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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 055023

2013 JUL 29 AM 11:55

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
) SS:
COUNTY OF LAKE)

I, Raymond M. Sommers, being first duly sworn states that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. Affiant is owner of the following described real estate:

The South 13 acres of the Northeast Quarter of the Southeast Quarter of Section 13, Township 34 North, Range 9 West of the Second Principal Meridian in Lake County, Indiana.

Parcel I.D. No.: 45-15-13-426-006.000-041

More Commonly known as: 12206 Clark Street, Crown Point, IN 46307

3. Said premises were formerly owned as tenants by the entireties by Raymond M. Sommers and Mildred R. Sommers, husband and wife;

4. Said Mildred R. Sommers a/k/a Mildred Sommers died a resident of Lake County, Indiana, on the 5th day of February, 2012; attached as Exhibit A is a copy of the Certificate of Death of Mildred Sommers;

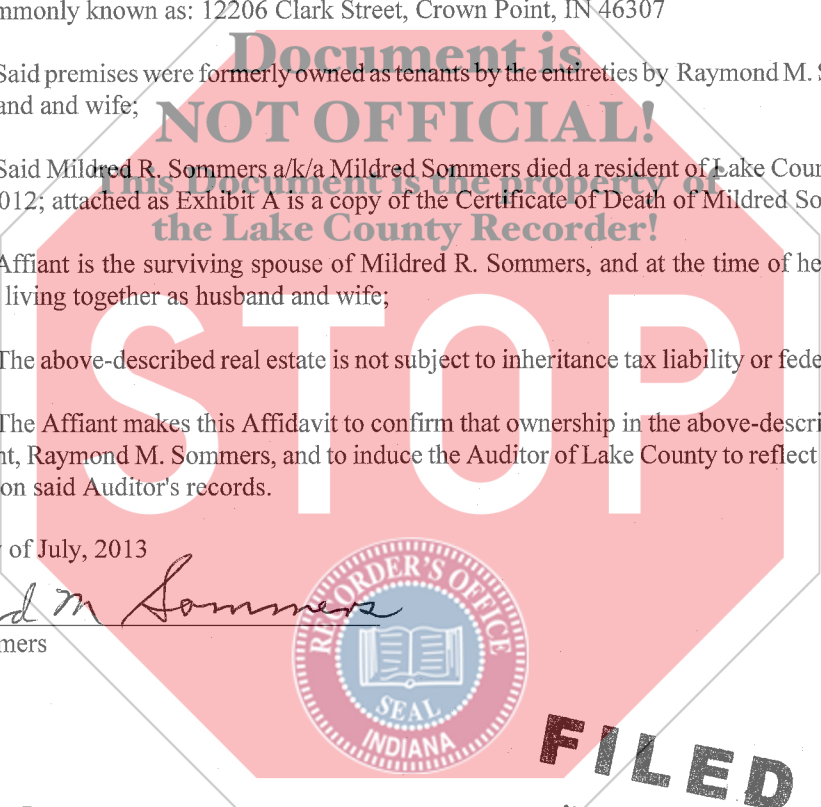
5. Affiant is the surviving spouse of Mildred R. Sommers, and at the time of her death they were not divorced and were living together as husband and wife;

6. The above-described real estate is not subject to inheritance tax liability or federal estate tax liability;

7. The Affiant makes this Affidavit to confirm that ownership in the above-described real estate is now vested in the Affiant, Raymond M. Sommers, and to induce the Auditor of Lake County to reflect the correct ownership of such real estate on said Auditor's records.

Dated this 26 day of July, 2013

Raymond M Sommers
Raymond M. Sommers



FILED 004554
JUL 29 2013

PTS13-7000
WHEN RECORDED RETURN TO:
PROFESSIONALS' TITLE SERVICES, LLC
9195 BROADWAY
MERRILLVILLE, IN 46410

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

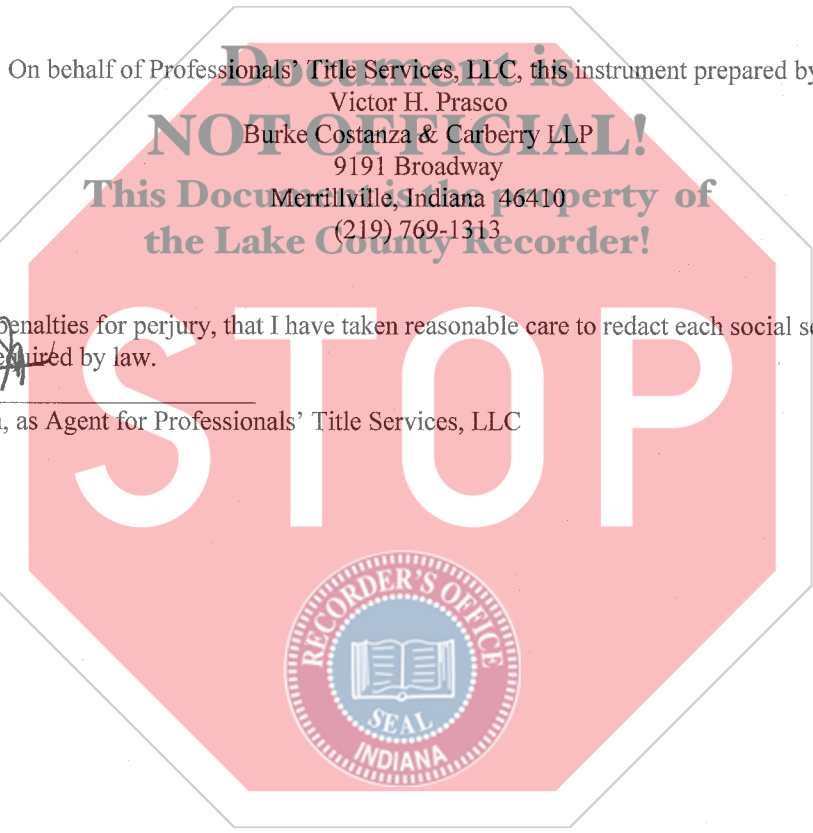
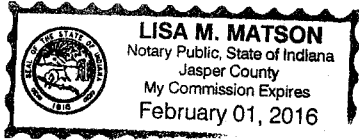
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AD
PTS
CL-1062

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of July, 2013, personally appeared Raymond M. Sommers, and acknowledged the execution of the foregoing Survivorship Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

[Handwritten Signature]

Lisa M. Matson, Notary Public

My Commission Expires: 02/01/2016
My County of Residence: Jasper



On behalf of Professionals' Title Services, LLC, this instrument prepared by:
Victor H. Prasco
Burke Costanza & Carberry LLP
9191 Broadway
Merrillville, Indiana 46410
(219) 769-1313

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.

By: *[Handwritten Signature]*
Lisa M. Matson, as Agent for Professionals' Title Services, LLC
PTS13-7000



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 000384

EDR No 00000243870

State No 005569

1. Decedent's Legal Name (First, Middle, Last) MILDRED SOMMERS		1a. Maiden Name (If female) SPENCER		2. Sex FEMALE	3. Time Of Death 11:30 AM	4. Date Of Death (Month/Day/Year) 02/05/2012	
5. Social Security Number -4962	6a. Age - Yrs 79	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/30/1932	8. Birthplace (City and State or Foreign Country) CLARENDON, VA
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) 12206 CLARK STREET							
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307				13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name RAYMOND SOMMERS		16a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation BOOKKEEPER		17. Kind Of Business/Industry RETAIL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307
18c. Street And Number 12206 CLARK STREET						18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) DAVID SPENCER		23. Mother's Name (First, Middle, Last) THELMA SPENCER		23a. Mother's Maiden Last Name KING			
24. Informant's Name RAYMOND SOMMERS		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 12206 CLARK STREET, CROWN POINT, IN 46307			
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE		25c. Location - City, Town, And State CROWN POINT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL HOME, CROWN POINT, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307				27a. Funeral Home License Number FH19900060	
27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD99000013		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 Cause On A Line. Add Additional Lines If Necessary. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC COLON CANCER Due to (D) As A Consequence Of (C) Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last B. _____ Due to (D) As A Consequence Of (C) C. _____ Due to (D) As A Consequence Of (C) D. _____ Approximate Interval: Onset To Death YEAR			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input 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"/> Pregnant If Pregnant Within 150 Days Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.	
						38d. Zip Code	
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311				44. License Number 01052342A		45. Date Certified 02/09/2012	
46. Additional Funeral Service Provider:				47. "Atas" ADD 1 7 2012			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year) APR 15 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							
7: 1932-09-29 45: 2/9/2012 11:14:41 AM 49: 09-FEB-12							