



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

829230

On this Aug 13, 2012 before me personally appeared Lisa Landers
(insert date)
and Shameca Landers

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is the Owners
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Cora Landers and Lisa Landers; Shameca Landers
- Said Cora Landers
(fill in name of co-tenant who died)
died on May 1, 2012
leaving a will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
Brunswick ADD, N2, L. 18 BL. 3
L. 19 BL. 3
Brunswick ADD, S2, L. 18 BL. 3

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

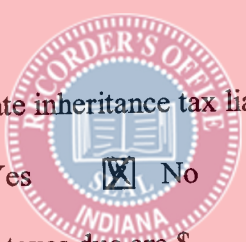
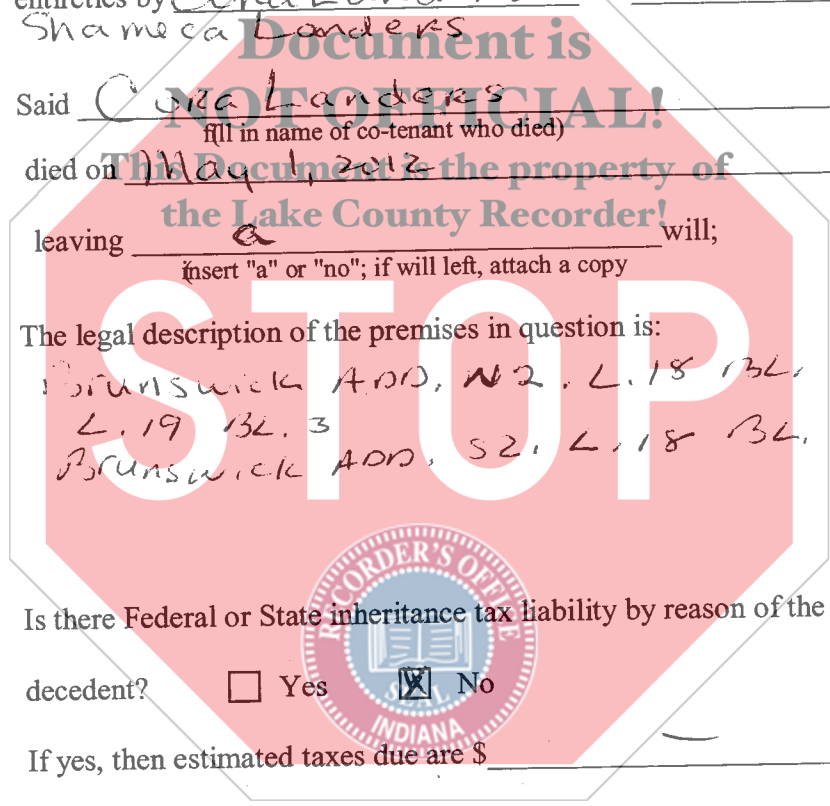
The taxes due are paid or unpaid..

2012 058719

2012 AUG 29 AM 9:43

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

MICHAEL D. PALMAN
RECORDER



FILED

AUG 28 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003509

#20
CT
CA
NON
CONF

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? N/A

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Daughter / Granddaughter

[Signature]

Signature: Lisa Landers (Daughter)

Shameca Landers
5709 Maplewood Drive Apt A
Speedway, IN 46224

Printed Name Lisa Landers

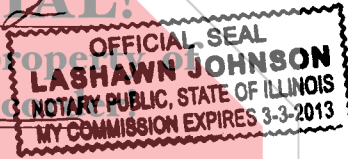
Address: 432 Hovey St

Carmy, IN 46406

Subscribed and sworn to before me by the affiant

This August 13, 2012
(insert date)

[Signature]
Notary Public



Printed Name Lashawn Johnson

My County of Residence is: Cook

In the State of Illinois

My Commission Expires 3/3/2013

This instrument prepared by Lisa Landers

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

[Signature]

