STATE OF INDIANA AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVEYOR (\$3.02.67.0.R.C) 2013 053880 State of Indiana 2013 JUL 24 AM 8: 48 County of Lake MICHAEL B. BROWN Susan E Colby being first duly sworn, deposes and says as follows. That Susan E Colby and Jeffery L Colby are joint owners of real estate under a duly recorded survivorship deed. The original survivorship deed is recorded in the records of the Lake County Recorder. That Leffery Lecarby died on 07/02/2012. That by the death of <u>Jeffery L Colby</u>, the following survivor, <u>Susan E Colby</u> is the fee simple owner of the described real estate (LEGAL DESCRIPTION ATTACHED), and requests that this fact be so indicated on the land and tax records of Lake County. Southwest Financial Services, LTD: Sworn to before me and subscribed in my presence this 28th day of June, 2013. SUSAN E. STAMMIS Notary Public State of Indiana Lake County My Commission Expires 7-24-2018 This instrument prepared by: 1 Offirm, under the penalties Susan for perjuny, that have taken reasonable First Financial Bank care to redact even Social 300 than St Security number in Hamilton OH 45011 13879 this document, unless required by law. -Susan E Stammis 0006531 **PEGGY HOLINGA KATONA** LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 002033				EDR No 000000268047				State No 029159				
1. Decedent's Legal Name (First, Mi	ddle, Last)	1			ame (If female)	. 7 · · · · · · · · · · · · · · · · · · 	2. Sex	3. Time	Of Death	4. Date Of	Death (Month/Day/Year)	
JEFFERY L COLBY							MA		30 AM		7/02/2012	
Social Security Number 6a. Ag	e - Yrs 6b. Und	er 1 Year	6c. Under 1 M	Month 6d. Under 1 Day	6e. Under 1 H	our 7. Date	e of Birth (Mo	nth/Day/Year) 8.	Birthplace (Cit	ty and State or	Foreign Country)	
	Months 10. If Death Occurre	d la A Has	Days	Hours	Minutes 102 If Death	Occurred Som	05/12/1	956 G	SARY, IN			
		,		atient 🔲 Dead on Arriv	☐ Hospice Fa	acility 🛭 🖾 (Decedent's Ho		Home/Long-ter	m Care Facilit	•	
11. Facility Name (If Not Institution, 338 SOUTH BROAD ST		iber)										
12. City Or Town, State, And Zip Code						13. County Of Death 14. Marital Status At Time Of Death						
GRIFFITH, IN, 46319 15. Surviving Spouse's Name				15a (If Wife)Give Maio	LAKE (If Wife)Give Maiden Last Name 16. Deca			ent's Usual Occupa	Married Married, But Separated Divorced Widowed Never Married Unknown			
			, ,					,			·	
SUSAN E COLBY 18. Residence - State		18a.	JEREMIAH Ba. County		18b. City C	18b. City Or Town		<u>MANAGER</u>		JOZINGA		
INDIANA		LAK	E		GRIFFIT	Ή						
18c. Street And Number		•			4			18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
338 SOUTH BROAD STREET			·						46319 <u>⊠ Yes □ N</u>		☑ Yes ☐ No	
19. Decedent's Education HIGH SCHOOL GRADU	ATE OR GET		. Decedent Of I	Hispanic Origin		1. Decedent	s Race		-			
COMPLETED NO			OT HISPA	NIC		White						
22. Father's Name (First, Middle, Last)					23. Mother's Na	23. Mother's Name (First, Middle, Last)			. 23a. Mother's Maiden Last Name			
MERLE D COLBY 24. Informant's Name 24a			24a. Relations	LOIS E C a. Relationship To Decedent 24b. Mailing A			COLBY Address (Street And Number, City, State, Zip C			GOVERT		
SUSAN E COLBY WIFE					338 SOUT	H BROA	D STREE	T, GRIFFITH	H, IN 4631	9		
25a. Method Of Disposition	-	75h Pla	ce Of Dispositio	25. P in (Name Of Cemetery, C	lace Of Disposition	ace) 25c	Location - City	, Town, And State				
⊠ Burial	ion 🔲 Entombment	250. F12	ce of Dispositio	in (Name Of Cometery, C	oremistory, Outer 1	250.	Localor. Ony	, rown, rand didio				
Removal From State Other (Specify):		СНАЕ	PELLAWIN	MEMORIAL GA	ROENS 11	1 SCH	HERERVI	IIF IN				
26. Was Coroner Contacted?	I	Complete	Address Of Fu	neral Facility						27a. Fune	ral Home License Number:	
☐ Yes ☑ No			FUNERA IN 4637	L SERVICE INC	. DBA SOLA	N-PRUZ	IN, 14 KE	NNEDY AVE	ENUE.	FH4026	00087	
27b. Signature Of Indiana Funeral S PAUL P. GONZALEZ, E	ervice Licensee:				t is the	2202	COPY (IF	12 14 00035	OF DEATH	N FILE WIT	H THE	
28. Part I. Enter The <u>Chain Of E</u> Such As Cardiac Arrest, Respira	vents - Diseases,	Injuries, C	r Complication	Cause Of Death (S	od The Death Do	Not Enter Te	es)LANL UUL	INTALKEVPILLARI	FARTHGIVI		Approximate Interval: Onset To Death	
