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AFFIDAVIT OF SURVIVORSHIP

State of INDIANA

County of LAKE ↓

I, Linda A. Rooda, residing at 8950 Norris Drive, Hobart, Indiana, 46342, being of legal age and of sound mind, do hereby affirm the following:

2013 020605

1) *(Parcel Information and Legal Description)*

On September 25, 2001, by Warranty Deed recorded in Plat Book 83, Page 12, in the Office of the Recorder in Lake County, Indiana, as Parcel Number 45-13-08-134-012.000-046, the Affiant and John W. Rooda, along with Theresa G. Elch and Carl R. Elch, became owners as tenants in common of the following legally-described property, commonly known as 7219 Bracken Parkway in Hobart, Indiana, 46342:

Lot 109 in Unit 11 of Barrington Ridge, a Planned Unit Development in the City of Hobart, as Per Plat Thereof, Recorded in Plat Book 83 Page 12, in the Office of the Recorder in Lake County, Indiana

2) Affiant and John W. Rooda own one-half of the above-described real property in fee simple with right of survivorship.

3) On October 21, 2010, John W. Rooda died, thereby terminating John W. Rooda's interest in the above-described real property. A certified copy of the death certificate of John W. Rooda is attached hereto and marked as "Exhibit A".

4) That for purposes of tax mailing, Affiant's address currently is 8950 Norris Drive, Hobart, Indiana, 46342.

Oath or Affirmation:

I certify under the penalty for perjury that the contents of this affidavit are true and accurate to the best of my knowledge.

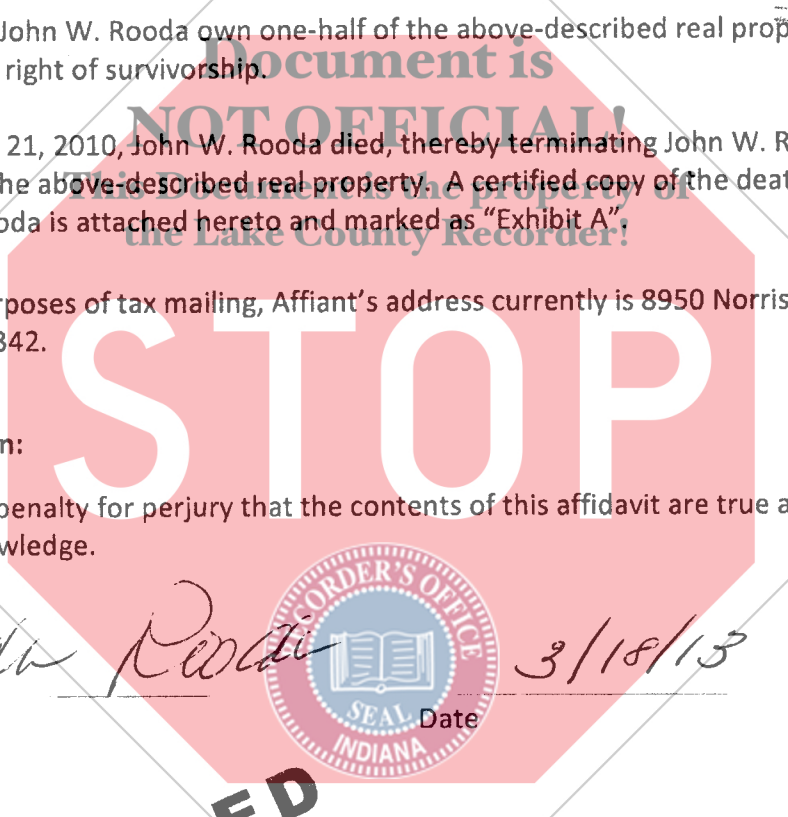
Linda Rooda

Linda Rooda



3/18/13

Date



STATE OF INDIANA
LAKE COUNTY
FILED
2013 MAR 19 11:00
RECORDER

NOTARY SECTION:

FILED
MAR 19 2013
PEGGY HOLINGA KATONA
LAKE COUNTY & INDIA

001492

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NOTARY ACKNOWLEDGEMENT

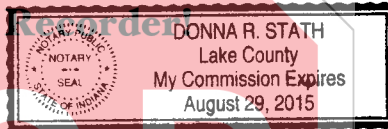
STATE OF INDIANA)

COUNTY OF LAKE)

On March 18 2013 before me, Donna R Stath
appeared LINDA Rooda personally known to me (or proved to me
on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me that he/she/they
executed the same in his/her/their authorized capacity(ies), and that by his/her/
their signature(s) on the instrument the person(s), or the entity upon behalf of
which the person(s) acted, executed the instrument.

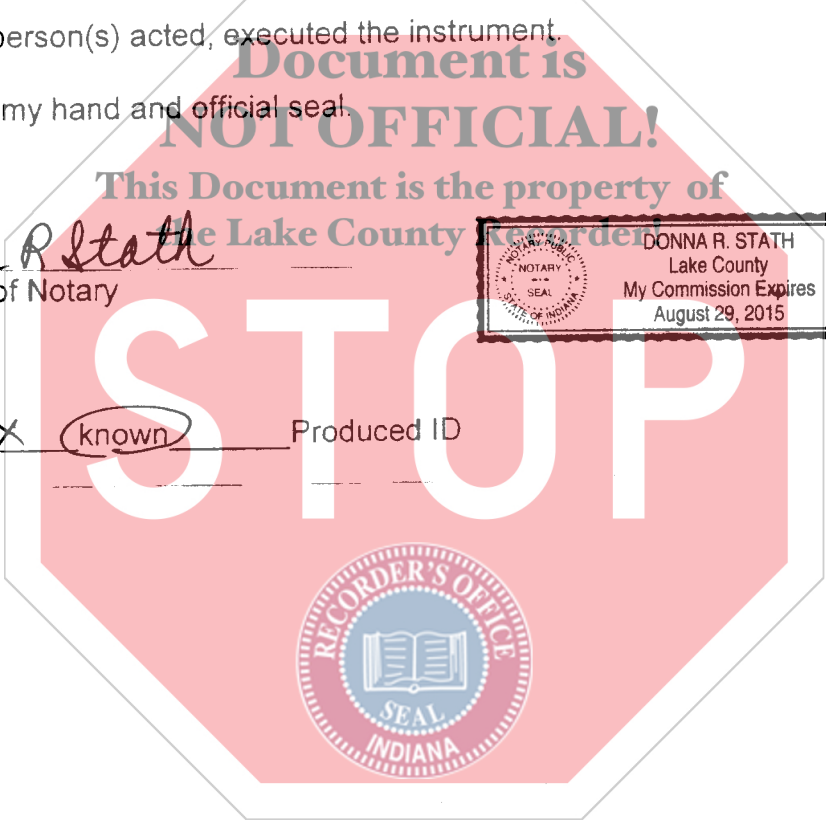
WITNESS my hand and official seal.

Donna R Stath
Signature of Notary



Affiant known Produced ID
Type of ID _____

(SEAL)





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Exhibit
A

Local No.....

State No...

1. Decedent's Legal Name (First, Middle, Last) JOHN WILLIAM ROODA				1a. Maiden Last Name (If Female) N/A		2. Sex MALE	3. Time Of Death 8:35 PM OCTOBER 21, 2010	
5. Social Security Number 9673	6a. Age - Yrs 65	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) JULY 19, 1945		8. Birthplace (City And State Or Foreign Country) GARY, INDIANA
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 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 checked="" 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) VNA HOSPICE CARE OF PORTER COUNTY								
12. City Or Town, State, And Zip Code VALPARAISO, INDIANA				13. County Of Death PORTER		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 LINDA ROODA		15a. (If Wife) Give Maiden Last Name BROWN		16. Decedent's Usual Occupation ROSS TOWNSHIP TRUSTEE		17. Kind Of Business/Industry GOVERNMENT		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART				
18c. Street And Number 8950 NORRIS DRIVE				18d. Apt. No.	18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education BA DEGREE		20. Decedent Of Hispanic Origin. NO		21. Decedent's Race WHITE				
22. Father's Name (First, Middle, Last) ROBERT ROODA			23. Mother's Name (First, Middle, Last) HARRIETT ROODA			23a. Mother's Maiden Last Name LIVINGSTON		
24. Informant's Name LINDA ROODA		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 8950 NORRIS DRIVE HOBART, IN 46342				
25. Place Of Disposition								
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, INDIANA			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME 10101 BROADWAY CROWN POINT, IN 46307					27a. Funeral Home License Number FH8300245	
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>						27c. License Number (Of Licensee): ED 01009461		
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 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. metastatic biliary carcinoma								2 mos
Due To (Or As A Consequence Of):								
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								
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings 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 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: <i>Lauren Harting</i>						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: LAUREN HARTING, M.D. 1356 S. LAKE PARK AVE. HOBART, IN 46342						44. License Number 01059320 A		45. Date Certified 10/26/2010
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature Of Local Health Officer: <i>Greg A. Babcock MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year) October 27, 2010		