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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 020747

2013 MAR 19 PM 2:56

MICHAEL E. BROWN
RECORDER

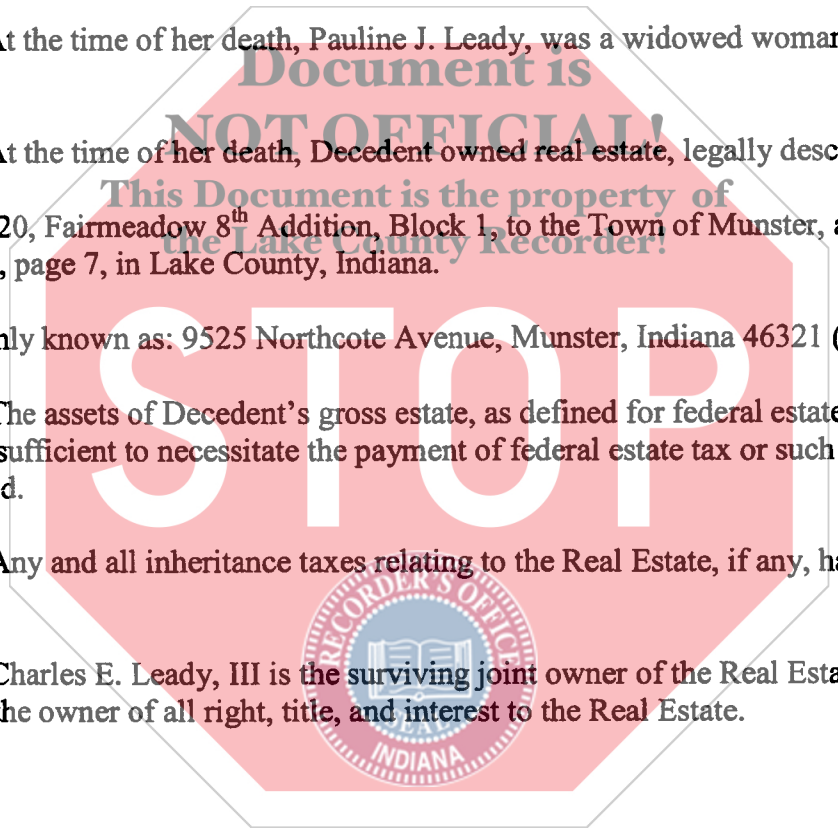
Send Tax Bills to:
P.O. Box 300783
Waterford, Michigan 48330

Parcel Number: 45-07-29-356-003.000-027

SURVIVORSHIP AFFIDAVIT

Charles E. Leady, III, being first duly sworn upon oath, states as follows:

1. Affiant is the son of Pauline J. Leady ("Decedent"), and is qualified to make this Affidavit.
2. Decedent died a resident of Lake County, Indiana, on January 4, 2013. A copy of Decedent's death certificate is attached as Exhibit "A".
3. At the time of her death, Pauline J. Leady, was a widowed woman and never remarried.
4. At the time of her death, Decedent owned real estate, legally described as follows:
 Lot No. 20, Fairmeadow 8th Addition, Block 1, to the Town of Munster, as shown in Plat Book 40, page 7, in Lake County, Indiana.
 Commonly known as: 9525 Northcote Avenue, Munster, Indiana 46321 ("Real Estate").
5. The assets of Decedent's gross estate, as defined for federal estate tax purposes, were either not sufficient to necessitate the payment of federal estate tax or such federal estate tax has been paid.
6. Any and all inheritance taxes relating to the Real Estate, if any, have been duly paid.
7. Charles E. Leady, III is the surviving joint owner of the Real Estate, pursuant to Indiana law, is the owner of all right, title, and interest to the Real Estate.



FILED

MAR 19 2013

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RECORDER'S OFFICE
LAKE COUNTY, INDIANA

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RN

Dated this 12 day of March, 2013.