A Line. Add Additinal Lines If N Immediate Cause (Final Disease	ecessary.			A. ADENOCARCING				· 1111	18 201	2	MONTHS	
Immediate Cause (Final Diseas	9 Of Condition Res	ulang at D			JIIIA OI TANORE	Due to (Or	As A Consequence				MON THE	
Sequentially List Conditions, If Line A. Enter The Underlying C The Events Resulting In Death)	Initiated	В.		Due to (Or	As A Consequence	e OUT - CASTAGE,						
THE EVENTS INSURING III DESCRIP	Last			C		Due to (Or	A A Consequence	o Of):				
Data Friedrick	lana Orabila dia da	Death Deat	Net Deciding to	D	Sivin In Cort I	I 20 W/	as An Autopsy	Dodomad2	-			
Part II. Enter Other Significant Condi	tions Contributing to	<u>Jeath</u> But	Not Resulting in	The Underlying Cause G	SIVIN IN PART			nding Available To (Yes		h? ☐ Yes ☐ No	
31. Did Tobacoo Use Contribute To		2. If Fema						33. Manner Of	Death:		L Tes L NO	
Yes Probably No D	Inknown			Pregnant At Time Of Death Days To 1 year Before Death	- COLUMN TO THE REAL PROPERTY OF THE PERTY O			□ Natural □ Suicide □	_	_	Pending Investigation	
34. Date Of Injury (Month/Day/Year)		35. Time (ction Site, Restaura		ea) 37.	Injury At Work?	
1						E			30- 1-1		Yes No	
2011		0-100-0	¥	204	Change & Management	200				110. 1 300	. Zip Code	
38. Location Of Injury - State	3	8a. City O	r Town	38b.	Street & Number	A STATE OF THE PARTY OF THE PAR			38c. Apt.			
38. Location Of Injury - State 39. Describe How Injury Occurred	3	8a. City O	r Town	38b	Street & Number			40. If Transport	ation Injury. So	ecify:	er (Specify)	
Describe How Injury Occurred Signature, Of Person Certifying	Cause Of Death:			386	Street & Number	Range Control of the		Driver/Operator	ation Injury, Sp	ecify: Pedestrian Oth	******	
39. Describe How Injury Occurred	Cause Of Death:	SIGNA	TURE	388	Street & Number	STATE OF THE PARTY		ortifier (Check Only ertifying Physician	ation Injury, Sp	ecify: Pedestrian Oth	er (Specify) Heath Officer Date Certified	
39. Describe How Injury Occurred 41. Signature, Of Person Certifying ERWIN L ROBIN, BY E 43. Name, Address And Zip Code C ERWIN L ROBIN, 801	Cause Of Death: LECTRONIC If Person Certifying C	SIGNA ause Of D	TURE eath:		SEAL MINING	3321		rtifier (Check Only rtifying Physician 44. Licens 010380	ation injury, So Passenger 0	ecify: Pedestrian Oth	Heath Officer	
39. Describe How Injury Occurred 41. Signature, Of Person Certifying ERWIN L ROBIN, BY E 43. Name, Address And 2lp Code C ERWIN L ROBIN, 801 46. Additional Funeral Service Provi	Cause Of Death: LECTRONIC FPerson Certifying C MACARTHUF der:	SIGNA ause Of D	TURE eath:		SEAL.	3321	⊠ Ce	ritifier (Check Only intifying Physician 44. Licen: 010380 47. *Aka	on Injury, Sp Passenger One) Corone Se Number O72A	ecify: Pedestrian Oth er 45.	Heath Officer Date Certified	
39. Describe How Injury Occurred 41. Signature, Of Person Certifying ERWIN L ROBIN, BY E 43. Name, Address And Zlp Code C ERWIN L ROBIN, 801 46. Additional Funeral Service Provi 48. Signature of Local Health Office	Cause of Death: LECTRONIC f Person Certifying C MACARTHUE	SIGNA ause Of D	TURE path:		SEAL.	3321	⊠ Ce	rtifier (Check Only rtifying Physician 44. Licens 010380	on Injury, Sp Passenger One) Corone Se Number O72A	ecify: Pedestrian Oth ar	Heath Officer Date Certified	
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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.

EXHIBIT "A" LEGAL DESCRIPTION

Page: 1 of 1

Account #: 22322100 Order Date: 06/10/2013

· Reference :

Name: SUSAN COLBY

Deed Ref: 764674

Index #: Registered Land:

Parcel #: 45-11-02-152-025.000-006

THE FOLLOWING DESCRIBED REAL ESTATE IN THE TOWN OF GRIFFITH, LAKE COUNTY, STATE OF INDIANA, TO-WIT:
LOTS 19 TO 24, BOTH INCLUSIVE, IN CLOUGH'S ADDITION TO GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2, PAGE 49, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESERVATIONS, LEASES AND RESTRICTIONS OF REGORD, ALL LEGAL HIGHWAYS, ALL RIGHTS OF WAY, ALL ZONING, BUILDING AND OTHER LAWS, ORDINANCES AND REGULATIONS, ALL RIGHTS OF TENANTS IN POSSESSION, AND ALL REAL ESTATE TAXES AND ASSESSMENTS NOT YET DUE AND PAYABLE.

BEING THE SAME PROPERTY CONVEYED BY DEED RECORDED IN DOCUMENT NO. 764674, OF THE LAKE COUNTY, INDIANA RECORDS.

This Document is the property of the Lake County Recorder!