2012 033300 2012 MAY 17 PH 1:13 OF INDIANA) SS: JIJAN TY OF LAKE HILLORDER AFFIDAVIT OF SURVIVORSHIP XLB AKA Deloeis HARR. DELORISM. HARR, being first duly sworn, upon her oath states as follows: 1. Her husband, Vernon E. Harr, and she were married when they took title to the following described real estate in Lake County, Indiana, as tenants by the entireties, to-wit: DATE Lot 156 in Prairie View Unit 3, an Addition to City of Crown Point, as per plat thereof, recorded in Plat Book 88, page 59, in the office THIS AFFIDAVIT IS BEING RE-RECONDED TO ACCURATELY REFLECT THE WHO WITNESSED of the Recorder of Lake County, Indiana. ddresses of this duplex property: 1647 Fir Avenue, Crown Point, Indiana (West 1/2); Parcel No. 45-16-09-254-015.000-042 & mo and 1651 Fir Avenue, Crown Point, Indiana (East 1/2); 2 Parcel No. 45-16-09-254-016.000-042 2. They remained husband and wife during the time they held title to the above described duplex property until the death of Vernon E. Harr 2012 on April 15, 2012. A certified copy of his death certificate is attached to this Affidavit and made a part hereof by reference. 3. There was no federal estate tax in connection with the death of her husband; and there was no Indiana Inheritance Tax in connection with his death. 4. She makes this affidavit to show that she is the sole owner of said real estate at this time since the death of her husband Vernon E. Harr, and to show the facts recited above. 2012, 5. Further affiant sayeth not. Deloris M. Harr AKA 16, Subscribed and sworn to before me, a Notary Public in and for said County and State, this BIETEFELD 16th day of May, 2015. S James R. Bielefeld, Notary Public EXECUTION, My Commission Expires: May 1, 2015. JUN 26 2012 ď Resident, Lake County, Indiana TPEGGY HOLINGA KATONA CAMES LAKE COUNTY AUDITOR This instrument prepared by James R. Bielefeld, Attorney. I affirm, under the penalties for perjury, that I have taken care to redact all social security numbers from the foregoing document, except where required by law Bu James R. Bielefeld, Attorney . Harr, 1651 Fir Avenue, Crown Point, Indiana 46307. RETURN TO PEGGY HOLINGA KATONA 24055 MAY 17 2012 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1a. Maiden Name (if female) 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Your VERNON E HARR 5. Social Security Number 6a. Age - Yrs 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date of Birth (Month/Day/Year) 8. Birthplace (City and State or Foreign Country) 401-40-7570 79 Months Days Hours Minutes 09/02/1932 MOREHEAD, KY MOREHEAD, KY 10a. If Death Occurred in A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify) 11. Facility Name (if Not Institution, Give Street and Number) 15. City Or Town, State, And Zip Code 15. City Or Town, State, And Zip Code 15. City Or Town, State, And Zip Code 15. City Or Town State, And Zip Code 15. City Or Town State, And Zip Code 15. City Or Town State, And Zip Code 16. Decedent's Usual Occupation 17. Kind Of Business/Industry 16. Decedent's Usual Occupation 17. Kind Of Business/Industry 16. City Or Town 17. Kind Of Business/Industry 16. City Or Town 17. Kind Of Business/Industry 18. City Or Town 18. City	Local No 00	1182		ED		0002558	30		State	No (0172	66	
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Signature, Of Person Certifying Cause Of Death: SEPH ANTHONY DEJOAN, BY ELECTRONIC SIGNATURE Address And Zip Code Of Person Certifying Cause Of Death: SEPH ANTHONY DEJOAN, BY ELECTRONIC SIGNATURE 42. Certifier (Check Only One) Certifying Physician Coroner Heath Officer 44. License Number 45. Date Certified SEPH ANTHONY DEJOAN, 297 W. FRANCISCAN LANE, SUITE 104, CROWN POINT, IN 46307 Additional Funeral Service Provider: Signature of Local Health Officer: SAN W. BEST, VIA ELECTRONIC SIGNATURE 49. For Registrar Only - Date Filed (Month/Day/Year): APR 19, 2012	Was Coroner Contacted? 