

AFFIDAVIT OF SURVIVORSHIP

Michael Frank, being first duly sworn upon his oath, states as follows:

1. That on October 16, 2001, Marilyn Frank conveyed real estate commonly known as:

324 North Delaware Street, Hobart, IN 46342

and legally described as:

Lot Numbered 32 in Block 1 in Villa Shores 6th Addition To the City of Hobart as per plat thereof recorded in Plat Book 29, page 101 in the Office of the Recorder of Lake County, Indiana

to Marilyn Frank and Michael Frank, as joint tenants with right of survivorship, by a deed recorded as instrument No. 2001-85840 in the Office of the Recorder of Lake County, Indiana.

- 2. That as evidenced by Exhibit "A" attached hereto, Marilyn Frank, a/k/a Marilyn Williams died on January 23, 2012.
 - 3. That Marilyn Frank was a widow at the time of her death, and affiantin her son.
- 4. That no estate was opened as a result of the death of Marilyn Frank, and no state inheritance tax or federal estate tax was due as a result of her death.
- 5. That this Affidavit is made to induce the Lake County Auditor and Recorders show title vested in Michael Frank in fee simple.
- 6. That this Affidavit is also made to induce Meridian Title to issue its policy of title insurance for title conveyed by Michael Frank.

Further Affiant sayeth not.

IN WITNESS WHEREOF, the said Michael Frank has hereunto set his hand and seal this 18th day of June, 2013.

STATE OF INDIANA)

) SS

COUNTY OF LAKE

Subscribed and sworn to before me a Notary Public in and for said County and State, this 18th day of June, 2013.

MARY ANN HERR NOTARY PUBLIC SEAL STATE OF INDIANA

by Comm. Expires March 09, 2017

Mary Ann Herr, Notary Public

William J. Lo

Resident of Lake County

My Commission Expires: March 9th, 2017

I affirm under the penalties for perjury that all Social Security Numbers have been redacted from the foregoing document, except as required by law.

