiratory	- Diseases, Ir	njuries, Or	Complications	That Directly Caused Showing The Etiological	d The Death.	De Not Enter Toreviale, Enter (erminal Ever Only One Ca	its use On				Interval: 0 To Death
A Line. Add Additinal Lines II Necess	sary.											UNKNOWN
Immediate Cause (Final Disease Or (Condition Resul	lting In De		ACUTE SUBARAC		Due to ft	A Conseque	00)				
Sequentially List Conditions, If Any, I	Leading To The	Cause Li	Stea OII	SEVERE PANCY	TOPENIA PO	ST CHEMOTH!	Cr As A Consequen	noe (DII):				
Line A. Enter The Underlying Cause The Events Resulting In Death) Last	(Disease Of In			<u>umeent</u>	<u>is th</u>	e pro	peri	v of				
,		1	he La	RIGHT SIDED CO	LON CANCE	RSTAGENA	rder	-1				
Part II. Enter Other Significant Conditions	Contributing to 0	eath But N	lot Resulting In Ti	ne Underlying Cause G	ivin in Part I	29. V	Vas An Autops	v Performed?		Yes	⊠ No)
CUTE RENAL FAILURE, BREAST CA												
	MCER HISTO	RY				30. V	Vere Autopsy	Finding Availal	ole To Comp	ete The Ca		
Did Tobecoo Use Contribute To Death	h? 32	If Female		Pregnant At 11me Of Destin	Not Pregnt	ini, But Pregnant Within	42 Days Of Dusth	Finding Availal 33. Man Matu	ner Of Death at Homi	ete The Ca	use Of Di coldent	eath? Yes !
1. Did Tobacco Use Contribute To Death Yes Probably No Unkno	h? 38	Not Pregna	nt Within Past Yeer of But Prognant 43 De	- Y- 1 may Refuse Death	[7] Unimown t	int, But Pregnant Within The F	42 Days Of Dunth	33. Man	ner Of Death at D Homb	ide De	use Of D coldent iémilneut	Pending Investig
1. Did Tobecoo Use Contribute To Death Yes Probably No Unkno	h? 38	2. Il Fernale Noi Pregna	nt Within Past Yeer of But Prognant 43 De	- Y- 1 may Refuse Death	[7] Unimown t	int, But Pregnant Within The F	42 Days Of Dunth	33. Man	ner Of Death at D Homb	ide De	use Of D coldent ieminstr	eath? Yes !
H. Did Tobecoo Use Contribute To Dealt ☐ Yes ☐ Probably ☑ No ☐ Unknow ☐ Date Of Injury (Month/Day/Year)	h? 32	Not Pregna	nt Wahin Past Year int, But Prognant 43 De f Issjury	ye To 1 yeer Before Overn 36 Pi	[7] Unimown t	erit, But Pregnant Within Pregnant Within The R E.G., Decedent's	42 Days Of Dunth	33. Man	ner Of Death at Home de Could estqurant. Wo	ete The Ca	use Of D coldent ieminest	Pending Investig
il. Did Tobecoo Use Contribute To Dealt ☐ Yes ☐ Probably ☑ No ☐ Unknot ☐ Date Of Injury (MonttVDay/Year)	h? 32	Not Pregna Not Pregna Not Pregna 35. Time Of	nt Wahin Past Year int, But Prognant 43 De f Issjury	ye To 1 yeer Before Overn 36 Pi	Unknown a ace Of Injury (erit, But Pregnant Within Pregnant Within The R E.G., Decedent's	42 Days Of Dunth	33. Man Natu Suicion Site. Pr	ner Of Death at Home de Codid staurant. Vo	ete The Ca	coldent	Pending Investig
1. Did Tobecoo Use Contribute To Death 1. Probably M No Unlord 4. Date Of Injury (Month/Day/Year) 8. Location Of Injury - State	h? 32	Not Pregna Not Pregna Not Pregna 35. Time Of	nt Wahin Past Year int, But Prognant 43 De f Issjury	ye To 1 yeer Before Overn 36 Pi	Unknown a ace Of Injury (erit, But Pregnant Within Pregnant Within The R E.G., Decedent's	42 Days Of Dunth	33. Man Natu Suicion Site. Pr	ner Of Death at Home de Could estqurant. Wo	ete The Ca	coldent	Pending Investig
1. Did Tobecoo Use Contribute To Death 1. Probably 2 No Unland 4. Date Of Injury (Month/Day/Year) 8. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature Of Parson Certifying Caus	h? 33 C C C C C C C C C C C C C C C C C C	Not Pregnal Not Pregnal Not Pregnal Not Pregnal Solution Of	ork Water Past Year ork, Sur Pregnant 43 De f trijury	ys To 1 year Before Chariff 36 Pil 38b	Unknown a ace Of Injury (erit, But Pregnant Within Pregnant Within The R E.G., Decedent's	142 Osya Of Oustring	33. Manu Suice Sui	ner Of Death rat Homli rat Homli de Could stqurant. Vo	ide Att Ni Se De	coldent terminate	eath? Yes