LAST WILL AND TESTAMENT OF

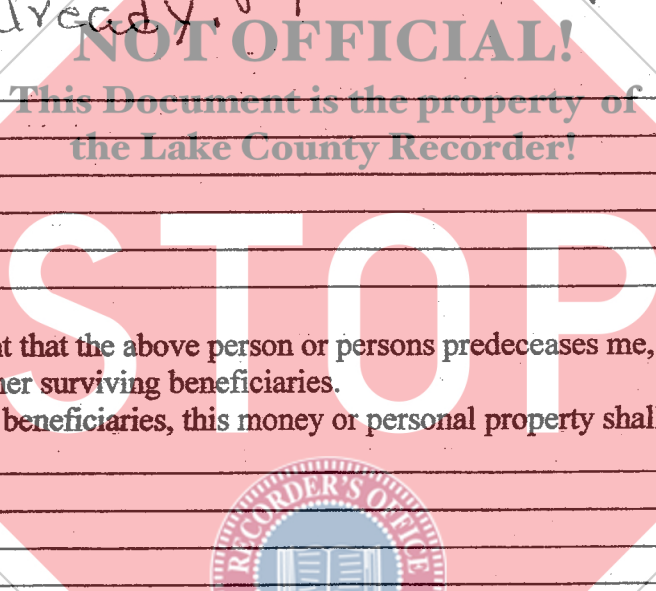
July 30th 2010

I, Cora Landers, a resident of the STATE OF Indiana, COUNTY OF Lake, being of sound mind and memory, do hereby declare that this is my will. My Social Security number is: 9840.

FIRST: I revoke all former wills and codicils that I have previously made.

SECOND: I give, devise, and bequeath the following money or personal property:

Money from bank accounts to be shared 50,50 by Lisa Landers & Shameca Landers. And a trust fund to be set up for Raven Jones by Lisa Landers. All house contents to be shared by Lisa, Shameca & Raven. All money obtained from Oascis Vaughn Law Offices Ltd from Asbestos claims settlements, will be split 50,50, between Lisa & Shameca. Lisa will deposit money out of these funds in the trust for Raven. Lisa will pay insurance premiums already set up for Shameca & Raven. The 2007 Hyundai Tucson, is to be given to Shameca. She will make payments until paid off, if it is not paid off already.



HOWEVER, in the event that the above person or persons predeceases me, I give that same money or personal property to his or her surviving beneficiaries.

If there are no surviving beneficiaries, this money or personal property shall go to:

THIRD: I direct all my just debts and funeral expenses be paid as soon as possible after my death.

FOURTH: I name Lisa Landers (executor) personal representative (executor) of this will without bond. If this person or institution shall for any reason fail to qualify or cease to act as personal representative, I name Shameca Landers as personal representative, again without bond, instead.

FIFTH: I hereby empower my Executor to sell property, real or personal, for cash or on time, without an order of Court, at such time and upon such terms and conditions as shall seem best.

I, X *Carmelinda*, the testator, sign my name to this will, consisting of 2 pages, this 30th day of July, 20 10.

Being duly sworn, I declare to the undersigned authority that I sign this document as my last will, that I sign it willingly, and that I execute it as my free and voluntary act for the purposes therein expressed.

I declare that I am of the age and majority or otherwise legally empowered to make a will, and under no constraint or undue influence.

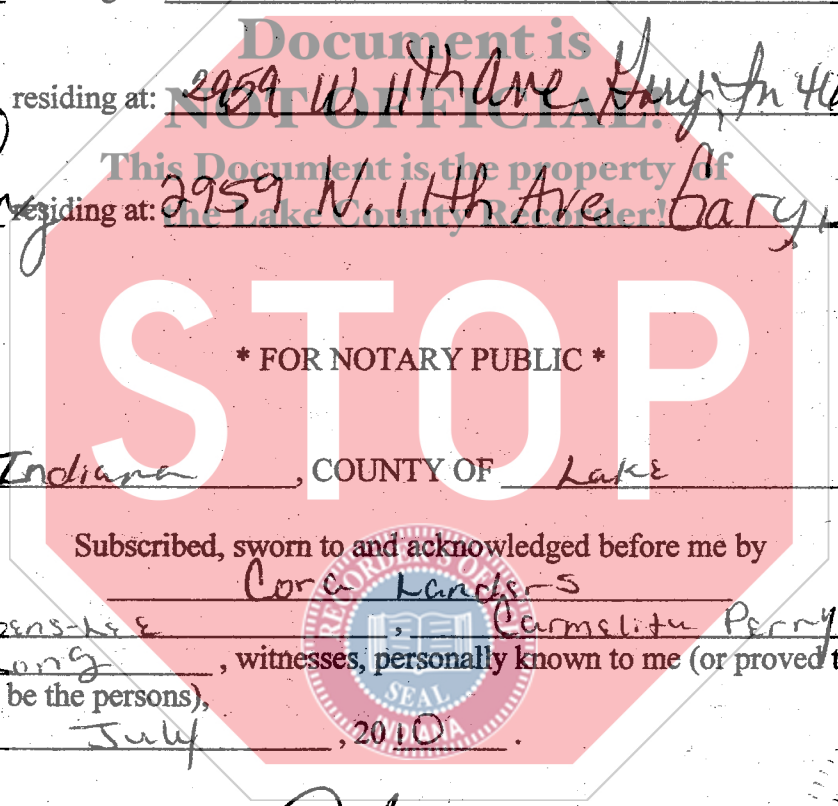
X *Carmelinda*
(Signed)