Prepared by: William J. Longer, Attorney No. 8894-45 651 East Third Street

Hobart, Indiana 46342 (219) 947-1571

HOLD FOR MERIDIAN TITILE CORP

13-17583

JUL 09 2013
2417 LEGGY HOLINGA KATONA
AVE COUNTY AUDITOF

r14.00 non-com M.E M.E

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	Local N	10 OOC	208		EDI	DR No 000000241228					State No 002941					
Decedent's Legal Name (First, Middle, Last)					1a. Maiden	Name (If t	e (If female)		2. Sex	2. Sex 3. Time		ne Of Death		Date Of Death (Month/Day/Year)		
MARILYN J W			I SE TILLE	4 1/2 1	Co Hadaad Marak	DOVEY	I c-	Hadaad Hair	7 5-4-	FEM/		03:47			01/23/2012 r Foreign Country)	
5. Social Security N	umber 6a. A	Age - Yrs	6b. Under	1 Year	6c. Under 1 Month	6d. Under 1 D	ay be.	Under 1 Hour	7. Date	of Birth (Mor	itn/Day/Year)				r Foreign Country)	
482-32-437 9. Ever in U.S. Arme		78	Months	a A Hose	Days	Hours		utes	red Some	04/25/19			MPTON,	IA		
9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)													Care Facili	ty		
	11. Facility Name (If Not Institution, Give Street and Number) 324 NORTH DELAWARE STREET															
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of U																
 HOBART, IN. 46342						LAKE							Married Married, But Separated Divorced Widowed Never Married Unknown			
15. Surviving Spous					15a	a. (If Wife)Give Maiden Last Name			16. Decede	16. Decedent's Usual Occupation			17. Kind Of Business/Industry			
		HC					IEMAKER OWN HOME				OME					
18. Residence - State 18a. County					County		TIONLIN	TOWN TIONIE								
INDIANA LAI				LAKE	KE			HOBART								
18c. Street And Nur	nber										18d. Apt. No. 1			18e. Zip Code 18f. Inside City Limits?		
324 NORTH DELAWARE STREET												463	342	⊠ Yes 🖸 No		
19. Decedent's Education 20. Decedent Of						nic Origin		21. 0	ecedent's	Race			1 700		l	
HIGH SCHOOL GRADUATE OR GED COMPLETED NOT HISP						<i>a</i> .		White	9						•	
22. Father's Name (First, Middle, Last)							Mother's Name (23a			. Mother's Maiden Last Name				
DONALD ART			NO	NORA EVELYN DOVEY					EVE	NSON						
24. Informant's Name	24a. Relationship T								1-4-1	10011						
MICHAEL FR	SON	1221 EAST 10TH STREET, HOBART, IN 46342								*						
25a. Method Of Disp	osition			25h Pla	ce Of Disposition (Na			Disposition	25c I	ocation - City	Town, And Sta	ıto.				
Burial Crema	ation 🔲 Don	ation 🔲 En	tombment													
Other (Specify): 26. Was Coroner Co.	ntacted?	27.	Name And C	CHAP	EL LAWN ME	MORIAL C	SARDE	NS	SCH	ERERVI	LLE, IN		· · · · · · · · · · · · · · · · · · ·	27a Fun	eral Home License Number:	
26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility 27a. Funeral Home License BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342 FH83002380																
27b. Signature Of In JAMES F. BU				SIGN	ATHE	uman	t ic 1	the nr	0100		c. License Nur 00100946		f Licensee):			
JANEST . BO	1110,01	LLLOI	KONIC	OlOiv		use Of Death	(See Inst	ructions And I	xample		20100340		and i		Approximate	
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 California Lines If Necessary. OPEN OF THE COPY OF TH														D COMBladain		
Immediate Cause	(Final Disea	se Or Cond	lition Resulti	ing In Di	eath) A.	SMALL CELL (CARCINO	MA OF LUNG	Due to (Or a	DIASTINALA As A Consequence	KROBONEV	4.5	HANTER KIN	ieni	NINE MONTHS	
Sequentially List Conditions, if Any, Leading To The Cause Listed (isted On B.	ted On B.			D			1	5 1 %	* /		
Line A: Enter The Underlying Cause (Disease Or In The Events Resulting In Death) Last				ry That Initiated C.					Due to (Or	As A Consequence	Of):	JAN 25 2012				
				<u> </u>				Due to (Or As			A Consequence Of):					
Part II. Enter Other Significant Conditions Contributing to				D				vin In Part I 29. Was An Auto			Porformed?	<u> </u>				
				att) Dut I	of Nestribing in The C	Tidenying Cause	e Olvill at I	aiti			nding Available	То Соп	Yes Polete The C		ith?	
CHRONIC OBSTRU 31. Did Tobacco Us			32.	If Femal							33. Manner	Of Dea	ath:		Yes	
Yes Probab	oly 🗌 No 🗀	Unknown				Pregnant At Time Of Death Not Pregnant, But Pregnant Within 42 ys To 1 year Before Death Unknown If Pregnant Within The Past							micide 🔲 / uld Not Be De		Pending Investigation	
34. Date Of Injury (N	/onth/Day/Yea	ar)		Time C				njury (E.G., Dec							. Injury At Work?	
							1-0-	m C							Yes No	
38. Location Of Injur	ry - State		38a	. City Or	Town	38	b. Street &	Number					38c. Apt. N	o. 38	d. Zip Code	
39. Describe How Injury Occurred 40. If Transportation Injury, Specify: Driver/Operator Pedestrian Other (Specify)														ther (Specify)		
	41. Signature, Of Person Certifying Cause Of Death: 42. Certifier (Check Only One)															
	DONALD MICHAEL PHILLIPS, BY ELECTRONIC SIGNATURE 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. License Number 45. Date Certified															
DONALD MIC													01020846A 01/24/2012			
DONALD MICHAEL PHILLIPS , 1356 S. LAKE PARK AVENUE, HOBART, IN 46342 46. Additional Funeral Service Provider:												01020646A				
48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day/Year):																
SUSAN W. BE			RONIC S	IGNA									JAN 25 2			
					AMENDME	NT TO CERTIF	ICATE OF	F DEATH (ENT	RY OR C	ORIGINAL)						
															ļ	

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.

13-17-83