Charles E. Leady, III
Charles E. Leady, III

STATE OF MICHIGAN)
) SS:
COUNTY OF OAKLAND)

Before me the undersigned, a Notary Public for the State of Michigan, personally appeared Charles E. Leady, III and acknowledged the execution of this instrument this 12 day of March, 2013.

My Commission Expires: 5-14-2013

Kim StefaniK
Kim StefaniK, Notary Public
(printed name)

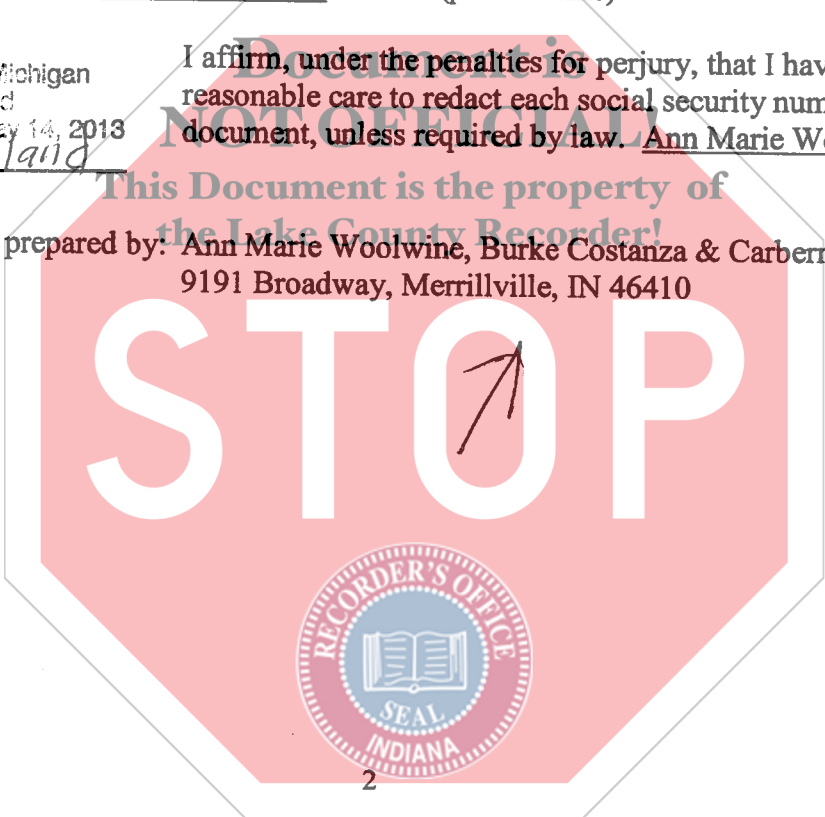
County of Residence: Oakland

KIM STEFANIK
Notary Public, State of Michigan
County of Oakland
My Commission Expires May 14, 2013
Acting in the County of Oakland

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. Ann Marie Woolwine

This Document is the property of
the Lake County Recorder!

This instrument prepared by: Ann Marie Woolwine, Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410



STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND

STATE OF MICHIGAN

TYPE/PRINT
OR
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STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
3624010

