

FEET, TO AN IRON PIPE; THENCE SOUTH 72 1/2 WEST 37 FEET TO AN IRON PIPE; THENCE SOUTHERLY 150.31 FEET A NOTCH CUT IN THE CENTER LINE OF SAID HIGHWAY; BEING AT A POINT 33 FEET DISTANT FROM THE PLACE OF BEGINNING; THENCE NORTH 72 DEGREES 30 MINUTES EAST ALONG THE CENTER LINE OF SAID HIGHWAY TO THE PLACE OF BEGINNING, IN LAKE COUNTY, INDIANA.

Commonly known as 9150 Old Lincoln Highway, Hobart, IN 46342
Subject to all easements, covenants, restrictions of record.

Pursuant to Indiana Code 32-17-3-1, upon Earl Roth's death, Ruby Proffitt now owns the property in her sole name.

Wherefore as surviving owner of the property mentioned above files this affidavit of Survivorship and requests that the deed be transferred into her name only.

Furthermore, Ruby Proffitt swears that the statements made in this affidavit are true and complete

Ruby A. Proffitt
Ruby Proffitt, Affiant

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Document is NOT OFFICIAL!

Ruby Proffitt personally appeared before me, a Notary Public in Lake County, Indiana, and acknowledged the execution of this Affidavit of Survivorship.

WITNESS my hand and Notarial seal, this 8TH day of July, 2013.

Robin Ballard
Notary Public
Residing in Lake County
State of Indiana

Commission Expires:

April 12, 2017

Prepared by:

Sean T. Newberry
SEAN T. NEWBERRY Atty No. 17755-53
Indiana Legal Services, Inc.
7863 Broadway Suite 205
Merrillville, IN 46410
(219) 738-6040



"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."
PREPARED BY: STN

CERTIFICATION OF DEATH RECORD

IROQUOIS COUNTY WATSEKA, ILLINOIS MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2012 0087472

DATE ISSUED 12/12/2012

DECEDENT'S LEGAL NAME EARL EDWARD ROTH SR		SEX MALE	DATE OF DEATH NOVEMBER 23, 2012	
COUNTY OF DEATH IROQUOIS	AGE AT LAST BIRTHDAY 68 YEARS	DATE OF BIRTH JULY 03, 1944		
CITY OR TOWN WATSEKA	HOSPITAL OR OTHER INSTITUTION NAME 402 NORTH 6TH STREET			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME SHARON PERZEE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 402 NORTH 6TH STREET		APT. NO.	CITY OR TOWN WATSEKA	INSIDE CITY LIMITS? YES
COUNTY IROQUOIS	STATE IL	ZIP CODE 60970	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GEORGE ROTH SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ESTER WENGL
INFORMANT'S NAME SHARON ROTH		RELATIONSHIP WIFE	MAILING ADDRESS 402 NORTH 6TH STREET, WATSEKA, IL, 60970	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION BAIER FUNERAL HOME	LOCATION - CITY OR TOWN AND STATE WATSEKA, IL	DATE OF DISPOSITION NOVEMBER 26, 2012	
FUNERAL HOME BAIER FUNERAL HOME, 102 WEST OAK STREET, WATSEKA, IL, 60970				
FUNERAL DIRECTOR'S NAME ROY D. BAIER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014722	
LOCAL REGISTRAR'S NAME LISA L. FANCHER			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 26, 2012	
CAUSE OF DEATH PART I				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		ATHEROSCLEROTIC CARDIOVASCULAR DISEASE		YEARS
		Due to (or as a consequence of):		
		DIABETES MELLITUS		YEARS
		Due to (or as a consequence of):		
		Due to (or as a consequence of):		
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY		INJURY AT WORK?
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY - SPECIFY	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED NOVEMBER 23, 2012	TIME OF DEATH 01:09 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED NOVEMBER 26, 2012	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH WILLIAM MICHAEL CHEATUM, 550 SOUTH TENTH STREET, WATSEKA, IL, 60970			PHYSICIAN'S LICENSE NUMBER	

Record Amended on 12/5/2012

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

Lisa L. Fancher
Lisa L. Fancher
Iroquois County Clerk & Recorder

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK

