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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 020168

2013 MAR 18 AM 8:47



Fidelity National Title
Insurance Company.

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

1/18/13

STATE OF IL)
COUNTY OF DuPage)

SS:

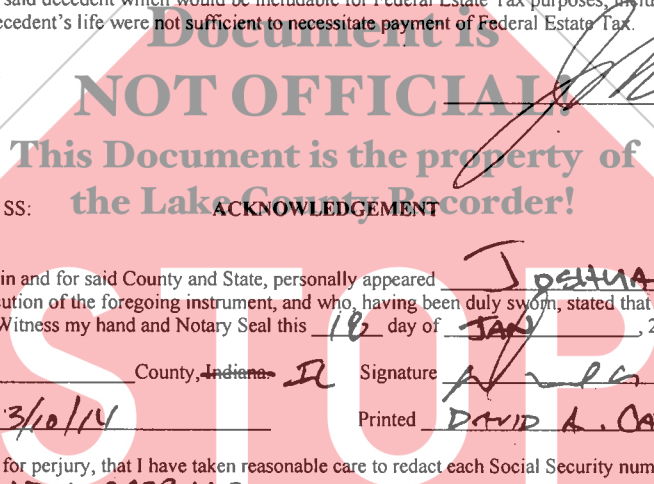
Joshua Hurd, being first duly sworn upon oath, deposes and says:

1. That Thomas J. Govert died on 01-05, 2003 at Venice / Florida
(City/State)
2. That Thomas J. Govert and Katherine Goert were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

[Signature]
Affiant Signature

STATE OF IL)
COUNTY OF DuPage)



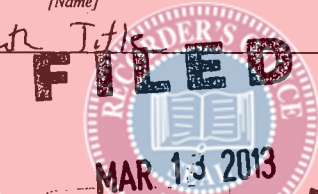
Before me, a Notary Public in and for said County and State, personally appeared JOSHUA HURD who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 18 day of JAN, 2013.

Resident of COOK County, Indiana IL Signature [Signature]
My Commission Expires: 3/10/14 Printed DAVID A. CARRILLO

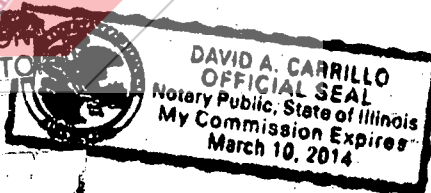
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. DAVID A. CARRILLO
(Name)

This instrument prepared by Plymouth Title

21613



PEGGY HOLINGA KATON
LAKE COUNTY AUDITOR



AMOUNT \$ 17
CASH _____
CHECK# 3735
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY AD

E

OFFICE of VITAL STATISTICS

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FLORIDA

LOCAL FILE NO. _____ MIDDLE INITIAL _____ SEX _____

1. DATE OF BIRTH (Month, Day, Year) January 19, 1938 4. SOCIAL SECURITY NUMBER 3-3-34-64 5. AGE at Birth 64 6. UNDER 18? 7. INDEXED?

8. DATE OF DEATH (Month, Day, Year) January 19, 1938 9. PLACE OF BIRTH (City, Town, or Foreign Country) Hammond, Indiana 10. DECEASED? (Ever)

11. PLACE OF DEATH (Check one) (Specify on other side) Home 12. CITY, COUNTY, STATE Hammond, Indiana 13. OCCUPATION (Specify) Vice-President Beverage 14. MARITAL STATUS Married 15. SURVIVING SPOUSE (Name, Maiden Name) Katherine M. Goertt

16. DECEASED'S EDUCATION (Specify highest grade completed) High School 17. RACE - American, Black, White, etc. White 18. OTHER RACE (Specify) None

19. ZIP CODE 34885 20. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or Other Place) Chapel Lawn Memorial Gardens, Sarasota, Fla. 21. LOCATION - City or Town, State Sarasota, Fla.

