

3

STATE OF INDIANA  
LAKE COUNTY  
DEED FOR RECORD

STATE OF INDIANA )  
COUNTY OF LAKE )

SS:  
2012 057312

2012 AUG 23 AM 11:46

**AFFIDAVIT OF SURVIVORSHIP**

Comes now James M. Bridgman, being duly sworn on his oath, and states as follows.

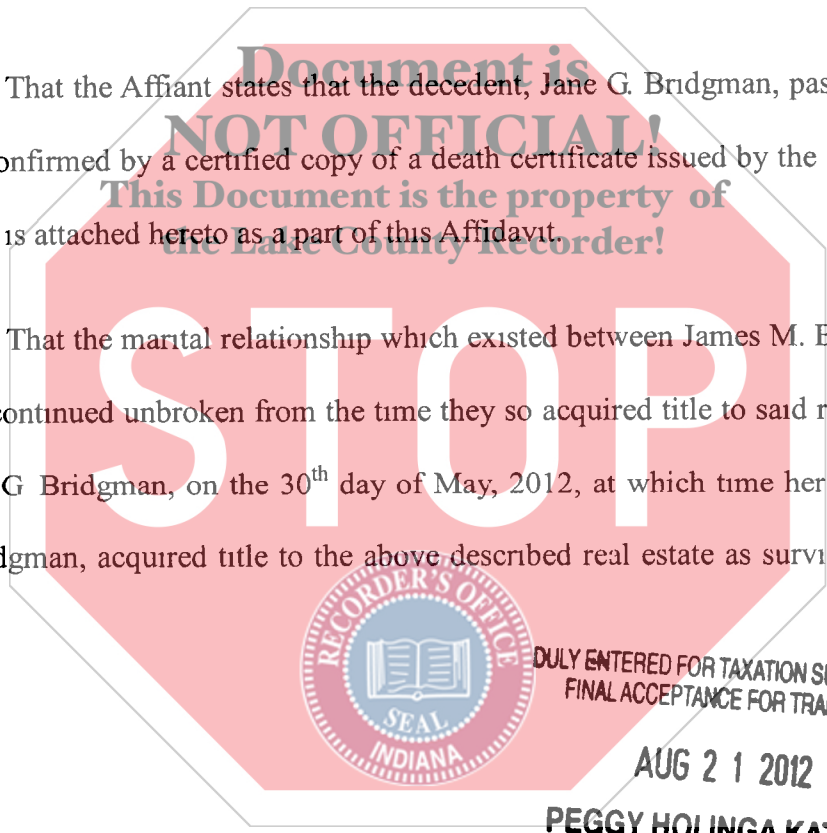
1. That James M. Bridgman and his wife, Jane G. Bridgman, resided at 8546 Madison Avenue, Munster, Indiana 46321, which is legally described as follows:

Lot 8 in Rueth Estates 1<sup>st</sup> Addition-Block 1, in Town of Munster, as per plat thereof, recorded in Plat Book 46 page 21, in the Office of the Recorder of Lake County, Indiana.

2. That said James M. Bridgman and Jane G. Bridgman lived together as husband and wife until the time of death of Jane G. Bridgman, on May 30, 2012.

3. That the Affiant states that the decedent, Jane G. Bridgman, passed away on May 30, 2012, as confirmed by a certified copy of a death certificate issued by the State of Indiana, a copy of which is attached hereto as a part of this Affidavit.

4. That the marital relationship which existed between James M. Bridgman and Jane G. Bridgman continued unbroken from the time they so acquired title to said real estate until the death of Jane G. Bridgman, on the 30<sup>th</sup> day of May, 2012, at which time her surviving spouse, James M. Bridgman, acquired title to the above described real estate as surviving tenant by the entireties.



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

AUG 21 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

12-29775

MERIDIAN TITLE CORPORATION  
HAS MADE AN ACCOMODATION  
RECORDING OF THIS DOCUMENT

003440

11e:00  
MT  
9/1  
narcant

FURTHER AFFIANTS SAYETH NOT

Dated this 31 day of July, 2012

James M. Bridgman  
JAMES M. BRIDGMAN

STATE OF INDIANA, )  
                                  )      SS:  
COUNTY OF LAKE    )

Before me, the undersigned Notary Public in and for said County and State, do hereby certify that **James M. Bridgman** personally appeared and executed the above document as his voluntary act and deed, for the uses and purposes therein stated

