

4

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 9/27/12 before me personally appeared Ronald T. Penner
(insert date)

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

1. Affiant resides at the address given below affiant's signature:

2. Affiant is son of owner
state interest of affiant in the above premises as "owner", "son of owner", etc

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by N/A and _____

4. Said Walker F Penner
died on 3/30/11
leaving no will;
insert "a" or "no", if will left, attach a copy

5. The legal description of the premises in question is:
45-16-04-132-008-000-042
See attached

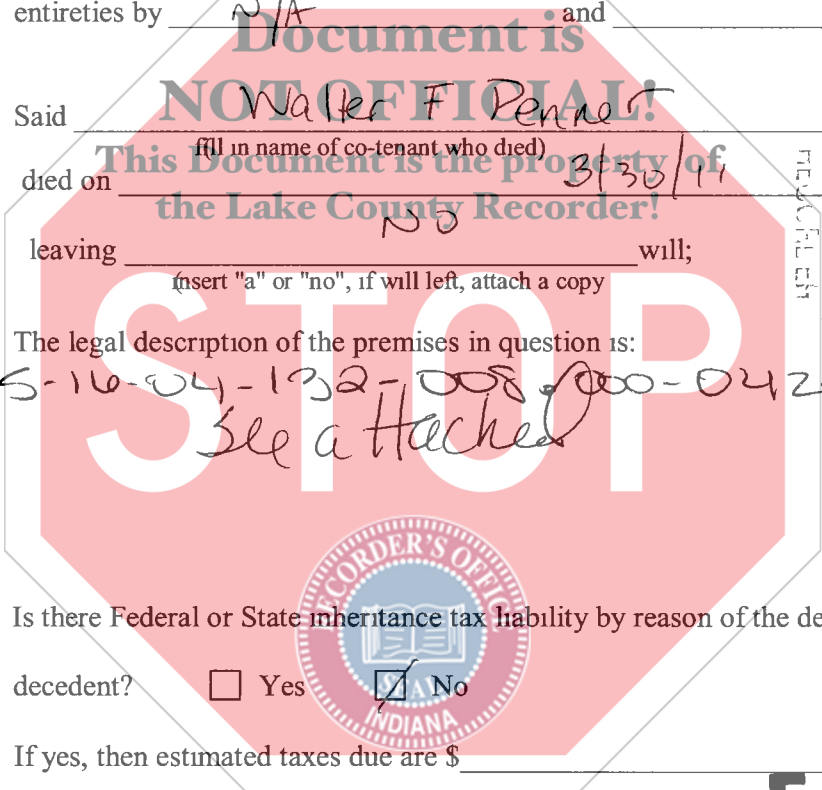
6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No
If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid.
AMOUNT \$ 1800
CASH CHARGE
CHECK# _____
OVERAGE _____
COPY _____
NON-CONF
DEPUTY RLN

2012 067326

2012 SEP 25 AM 9:45

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



FILED

SEP 24 2012

26368 PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

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

_____):

8. Affiant's relationship to the deceased was _____

Signature: Ronald T. Penner

Printed Name Ronald T. Penner

Address: _____

Subscribed and sworn to before me by the affiant

This 8/27/10
(insert date)

