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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 042141

2012 JUN 26 AM 10:02

1200235

SURVIVORSHIP AFFIDAVIT

MICHELLE R. FAIMAN
RECORDER

CHICAGO TITLE

Comes now Karen J. Piegza, who being duly sworn upon her oath, deposes and says:

That Mary Jane Hill is the surviving spouse of Frank Eugene Hill, deceased, who died domiciled in Lake County, IN, on 5-11-11

That affiant and Frank Eugene Hill acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

THE SOUTH FIFTY TWO (52.0) FEET OF THE NORTH FIVE HUNDRED NINE (509.0) FEET OF BLOCK ONE (1), INDUSTRIAL CENTER SUBDIVISION IN THE TOWN OF GRIFFITH, LAKE COUNTY, INDIANA.

Parcel No.: 45-07-35-132-008.000-006

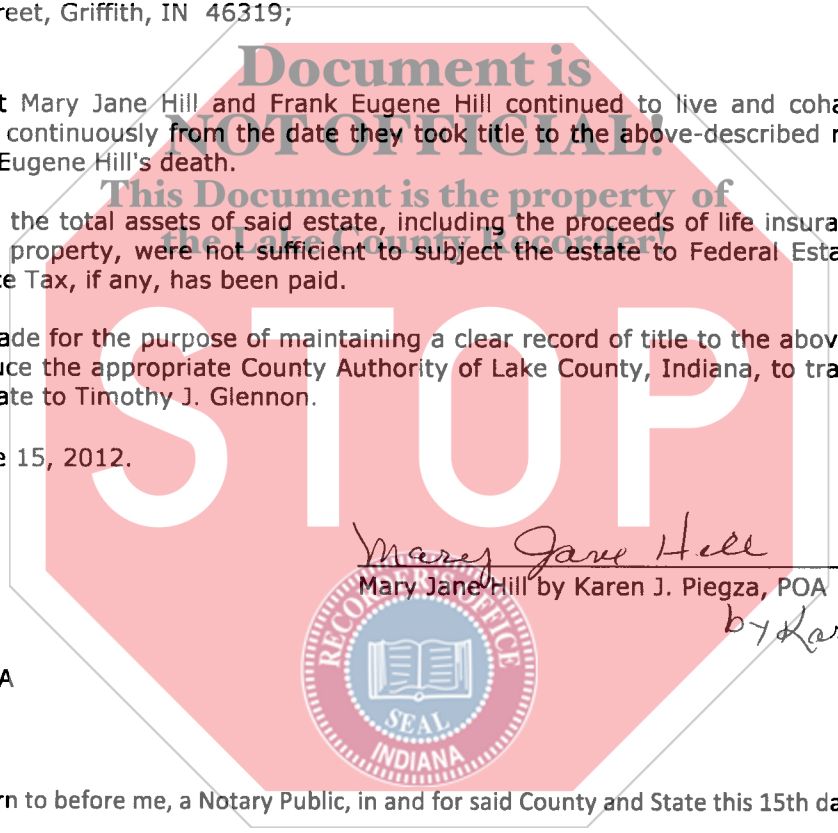
811 N. Indiana Street, Griffith, IN 46319;

Affiant states that Mary Jane Hill and Frank Eugene Hill continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Frank Eugene Hill's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the above-described real estate to Timothy J. Glennon.

Executed this June 15, 2012.



Mary Jane Hill

Mary Jane Hill by Karen J. Piegza, POA

by Karen Piegza POA

STATE OF INDIANA

COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 15th day of June, 2012_.



Kate Adams

Notary Public / Katherine E. Adams
My Commission Expires: 12-13-16
My County of Residence: Lake

This document prepared by:
Karen J. Piegza
207 E. Carroll
Kentland, IN 47951
File No. 1200235

"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." Katherine Adams

FILED

24166

JUN 25 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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CT
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Parcel No.: 45-07-35-132-008.008-006
Local No 001485 EDR No 000000198719

State No 021054

Form fields including: 1. Decedent's Legal Name (FRANK EUGENE HILL), 2. Sex (MALE), 3. Time Of Death (03:48 AM), 4. Date Of Death (05/11/2011), 5. Social Security Number, 6a. Age - Yrs (83), 7. Date of Birth (12/27/1927), 8. Birthplace (VERMILION, IL), 11. Facility Name (DYER NURSING AND REHABILITATION CENTER), 12. City Or Town, State, And Zip Code (DYER, IN, 46311), 15. Surviving Spouse's Name (MARY JANE HILL), 16. Decedent's Usual Occupation (MILKMAN), 17. Kind Of Business/Industry (DAIRY), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (DYER), 18c. Street And Number (601 SHEFFIELD AVENUE), 18d. Apt. No., 18e. Zip Code (46311), 18f. Inside City Limits? (Yes), 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 (WALTER HILL), 23. Mother's Name (VIVIAN HILL), 23a. Mother's Maiden Last Name (DUCK), 24. Informant's Name (KAREN PIEGZA), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (207 EAST CARROLL, KENTLAND, IN 47951), 25. Place Of Disposition (CHAPEL LAWN MEMORIAL GARDENS, SCHERERVILLE, IN), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375), 25c. Location - City, Town, And State (SCHERERVILLE, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375), 27a. Funeral Home License Number (FH19900051), 27b. Signature Of Indiana Funeral Service Licensee (LEONARD G. GREGORCZYK, BY ELECTRONIC SIGNATURE), 27c. License Number (FD08800305), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (ATHEROSCLEROTIC HEART DISEASE), 28. 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? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Natural), 34. Date Of Injury (Month/Day/Year), 35. Time Of Injury, 36. Location Of Injury - State, 37. Injury At Work? (No), 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), 41. Signature, Of Person Certifying Cause Of Death (JAY C L PAIK, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (JAY C L PAIK, 800 MACARTHUR BLVD, #15, MUNSTER, IN 46321), 44. License Number (01030770A), 45. Date Certified (05/12/2011), 46. Additional Funeral Service Provider, 47. *Akas:, 48. Signature of Local Health Officer (SUSAN W. BEST, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (MAY 13 2011)

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Katherine Adams