SURVIVORSHIP AFFIDAVIT



Comes now Bruce E. Ayers Jr., Personal Representative of the Estate of Bruce E. Ayers Sr. 45D04-1209-EU-00030, and states as follows:

- 1. That he is the son of Bruce E. Ayers Sr. and Laura Mae Ayers.
- 2. That his parents were married for over fifty (50) years.
- 3. That at the time of his mother's death his parents remained married and his mother, Laura Mae Ayers was the sole owner of the following described real estate: Lot Two Hundred Eighty-five (285), Robert Bartlett's Marquette Park Estates First Addition, in the City of Gary, as shown in Plat Book 27, Page 57, in the Office of the Recorder of Lake County, Indiana.
- 4. That Bruce E. Ayers Sr. died August 6, 2012.
- 5. That the surviving heirs of Laura Mae Ayers were Bruce E. Ayers Sr., Bruce E. Ayers Jr., Susan B. Evans, and Patricia L. Conquest.
- 6. That attached hereto and marked Exhibit "A" is a Quit Claim Deed transferring any interest that Susan B. Evans, Bruce E. Ayers Jr., or Patricia L. Conquest have said real estate to the Estate of Bruce E. Ayers Sr.
- 7. That Bruce E. Ayers Sr. estate was filed on the day of Manager day of manager

FURTHER AFFIANT SAYETH NOT.

MICHAEL AND FOR RECORDER

Bruce E. Ayers Jr.

STATE OF INDIANA

COUNTY OF LAKE

SUBSCRIBED AND SWORN to before me, a Notary Public, this day of Much. 2013 in and for aforementioned State and County.

in and for aforementioned state and county

My Commission Expires:

Notary Public



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. Gregory S. Reising, Attorney at Law

This instrument prepared by: GREGORY S. REISING Attorney at Law 607 S. Lake St. Gary, IN 46403 (219) 938-8080