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

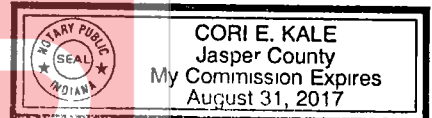
Cori Kale
Notary Public

Printed Name Cori KALE

My County of Residence is: Jasper

In the State of IN

My Commission Expires 8/31/17



This instrument prepared by Ronald T. Penner

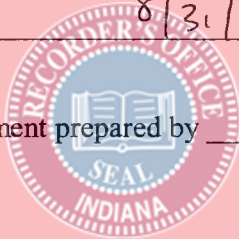
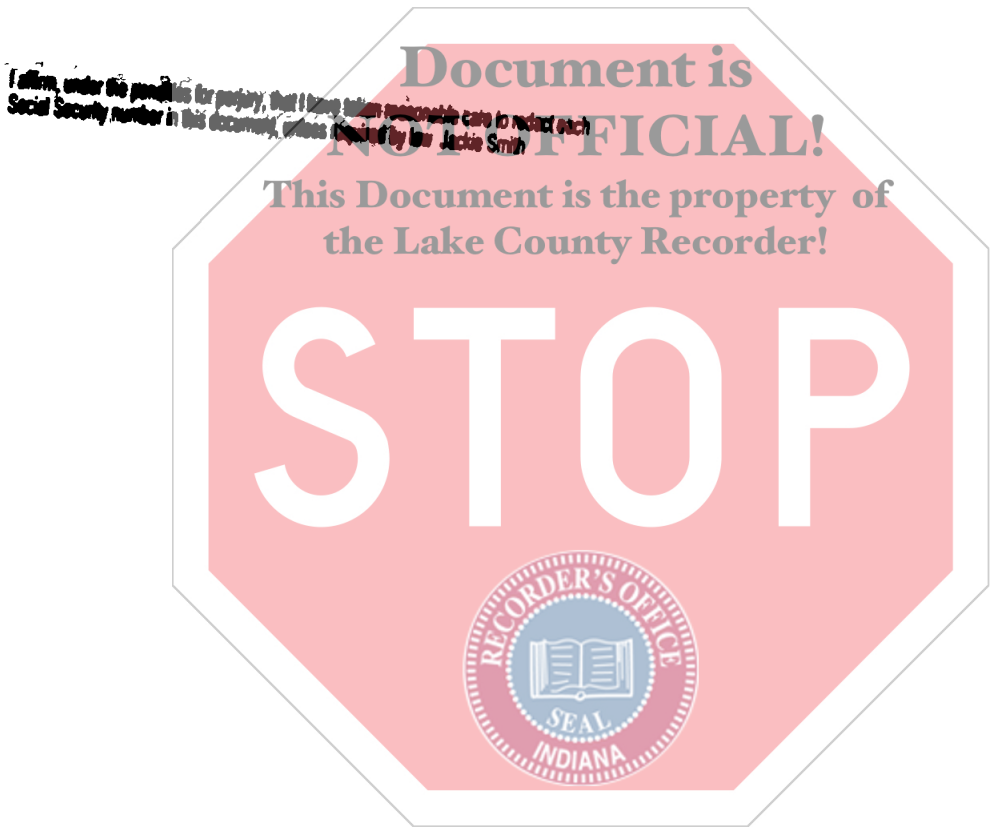


EXHIBIT "A"

LOT NUMBERED 8 AS SHOWN ON THE RECORDED PLAT OF NORTH TOWN VILLAGE, A
PLANNED UNIT DEVELOPMENT RECORDED IN PLAT BOOK 92, PAGE 13 IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 1164 Village Ct., Crown Point, IN 46307





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 001044

EDR No 00000192076

State No 014402

1 Decedent's Legal Name (First, Middle, Last) WALTER FRANK PENNER				1a Maiden Name (If female)		2 Sex MALE	3 Time Of Death 06 15 AM	4 Date Of Death (Month/Day/Year) 03/30/2011						
5 Social Security Number		6a Age - Yrs 89	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) 08/08/1921		8 Birthplace (City and State or Foreign Country) EAST CHICAGO, IN					
9 Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 ANTHONY MEDICAL CENTER OF CROWN POINT										12 City Or Town, State, And Zip Code CROWN POINT, IN, 46307	13 County Of Death LAKE		14 Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 REPAIRMAN		17 Kind Of Business/Industry IBM						
18 Residence - State INDIANA		18a County LAKE		18b City Or Town CROWN POINT				18d Apt. No	18e Zip Code 46307	18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
18c Street And Number 1164 VILLAGE COURT		19 Decedent's Education ASSOCIATE DEGREE (AA, AS)		20 Decedent Of Hispanic Origin NOT HISPANIC		21 Decedent's Race White								
22 Father's Name (First, Middle, Last) JAKUB PIENIAZEK				23 Mother's Name (First, Middle, Last) FRANCISZKA PIENIAZEK			23a Mother's Maiden Last Name CIESLICKI							
24 Informant's Name FRANK PENNER		24a Relationship To Decedent SON		24b Mailing Address (Street And Number, City, State, Zip Code) 320 CLAYMOOR STREET, HINSDALE, IL 60521										
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) CALUMET PARK CEMETERY				25c Location - City, Town, And State MERRILLVILLE, IN								
26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27 Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number FH83002445						
27b Signature Of Indiana Funeral Service Licensee JAMES E. BURNS, BY ELECTRONIC SIGNATURE						27c License Number (Of Licensee) FD20700059								
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.										Approximate Interval Onset To Death				
Immediate Cause (Final Disease Or Condition Resulting In Death) A ACUTE AND CHRONIC CONGESTIVE HEART FAILURE										HOURS				
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 DILATED CARDIOMYOPATHY										UNKNOWN				
C														
D														
Part II Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I ACUTE BRONCHOPNEUMONIA						29 Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30 Were Autopsy Finding Available To Complete The Cause Of Death? <input checked="" 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 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. If Could Not Be Determined, Enter "UNKNOWN". LAKE COUNTY HEALTH DEPARTMENT								
34 Date Of Injury (Month/Day/Year)		35 Time Of Injury		36 Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Woods, etc.) LAKE COUNTY HEALTH DEPARTMENT				37 Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	38 Date Of Filing APR 06 2011					
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 JAMES BRYANT, 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 JAMES BRYANT, 333 N MICHIGAN AVE SUITE 3400, CHICAGO, IL 60601						44 License Number 01048374A		45 Date Certified 04/01/2011						
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) APR 04 2011								
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)														
49 01-APR-11 1 45 4/1/2011 12 00 00 AM				1 49: 01-APR-11 45. 4/1/2011 12 00 00 AM										