27. □ Yes ☒ No □ Yes ☒ No □ Yes ☒ No □ Signature Of Indiana Funeral Service Lick AMES E. BURNS , BY ELECT 28. Part I. Enter The Chain Of Events - Description of Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Conditions. If Any. Lead Line A. Enter The Underlying Cause (District A. Enter The Underlying Cause (District A. Enter Other Significant Conditions Control of the Events Resulting In Death) Last Int II. Enter Other Significant Conditions Control of The Events Resulting In Death (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions Control of The Events (District A. Enter Other Significant Conditions (District A. Enter Other Significan	Name And Com IRNS FUNI passe: FRONIC SI Diseases, Injurie st, Or Ventricula ing To The Cau ease Or Injury 1 butting to Death I Not I Not I 35. Tin	GNAT GNAT GNAT GNAT In Death In Death Ise Lister That Initia But Not R emale: Prognant Will Prognant Will Prognant, Bu ne Of Injune	HOME (CRITURE Cau omplications - Tha ation Without Short A. C. ad On B. C. alted C Resulting in The United Short Without Short Pregnant 43 Days To 11 ury	se Of Death (See at Directly Caused wing The Etiology, ARDIAC ARREST ARDIAC ARRHYT derlying Cause Givin grant At Time Of Death 36. Place	Instructions And E The Death. Do Not E Do Not Abbreviate. HMIA In In Part I Not Pregnant, But Pregna Unknown If Pregnant With Of Injury (E.G., Decer	xemples) nter Term Enter Only Due to (Or As A 29. Was A 30. Were A Ul Willian 42 Day in The Past Year	inal Events One Caus A Consequence A Consequence A Autopsy Fin Autopsy Fin Ays of Death	Performed? ding Available T Suicide T Suicide T	To Complete Good Homical Could International C	☐ Yes ate The Cau de ☐ Ac Not Be Dete	M No use of Deal codent □ crimined 37.	Approximate Interval: Onset To Death HOURS HOURS h? Yes No Pending Investigation
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Additional Funeral Service Provider: Signature of Local Health Officer: JSAN W. BEST, VIA ELECTRONIC SIGNATURE 42. Certifier (Check Only One) ACTIFICIAN LANE, SUITE 104, CROWN POINT, IN 46307 O1046269A O4/18/2012 44. License Number O4. Date Certified 45. Date Certified 46. Date Certified 47. *Akas: 47. *Akas: 49. For Registrar Only - Date Filed (Month/Day/Year): APR 19 2012	S. Was Coroner Contacted? 27. Pyes № No 7b. Signature Of Indiana Funeral Service Lice AMES E. BURNS, BY ELECT 28. Part I. Enter The Chain Of Events - D. Such As Cardiac Arrest, Respiratory Arrest A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Conditions, If Any, Lead Line A. Enter The Underlying Cause (Disease Or Conditions). The Events Resulting in Death) Last art II. Enter Other Significant Conditions Control PERTENSION, CORONARY ARTERY D. Did Tobacco Use Contribute To Death? Yes ☐ Probably ☐ No ☑ Unknown Date Of Injury (Month/Day/Year)	Name And Com IRNS FUNI passe: FRONIC SI Diseases, Injurie st, Or Ventricula ing To The Cau ease Or Injury 1 butting to Death I Not I Not I 35. Tin	GNAT GNAT GNAT GNAT GNAT GNAT GNAT GNAT	HOME (CRITURE Cau omplications - Tha ation Without Short A. C. ad On B. C. alted C Resulting in The United Short Without Short Pregnant 43 Days To 11 ury	se Of Death (See at Directly Caused wing The Etiology, ARDIAC ARREST ARDIAC ARRHYT derlying Cause Givin grant At Time Of Death 36. Place	Instructions And E The Death. Do Not E Do Not Abbreviate. HMIA In In Part I Not Pregnant, But Pregna Unknown If Pregnant With Of Injury (E.G., Decer	xemples) nter Term Enter Only Due to (Or As A 29. Was A 30. Were A Ul Willian 42 Day in The Past Year	inal Events One Caus A Consequence A Consequence A Autopsy Fin Autopsy Fin Ays of Death	Performed? Ging Available T 33. Manner G Natural C Suicide C Site, Restau	of Louis I Death: Could I Drant, Woo	Yes sete The Cau de Ac Not Be Dete oded Area) ic. Apt. No.	No use of Deat codent armined 37.	Approximate Interval: Onset To Death HOURS HOURS h? Yes No Pending Investigation Injury At Work? Yes No
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.