1. Did Tobecoo Use Contribute To Death 1. Probably 2. No Unknot 4. Date Of Injury (Month/Day/Year) 8. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature, Of Person Certifying Caus	se of Oeath: / ELECTRO	2. If Female Not Pregna Not Pregna So. Time Of	of Water Past Year and An De Trijury Town	ys To 1 year Before Chariff 36 Pil 38b	Unknown a ace Of Injury (erit, But Pregnant Within Pregnant Within The R E.G., Decedent's	142 Osya Of Oustring	Finding Availation 333 Man Since Note 1 Suice	ner Of Death rat Homli rat Homli de Could stqurant. Vo	ele The Ca	coldent lemment	Pending Investig
1. Did Tobecoo Use Contribute To Death 1. Did Tobecoo Use Contribute To Death 2. Probably 22 No Union 4. Date Of Injury (Month/Day/Year) 8. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature, Of Person Certifying Caus 1. HOAIB H. RASHEED, BY 3. Name, Address And Zip Code Of Per	se Of Death: / ELECTRO	2. If Fermal Not Prognation 19	re Worke Pest Year rick file Prognant 41 De rick Prognant 41 De ri	yr To 1 year Beton Chaff 36 Pi	Chinom to the control of the control	int, But Prepared Within the Prepared Within the P. E. G., Debeddern's Def	142 Osya Of Oustring	33. Manus 33. Ma	pie To Comp ner Of Death at Homlat de Codki stgurant. W	ete The Ca	coldent lemment	Pending Investig Pending Inve
1. Did Tobecoo Use Contribute To Death 1. Did Tobecoo Use Contribute To Death 1. Did Tobecoo Use Contribute To Death 2. Date Of Injury (Month/Day/Year) 2. Location Of Injury State 2. Describe How Injury Occurred 2. Signature, Of Person Certifying Caus 3. Name, Address And Zip Code Of Person Certifying Caus 3. Name, Address And Zip Code Of Person Certifying Caus	se Of Death: / ELECTRO	2. If Fermal Not Prognation 19	re Worke Pest Year rick file Prognant 41 De rick Prognant 41 De ri	yr To 1 year Beton Chaff 36 Pi	Chinom to the control of the control	int, But Prepared Within the Prepared Within the P. E. G., Debeddern's Def	142 Osya Of Oustring	33. Man 33. Man 34. Natu 35. Natu 36. Natu 36. Natu 37. Suicidis Ric. Richard Stid. Ri	ner Of Death at Homit de Hocuk staprant. Wa ansportation persion Pac k Only One)	ete The Ca	coldent lemment	Pending Investig Torquey & Work? The Code The
11. Did Tobecoo Use Contribute To Death 12. Probably No Unknot 13. Date Of Injury (Month/Day/Year) 14. Date Of Injury (Month/Day/Year) 15. Location Of Injury - State 16. Location Of Injury - State 17. Signature, Of Person Certifyling Caus 18. Signature, Of Person Certifyling Caus 18. Name, Address And Zip Gode Of Person 18. Signature of Local Health Officer:	se of Death: / ELECTRO son Certifying Ca	2. If Fernald Not Program Not Program 15. Time Of Sause Of De N ST S	of Wolfer Pest Yeer art this Pregnant 4s De Hijury Town Town TERMATURE TE 201B, C	yr To 1 year Beton Chaff 36 Pi	Chinom to the control of the control	int, But Prepared Within the Prepared Within the P. E. G., Debeddern's Def	142 Days Of Owening Tree? Horne, Cdrist	33. Man 33. Man 34. Natu 35. Natu 36. Natu 36. Natu 37. Suicidis Ric. Richard Stid. Ri	pie To Compiner Of Death at Hornidat Hornidat at Hornidat Hornidat be colored Hornidat ansportation ansportation be colored ansportation be colored be colored	ide	use Of D coldent terminary file properties Day/Year	Pending Investign of Pending Investigation of Pending Investigati