22. NAME AND ADDRESS OF CERTIFIER (Physician, Medical Examiner) (Print Name) Dr. J. A. ... 23. SIGNATURE OF CERTIFIER [Signature]

24. IMMEDIATE CAUSE (Final Cause) Overdose of Barbiturate 25. CAUSE (Specify) Overdose of Barbiturate

26. IF FEMALE, WAS THERE A PREGNANCY IN THE PAST YEAR? 27. IF SURGERY IS MENTIONED IN PART I OR II, ENTER CONDITION FOR WHICH IT WAS PERFORMED None 28. DATE OF SURGERY (Mo., Day, Year) None

29. DATE OF INJURY (Mo., Day, Year) None 30. PLACE OF INJURY - (Specify) None

31. THIS IS CERTIFICATE TRUE AND CORRECT COPY OF THE RECORD ON FILE IN THIS OFFICE. None

32. DEPUTY REGISTRAR [Signature] 33. DATE REGISTERED Jan 22 1938

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED



WARNING
9-0-1

FLORIDA DEPARTMENT OF HEALTH

FINANCING ADDENDUM

1 This Addendum is attached to and made a part of the Purchase Agreement dated 6/21/ 2004
2 between KATHERINE GOVART as Seller,
3 and Richard Glen Ramp & Angela James as Purchaser,
4 pertaining to the real estate known as 5316 W 155th
5 in Cedar Creek Township, Lake County, Lowell, Indiana,
6 _____ Zip Code, and legally described in the Purchase Agreement.

7 MARK (X) IN APPROPRIATE BOX BELOW.

8 ASSUMPTION: Purchaser shall pay approximately \$ _____ in cash by certified or cashier's check, and agrees to pay the unpaid balance
9 of the note and to perform the provisions of the existing mortgage on the Property held by _____

10 _____
11 Seller represents that the unpaid principal balance is approximately \$ _____ as of _____, 20____
12 payable at \$ _____ per month including interest at a rate of _____ % per annum, and also including: (taxes) (insurance)
13 (mortgage insurance). The exact balance including interest shall be computed through date of closing. Purchaser shall pay the next payment due after
14 closing. If the existing mortgage cannot be assumed by Purchaser at the interest rate shown above, Purchaser agrees to accept an interest rate not to exceed
15 _____ % per annum, and if this is not available, at Purchaser's option, the Purchase Agreement may be terminated. Purchaser agrees to reimburse
16 Seller for any escrow account balance at the time of closing the transaction. Purchaser agrees to pay any transfer and/or assumption fees required by the
17 mortgagee.

18 CONDITIONAL SALES CONTRACT: At the time of closing the transaction the parties hereto shall sign a Contract For Conditional Sale Of Real Estate (the
19 "Contract") in a form substantially similar to the then current form of the Indiana Allen County Bar Association, which shall include the following terms and
20 conditions: Cash down payment 14,000.00; interest rate on the unpaid balance 5 1/4 % per annum calculated monthly
21 and paid monthly in arrears; monthly principal and interest payment \$ 750.00; first payment shall be due on July 30
22 2004; interest shall commence the date after closing; property taxes and insurance are to be paid (separately when due) (monthly) in addition to the
23 monthly principal and interest payment; no prepayment penalty for early pay-off; a N/A day default period for any time provisions; forfeiture
24 provisions are to be released by Seller when Purchaser has made principal payments of \$ 750.00 (or 5 1/4 %)
25 of the purchase price; Contract shall be paid in full on or before 7/31, 2004; and Purchaser shall use the Property
26 only for Residence

27 _____
28 Special provisions: up on the death of Katherine J Govart
29 The payments from the above will go to the Govart Trust
30 The parties also shall sign a suitable Memorandum of the Contract in recordable form at the closing if either party prefers that the full Contract not be recorded.
31 If Purchaser is required to pay the real property taxes on the Property under the Contract, that fact will be recited in the Memorandum. The Contract and
32 any Memorandum thereof shall be prepared by MARIE FRY at SAHlers
33 expense.

34 OTHER METHOD OF PAYMENT _____
35 _____
36 _____
37 _____
38 _____
39 _____

40 PURCHASER Richard F. Phillips JR DATE 6/21/04
41 PURCHASER Angela M. James DATE 6/21/04
42 SELLER Katherine J. Govart DATE 6/21/04
43 SELLER _____ DATE _____

CC

EXHIBIT A:

LEGAL DESCRIPTION:

PARCEL 1:

**LOT 38 IN DALECARLIA FAIRWAYS SUBDIVISION, FIRST SECTION, AS
PER PLAT THEREOF RECORDED IN PLAT BOOK 35, PAGE 78 IN THE
OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.**

P.I.N.:

45-19-01-404-016.000-007

C.K.A.: 5316 W. 155TH AVE., LOWELL, IN 46356