We, the witnesses, sign our name to this document, and we declare under penalty of perjury, that the foregoing is true and correct, this 30th day of July, 20 10.

[Signature] residing at: 2959 W. 11th Ave

Carmelinda residing at: 2959 W. 11th Ave Gary, IN 46404

Renee Long residing at: 2959 N. 11th Ave Gary, IN 46404



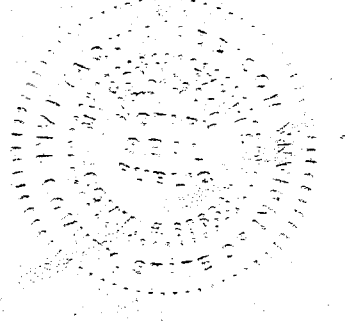
THE STATE OF Indiana, COUNTY OF Lake

Subscribed, sworn to and acknowledged before me by *Cora Landers*

and, *Patricia Owens*, *Carmelinda Perry*, and *Renee Long*, witnesses, personally known to me (or proved to me on the basis of satisfactory evidence to be the persons), this 30th day of July, 2010.

SIGNED: *[Signature]* Notary

Official Capacity of Officer



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No 000087

EDR No 00000258277

State No

1. Decedent's Legal Name (First, Middle, Last) CORA L LANDERS				1s. Maiden Name (if female) MORRIS		2. Sex FEMALE	3. Time Of Death 03:51 AM	4. Date Of Death (Month/Day/Year) 05/01/2012	
5. Social Security Number	6a. Age - Yrs 74	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) 12/10/1937		8. Birthplace (City and State or Foreign Country) EUFAULA, AL	
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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) ST CATHERINE HOSPITAL INC				12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312		13. County Of Death LAKE		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			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY					
18c. Street And Number 432 HOVEY STREET			18d. Apt. No.		18e. Zip Code 46406		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American					
22. Father's Name (First, Middle, Last) ADOLPHUS MORRIS			23. Mother's Name (First, Middle, Last) ELIZABETH MORRIS			23a. Mother's Maiden Last Name THOMPSON			
24. Informant's Name LISA V LANDERS		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 432 HOVEY STREET, GARY, IN 46406					
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) FERN OAKS CEMETERY		25c. Location - City, Town, And State GRIFFITH, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HINTON & WILLIAMS FUNERAL HOME, INC. (LAKE), 4859 ALEXANDER AVE, EAST CHICAGO, IN 46312				27a. Funeral Home License Number: FH83001520			
27b. Signature Of Indiana Funeral Service Licensee: TRACY CHERI WILLIAMS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD08600238					
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. COLON CANCER Due to (Or As A Consequence Of)						B. 8 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. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
N/A						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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant While 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"/> Location Of 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: BALAGOPAL KERALAVARMA, BY ELECTRONIC SIGNATURE						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: BALAGOPAL KERALAVARMA, 10110 DONALD POWERS DR STE 101B, MUNSTER, IN 46321						44. License Number 01052677A		45. Date Certified 05/07/2012	
46. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE						47. *Date: MAY 08 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