Did Toberco Use Contribute To Dealt Yes Probably No Unlond A Date Of Injury (Month/Day/Year) B Location Of Injury - State Describe How Injury Occurred Signature, Of Person Certifying Caus SHOAIB H. RASHEED, BY Name, Address And Zip Gode Of Person Certifying Caus SHOAIB H. RASHEED, 12 Additional Funeral Service Provider	se of Death: / ELECTRO son Certifying Ca	2. If Fernald Not Program Not Program 15. Time Of Sause Of De N ST S	of Work-Past Year or the Prognant 43 De drippy Town Town TE 201B, C	y To I year Better Chaff 36 Pi 38b 38b	Circle & Number & Num	urk, But Pregnant Within the Pregnant Wath the P. E. G., Decedent's	42 Days of Owenth	inding Availation 33. Man 33. Man 33. Man 33. Man 33. Man 34.	pie To Compiner Of Death at Hornidat Hornidat at Hornidat Hornidat be colored Hornidat ansportation ansportation be colored ansportation be colored be colored	ide The Callide And	use Of D coldent terminary file properties Day/Year	Pending Investign of Pending Investigation of Pending Investigati
11. Did Tobecoo Use Contribute To Death 12. Yes	se of Death: / ELECTRO son Certifying Ca	2. If Fernald Not Program Not Program 15. Time Of Sause Of De N ST S	of Work-Past Year or the Prognant 43 De drippy Town Town TE 201B, C	yr To 1 year Beton Chaff 36 Pi	Circle & Number & Num	urk, But Pregnant Within the Pregnant Wath the P. E. G., Decedent's	42 Days of Owenth	inding Availation 33. Man 33. Man 33. Man 33. Man 33. Man 34.	pie To Compiner Of Death at Hornidat Hornidat at Hornidat Hornidat be colored Hornidat ansportation ansportation be colored ansportation be colored be colored	ide	use Of D coldent terminary file properties Day/Year	Pending Investign of Pending Investigation of Pending Investigati
Did Tobecoo Use Contribute To Death Yes	se of Death: / ELECTRO son Certifying Ca	2. If Fernald Not Program Not Program 15. Time Of Sause Of De N ST S	of Work-Past Year or the Prognant 43 De drippy Town Town TE 201B, C	y To I year Better Chaff 36 Pi 38b 38b	Circle & Number & Num	urk, But Pregnant Within the Pregnant Wath the P. E. G., Decedent's	42 Days of Owenth	inding Availation 33. Man 33. Man 33. Man 33. Man 33. Man 34.	pie To Compiner Of Death at Hornidat Hornidat at Hornidat Hornidat be colored Hornidat ansportation ansportation be colored ansportation be colored be colored	ide	use Of D coldent terminary file properties Day/Year	Pending Investign of Pending Investigation of Pending Investigati
1. Did Tobecoo Use Contribute To Death 1. Did Tobecoo Use Contribute To Death 1. Did Tobecoo Use Contribute To Death 2. Date Of Injury (Month/Day/Year) 3. Location Of Injury - State 4. Date Of Injury (Month/Day/Year) 8. Location Of Injury - State 9. Describe How Injury Occurred 1. Signature, Of Person Certifying Caus 1. Signature, Of Person Certifying Caus 1. Signature, Of Person Certifying Caus 1. Signature, Address And Zip Code Of Person 1. SHOAIB H. RASHEED 1. 12 1. Additional Furreral Service Provider 1. Signature of Local Health Officer:	se of Death: / ELECTRO son Certifying Ca	2. If Fernald Not Program Not Program 15. Time Of Sause Of De N ST S	of Work-Past Year or the Prognant 43 De drippy Town Town TE 201B, C	y To I year Better Chaff 36 Pi 38b 38b	Circle & Number & Num	urk, But Pregnant Within the Pregnant Wath the P. E. G., Decedent's	42 Days of Owenth	inding Availation 33. Man 33. Man 33. Man 33. Man 33. Man 34.	pie To Compiner Of Death at Hornidat Hornidat at Hornidat Hornidat be colored Hornidat ansportation ansportation be colored ansportation be colored be colored	ide	use Of D coldent terminary file properties Day/Year	Pending Investign of Pending Investigation of Pending Investigati