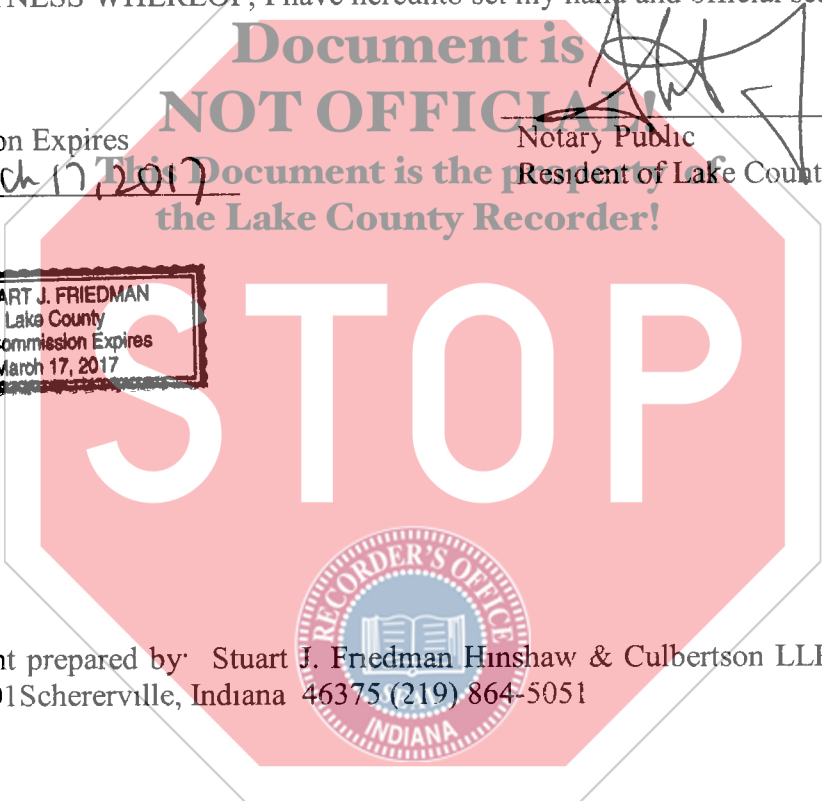
IN WITNESS WHEREOF, I have hereunto set my hand and official seal this 31 day of July, 2012.

My Commission Expires

March 17, 2017

[Signature]  
Notary Public

Resident of Lake County, Indiana



This instrument prepared by: Stuart J. Friedman Hinshaw & Culbertson LLP 322 Indianapolis Blvd., Suite 201 Schererville, Indiana 46375 (219) 864-5051



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 001672

EDR No 00000262836

State No 023958

1 Decedent's Legal Name (First, Middle, Last) <b>JANE G BRIDGMAN</b>				1a Maiden Name (If female) <b>GRIMES</b>		2 Sex <b>FEMALE</b>	3 Time Of Death <b>12 25 AM</b>	4 Date Of Death (Month/Day/Year) <b>05/30/2012</b>			
5 Social Security Number <b>318-46-9939</b>		6a Age - Yrs <b>61</b>	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) <b>08/27/1950</b>		8 Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>		
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 checked="" 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) <b>8546 MADISON AVENUE</b>											
12 City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>					13 County Of Death <b>LAKE</b>			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 <b>JAMES BRIDGMAN</b>				15a (If Wife) Give Maiden Last Name		16 Decedent's Usual Occupation <b>CREDIT MANAGER</b>		17 Kind Of Business/Industry <b>FINANCIAL</b>			
18 Residence - State <b>INDIANA</b>			18a County <b>LAKE</b>		18b City Or Town <b>MUNSTER</b>			18c Street And Number <b>8546 MADISON AVENUE</b>	18d Apt No	18e Zip Code <b>46321</b>	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19 Decedent's Education <b>MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)</b>			20 Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21 Decedent's Race <b>White</b>					
22 Father's Name (First, Middle, Last) <b>RICHARD H GRIMES</b>				23 Mother's Name (First, Middle, Last) <b>ALICE M GRIMES</b>			23a Mother's Maiden Last Name <b>TURLEY</b>				
24 Informant's Name <b>JAMES BRIDGMAN</b>			24a Relationship To Decedent <b>HUSBAND</b>		24b Mailing Address (Street And Number, City, State, Zip Code) <b>8546 MADISON AVENUE, MUNSTER, IN 46321</b>						
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) <b>KELLY CARROLL CREMATORY</b>			25c Location - City, Town, And State <b>GARY, IN</b>					
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility <b>BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321</b>						27a Funeral Home License Number <b>FH83004968</b>			
27b Signature Of Indiana Funeral Service Licensee <b>BRIAN T BURNS, BY ELECTRONIC SIGNATURE</b>						27c License Number (Of Licensee) <b>ED08601763</b>					
28 Part I Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death Do Not Enter Terminal Conditions Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology Do Not Abbreviate Enter Only On One Line Add Additional Lines If Necessary											
Immediate Cause (Final Disease Or Condition Resulting In Death) A <b>RECURRENT, METASTATIC BREAST CANCER</b> 12 YEARS											
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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31 Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 Within 42 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.G., 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 & 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 <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						42 Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43 Name, Address And Zip Code Of Person Certifying Cause Of Death <b>LYLE R MUNN, 1190 NORTH STATE ROAD 49, PORTER, IN 46304</b>						44 License Number <b>01031582A</b>		45 Date Certified <b>05/30/2012</b>			
46 Additional Funeral Service Provider						47 *Akas					
48 Signature of Local Health Officer <b>SUSAN W BEST, VIA ELECTRONIC SIGNATURE</b>						49 For Registrar Only - Date Filed (Month/Day/Year) <b>MAY 31 2012</b>					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											