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FILED

MAR 2 5 2013

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

2 13-3315

KATENA LUDITOR MT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 002	R No 000000273836				State No 035097						
Decedent's Legal Name (First, Middle, Last) DDLLCE F AVEDO OB			1a. Maiden Name (If female)			2. Sex	2. Sex 3. Time Of				
BRUCE E AYERS SR 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mo	nth/Day/Year)	06:1:			08/06/2012 rr Foreign Country)
011012100	Months	Days	Hours	Minutes		08/31/1913 RO			OANOKE, IN		
9. Ever in U.S. Armed Forces? 10. If Death ☑ Yes ☐ No ☐ Unknown ☑ Inpatien	☐ Dead on Arrival	10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility									
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC											
12. City Or Town, State, And Zip Code				13. County C	of Death			- 1		itus At Time (
HOBART, IN, 46342			(If \Mfa\Cive Maider	LAKE (If Wife)Give Maiden Last Name 16			☐ Married ☐ Widowed Decedent's Usual Occupation			Married, But Separated Divorced Never Married Unknown 17. Kind Of Business/Industry	
ISA. (IIV									17. Kind Of Business/mustry		
18. Residence - State	18a.	County		REALTOR 18b. City Or Town					- · · · · · · · · · · · · · · · · · · ·	REAL E	STATE
INDIANA	LAK	F		GARY							
18c. Street And Number		18d. Apt. No.					18e. Zip Code 18f. Inside City Limits?				
550 NORTH MONTGOMERY STREET									46403 ⊠ Yes □ No		
19. Decedent's Education HIGH SCHOOL GRADUATE OF	GED 20	Decedent Of Hispar	nic Origin	21. D	ecedent's	Race				100	
COMPLETED 22. Father's Name (First, Middle, Last)	OT HISPANIC										
22. Father's Name (First, Middle, Last)		23. Mother's Name (First, Middle, Last)				23a. N	23a. Mother's Maiden Last Name				
ARTHUR H. AYERS 24. Informant's Name			o Decedent	CARRIE AYEI		and bloombar	Cit. Ct-t- 7:-	0 - 1 - 1	HAT	HAWAY	W. P
GENE AYERS		24b. Mailing Address (Street And Number, City, State, Zip Code) 9101 LAKE SHORE DRIVE, GARY, IN 46403									
		SON	25. Plac	e Of Disposition					03		
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation ☐ Entor		ce Of Disposition (Na	ime Of Cemetery, Cre	matory, Other Place)	25c. Lo	ocation - City	, Town, And St	ate		*****	,
☐ Removal From State ☐ Other (Specify):	AIVA/ IA	IDIANA CREA	ATION CEDY	#CE 0 0 404	CDC	WAL BO	INIT INI				
	ame And Complete	Address Of Funeral I	MATION SERV	Menem	CRO	WN PQ	INI, IN			27a. Fune	ral Home License Number:
☐ Yes ☑ No	NS FLINER	AL HOME 70		HÖBART, IN 4	6242	TI				FH8300	2220
27b. Signature Of Indiana Funeral Service Licens JAMES F. BURNS, BY ELECTF	98:	/	<u> </u>	HODAKI, IN 4	0344		75. License Nu		of Licensee):	ILUOSO	02360
		I IIIS I Ca		Instructions And E		PETU	D0100946	21			Approximate
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events									Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE EXACERBATION CONGESTIVE HEART FAILURE Due to (0'r As A Consequence Of). TWO WEEK										TWO WEEK	
Sequentially List Conditions, If Any, Leading	isted On B.	CHRONIC CONFESTIVE HEART FAILURE							YEARS		
Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last	se Or Injury That	Initiated	Due to (Or As A Consequent								
		0	ARTERIOSCELICO	ICHEANI DISCASI	Due to (Or A	s A Consequence	: On:				YEARS
Part II. Enter Other Significant Conditions Contribu	ting to Death But N	D lot Resulting In The U	Inderlying Cause Givin	n in Part i	29 Was	An Autopsy	Performed?				-
CHRONIC REENAL FAILURE			, ,				nding Available	To Con	Yes	No ause Of Deat ■ No a	h? ☐ Yes ☐ No
31. Did Tobacoo Use Contribute To Death?	32. If Femal	e: int Within Past Year					33. Manner				7
Yes Probably No Unknown	Not Pregna	int, But Pregnant 43 Days To	1 year Before Death	Not Pregnant, But Pregna Unknown If Pregnant With	in The Past Y		SHERE	Cou	ld Not Be De	termined	Pending Investigation
34. Date Of Injury (Month/Day/Year)	35. Time O	f Injury	36. Place	Of Injury (E.G., Dece		ne, Construi	tion Site, Rest	TMC	Vooded Area	· 1	Unjury At Work?
38. Location Of Injury - State	38a. City Or	Town	38b. Str	eet & Number	<u>}</u>			/	38c. Apt. N		Zip Code
							AU6	ا در ا)))13		2.000
39. Describe How Injury Occurred			E	SEAV	7			portatio	n Injury, Spe	cify: de≰rian ☐oth	
41. Signature, Of Person Certifying Cause Of De	oth:		Tea.	WDIANA LILIY	-		1			deştrian ∐Oth	er (Specify)
43. Signature, or Person Certifying Cause of Death: 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:							42. Certifier (Check Only One) Certifying Physician Coroner Heath Officer 44. License Number 45. Date Certified				
									Date Certified		
DONALD MICHAEL PHILLIPS , 1356 S. LAKE PARK AVENUE, HO 46. Additional Funeral Service Provider:				1, IN 46342		01020846A 08/09/2012 47. *Akas:					
48. Signature of Local Health Officer:						49. For Re	gistrar Only -	Date F	led (Month/)av/Year\-	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											
		AMENDMEN	IT TO CERTIFICAT	E OF DEATH (ENT	Y OR O	RIGINAL)					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.