1. DECEDENT'S NAME (First Middle Last) Pauline June Leady		2. DATE OF BIRTH (Month, Day, Year) July 22, 1918		3. SEX Female		4. DATE OF DEATH (Month, Day, Year) January 4, 2013	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include ALL names) Pauline June Huettner				6a. AGE - Last Birthday (Years) 94		6b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	
7a. LOCATION OF DEATH (Name, place, official, provisions used to be, etc. For HOSPITAL OR OTHER INSTITUTION - Name (if not in office, give street number and city) St. Joseph Mercy Hospital				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH City of Pontiac		7c. COUNTY OF DEATH Oakland	
8a. CURRENT RESIDENCE - STATE Indiana		8b. COUNTY Lake		8c. LOCALITY (check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (population of) Munster <input type="checkbox"/> UNINCORPORATED PLACE		8d. STREET AND NUMBER (include Apt. No. if applicable) 9525 Northcote Ave.	
9. ZIP CODE 46321		10. BIRTHPLACE (City and State or Country) Gary, Indiana		11. SOCIAL SECURITY NUMBER 304-12-7344		11. DECEDENT'S EDUCATION (What is the highest degree or level of school completed at the time of death?) Some College	
12. RACE - American Indian, White, Black etc. (If more than one race, list all races) White		13a. ANCESTRY - Select all that apply: French, English, French-Canadian, etc. (Leave all that apply.) German/Irish		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) No	
15. USUAL OCCUPATION (Give kind of work done during most of working life. Do not abbreviate.) Accounts Payable		16. KIND OF BUSINESS OR INDUSTRY Department Store		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced, Separated Widowed		18. NAME OF SURVIVING SPOUSE (If wife, give name before last married) 	
19. FATHER'S NAME (First Middle Last) William G. Huettner				20. MOTHER'S NAME BEFORE FIRST MARRIED (First Middle Last) Katherine Faherty			
21a. INFORMANT'S NAME (Last, First) Charles E. Leady		21b. RELATIONSHIP TO DECEDENT Son		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) P.O. Box 300783, Waterford, Michigan 48330			
22. METHOD OF DISPOSITION (Burial, Cremation, Entombment, Donation, Reinterment, Spontaneous) Burial		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or Other Facility) Oak Hill Cemetery		23b. LOCATION (City or Village, State) Cheboygan, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Craig S. Jones		25. LICENSE NUMBER (If license) 6778		26. NAME AND ADDRESS OF FUNERAL FACILITY Coats Funeral Home, Inc. 3141 Sashabaw Rd., Waterford, Michigan 48329			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - On the basis of my knowledge, death occurred due to the causes listed on this certificate. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, place, and place, and date listed on this certificate.		27b. SIGNATURE AND TITLE [Signature] M.D.		28. ACTUAL OR PRESUMED TIME OF DEATH 9:40 P.M.		28b. PRONOUNCED DEAD ON (Date, Time) Jan. 4, 2013 9:40 P.M.	
29. MEDICAL EXAMINER CONTACTED? (Yes or No) No		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance, Etc.) hospital		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, ICU, etc. (Specify) Inpatient			
32. DATE SIGNED (Date, Day, Year) 1-7-13		32a. LICENSE NUMBER 5191015580		33. MEDICAL EXAMINER'S CASE NUMBER (if applicable) 		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type in Print) 	
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type in Print) Dr. Samer Alhadi, also N. Peery, Pontiac, MI 48342				35. REGISTRAR'S SIGNATURE [Signature]			
35a. DATE FILED (Month, Day, Year) JAN 07 2013							
36. 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. Enter only one cause on a line. If death is an immediate consequence of the cause of death, the cause of death is listed on Part I of the cause of death section as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequelae (last condition, if any, arising as the cause from or long a consequence of the underlying cause) UNDERLYING CAUSE (Specify an illness that initiated the events leading to death) LAST		36. PART II - OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE <input checked="" 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	
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural		40. WAS AN AUTOPSY PERFORMED? (Yes or No) No		41. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) 			
41a. DATE OF INJURY (Date, Day, Year) 		41b. TIME OF INJURY (M) 		41c. DESCRIBE HOW INJURY OCCURRED 			
41d. INJURY AT WORK (Yes or No) 		41e. PLACE OF INJURY - At home (Home, Street, Construction site, Wooded area, etc. Specify) 		41f. IF TRANSPORTATION INJURY - (Driver/Operator, Passenger, Pedestrian, etc. Specify) 		41g. LOCATION - Street or RFD No. City, Village or Town State 	

14-504719



WARNING:
ANY REPRODUCTION IS PROHIBITED BY LAW
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED
BACKGROUND AND EMBOSSED SEAL OF COUNTY OF OAKLAND.
NOT VALID IF PHOTOCOPIED.

LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY THAT THE FOREGOING IS A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENT ON FILE IN MY OFFICE.

JAN 07 2013
DATE

Lisa Brown
LISA BROWN
Oakland County Clerk and Register of Deeds
By: **[Signature]** Deputy Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE