SURVIVORSHIP AFFIDAVIT

SHARON J. FALGIER, being duly sworn upon her oath, deposes and says:

That MILDRED McCOY and SHARON J. FALGIER obtained title to the below described real estate, as JOINT TENANTS with right of survivorship, by Quit Claim Deed recorded on May 10, 2000 and assigned Document Number 2000-031893: South 13 feet of Lot 16 and North 18 feet of Lot 17, Block 6, in Hollywood Manor, in the Town of Munster, as per plat thereof, recorded in Plat Book 19, page 26, in the Office of the Recorder of Lake County, Indiana. Tax Key#: 45-06-24-127-012.000-027 Commonly Known As: 8135 Hohman Avenue, Munster, IN 46321 That MILDRED McCOY passed away on AUGUST 10, 2010, thus leaving SHARON J. FALGIER, as surviving joint tenant owner in fee simple of the subject real estate. (See Certificate of Death for MILDRED McCOY attached as Exhibit This Document is the property of SHARON J. FALGIER, Affiant STATE OF INDIANA COUNTY OF LAKE Subscribed and sworn to before me, a Notary Public, this 2012. Notary Public - Printed My Commission Expires: 1164 County of Residence: Lake I affirm, under the penalties for perjury, that I have taken regardable care to redact each Social Security Number in this document, unless required by law. Randy H. Wyllie, Attorney

This Instrument Prepared by: Randy H. Wyllie, Wieser & Wyllie A.J.P., 42

Wiebergerville IN 46375 429 West Lincoln 014471

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

2931-	0						
Local No		ast Name (If Female)	nale) 2. Sex 3. 1		State No 3. Time Of Death	State No. Time Of Death 4. Date Of Death (Month/Day/Year)	
MILDRED MCCOY PAKON		KOVICH		FEMALE	12:00 AM	AUGUST 10, 2010 And State Or Foreign Country)	
5. Social Security Number 6a. Age - Yrs 6b. Under 1 Year 305-20-1694 86	6c. Under 1 Month 6d. Under 1	Day 6e. Under 1 He		7, 1924		And State Or Foreign Country) [CAGO, INDIANA	
9. Ever in U.S. Armed Forces? 10. If Death Occurred in A Hospi	Days Hours		Occurred Somewhere Ot	•	LANCE OFF		
☐ Yes MX No Unknown ☐ ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ☐ Decedent's Home ☐ The Third Property Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ☐ Decedent's Home ☐ The Third Property ☐ Other (Specify)							
11. Facility Name (if Not Institution, Give Street And Number) REGENCY PLACE							
12. City Or Town, State, And Zip Code			13. County Of Death 14. Marital Status At Time Of Death				
DYER			LAKE □ Married □ Married, But Separated □ Divorced □ Widowed □ Never Married □ Unknown				
15. Surviving Spouse's Name 15a. (If Wife)Give Malden Last Name		Name 1	16. Decedent's Usual Occupation		17. Kind Of Business/Industry		
NONE N/A 18. Residence – State 18a. County		18b City	MANAGER 18b. City Or Town			CLOTHING STORE	
INDIANA	LAKE MUNSTE			R			
18c. Street And Number		11		18d. Apt. f	No. 18e. Zip	Code 18f. Inside City Limits?	
8135 HOHMAN AVE					4632	21	
19. Decedent's Education 12YRS.	20. Decedent Of Hispanic Origin NO		21. Decedent's Race WHITE				
22. Father's Name (First, Middle, Last) 23. Mother's Name (First, M				t)	23a.	Mother's Maiden Last Name	
PETER PAKOVICH			MILDRED BUJNOVICH				
			•	AND NUMBER, CAY, STATE, ZIP CODE) EDR. MUNSTER, INDIANA 46321			
25. Place Of Disposition 25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State							
Burial To Cremation Donation Entombment HEIGHTS CREMATORY CHICAGO HEIGHTS, ILLINOIS							
Cither (Specify): 26. Was Coroner Contacted? 27. Name And Complete Address of Funeral Facility Yes No EINCOLN RIDGE FUNERAL HOME 1 is the property.							
	IDGE FUNERAL HO INCOLN HWY. CRO	ME WN POINT		46307		88800070	
27b. Signature Of Indignar uniteral Service Licensee:	the Lake	County	Record		lumber (Of Licensee):		
Cause Of Death (See Instructions And Examples) 28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Approximate							
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. To Death A CANADA ADDITIONAL PROCESSARY. A CANADA ADDITIONAL PROCESSARY. To Death							
Immediate Cause (Final Disease Or Condition Resulting In D	eath A. / Mal	ignand	Due To (Or As A	Consequence Off:	y the Pe	mes	
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	° —		Due To (Or As A	Consequence Of):			
Part II. Enter Other <u>Significant Conditions Contributing To Death</u> But Not	D. Resulting In The Underlying Cause Giv	en in Part I	29. Was An 7	Autopsy Performed?	□Yes No	<u> </u>	
Cocage Leculation	dementin	osteo i	to 30. Were Aut	opsy Findings Availa	ble To Complete The Cause	e Of Death? Yes No	
31. Did Tobacco Use Contribute To Death? 32. If Femal	e: ant Within Past Year	eath 🔲 Not Pregnant, Bu	t Pregnant Within 42 Days Of I		per Of Death:	Pending Investigation	
Not Pregnt	ant, But Pregnant 43 Days To 1 Year Before Dea Minjury	th Unknown If Pragn 36. Place Of Injury (E.	ant Within The Past Year G., Decedent's Home, G		Could Not Be Determined wrent Wooded Area		
	E	SEAV	11/0	<u>,, </u>	IFICATE OF DEATH D	N EN CIMITI HASE HIN	
38. Location Of Injury - State 38a. City On	Town	38b. Street & Number	min	OC COUNTY TIEM	LITT DE PAREISME PARE. NO	38d. Zip Code	
39 Describe How Injury Occurred				40. 10	Gortalion hijury page	ly:	
				□ Driv	er/Operator Passenger	Pedestrian 🔲 Other (Specify	
41. Signature, Of Person Certifying Cause Of Death:				42. Certifier (Check Only One)			
43, Name, Address And Zip Code Of Pissan Certifying Cause Of Death:				Certifying Physician Coroner Health Officer 45. Date Certified			
Kathryn Fl. Mulligan 919 Main St. Dyer In 46311 01052342A 8/11/10 46. Additional Funeral Service Provider: 47. *Akas:						1 8/11/10	
48. Signature of Local Health Officer:		VLAGA	NAM		y - Date Filed (Month/Day)	Year):	
Susan WE	Six A				., 4	10 -011	
State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requ		tatutory responsibility. Disci	osure is voluntary and there will	be no penalty for refusal	THE RECORDS IN THIS SERIES	ARE CONFIDENTIAL PER IC 16-3 7-1-10	