Re-Record to correct Scrivener's error - Affiant's name. STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2013 JUL 11 AM 11: STATE OF INDIANA 05038 COUNTY OF LAKE RECORDER AFFIDAVIT OF SURVIVORSHIP Comes now Joel D. Edgington, Sr., and upon being duly sworn does attest and say: That the affiant is the spouse of Roberta M. Edgington, deceased. α 1. That Joel D. Edgington, Sr. and Roberta M. Edgington, acquired the following property as 2. Husband and Wife during the term of their marriage. Lots Numbered Thirty (30) and Thirty-one (31) as marked and laid down on the recorded plat of the Town of Palmer, in Lake County, Indiana, as the same appears of record in Plat Book 1, Page 72, in the Recorder's Office of Lake County Indiana and Part of the Northwest quarter of the Northwest quarter, Section Twenty-one, (21), Township Thirty-four (34) North, Range Seven (7) West of the P.M. described as: Commencing at the Southeast corner of Lot 31, as marked and laid down on the recorded plat of the original Town of Palmer, thence East to the right of way of the Chicago & Erie Railway Company, thence North-westerly along said right of way to the Northeast corner of said lot 30, as marked and laid down on the recorded plat of the original town of Palmer, thence South to the place of beginning, containing two (2) acres, more or less, in Lake County, Indiana. OCT 2 1 2013 Commonly known as: 12525 Ripley Pl., Crown Point, IN Parcel Nos.: 45-17-21-103-001.000-047 PEGGY HOLINGA KATONA 45-17-21-103-002.000-047 a/k/a Roberta LAKE COUNTY AUDITOR 45-17-21-103-003.000-047 a/k/a Joel D. Edgington, Sr. That Joel D. Edgington, Sr. and Roberta M. Edgington remained married until the death of 3. Roberta M. Edgington on the 20th day of October, 2009. a/k/a Joel Dee Edgington, Sr. That Joel D. Edgington, Sr. became the fee simple owner of the property at the death of Roberta M. Edgington. a/k/a Roberta Edgington for perjury that the foregoing statements are true.

Edgington, Si

04153

15965

400 <del>(13)</del>

STATE OF INDIANA COUNTY OF LAKE Subscribed and sworn to before me this 94 day of My Commission Expires: 08/09/2020 Christopher L. Ray Resident of Lake County I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Christopher L. Ray This Instrument Prepared by the Law Offices of Patricia A. Rees 5341 Central Avenue, Portage, IN 46368 & 600 West Old Ridge Road, Hobart, IN 46342 Phone: (219) 947-1692, Fax: (219) 763-9749 ocument 1s This Document is the property of the Lake County Recorder!

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| Local No 004101  |  |                      | E                               | EDR No 00000114931                         |                                       |                        | State No 056112   2. Sex   3. Time Of Death   4. Date Of Death (Month/Day/Y |                           |                               |                                    |  |                                |
|--|--|----------------------|---------------------------------|--|---------------------------------------|------------------------|---|---------------------------|-------------------------------|------------------------------------|--|--------------------------------|
| ROBERTA EDGINGTON  |  | )<br>•:              | *                               |  | ne (II remaie)                        |                        | FEMALE 3.   |                           | OO-OO DEA                     |                                    | 4. Date Of Death (Month/Day/Yea                |                                |
| 5. Social Security Number  |  | 6b. Under 1 Yea      | 6c. Under 1 M                   | RETTIG<br>onth 6d. Under 1 Day             | 6e. Under 1 Hour                      | 7. Date                | of Birth (Mo  | nth/Day/Year)             | 09:00 PM<br>8. Birthplace (Ci |                                    | 10/20/2009<br>by and State or Foreign Country) |                                |
| 308-36-0809  | 71                                     | Months               | Days                            | Hours                                      | Minutes                               |                        | 11/19/1   | 937                       | GAF                           | RY. IN                             |  |                                |
| 9. Ever in U.S. Armed Force  | s? 10. If Dea                          | th Occurred In A Ho  | spital:                         | <u> </u>                                   | 10a. If Death Occ                     | urred Some             | where Othe  |                           | ital                          |                                    | Care Eacility                                  |                                |
| ☐ Yes ☒ No ☐ Unkn  | - '                                    |                      | Department Outpa                | tient Dead on Arrival                      | Other (Specify                        |                        |   | Jile                      | ising rion                    | ie/Long-term                       | Care Facility                                  |                                |
| 11. Facility Name (If Not Ins<br>12525 RIPLEY PLA  |  | et and Number)       |                                 |  |                                       |                        |   |                           |                               |                                    |  |                                |
| 12. City Or Town, State, And   | d Zip Code                             |                      |                                 |  | 13. County                            | Of Death               |   |                           | - 1                           |                                    | s At Time Of                                   |                                |
| CROWN POINT, IN  |  |                      | LAKE                            |  |                                       |                        |   | Widowed                   | ☐ Never M                     | eparated Divorce<br>arried Unknown |  |                                |
| 15. Surviving Spouse's Nam   | e                                      |                      |                                 | 15a. (If Wife)Give Maider                  | Last Name                             | 1                      | 16. Deced   | lent's Usual Oc           | cupation                      |                                    | 17. Kind Of I                                  | Business/Industry              |
| JOEL EDGINGTON  18. Residence - State  | . County                               | County               |                                 |  | SECRETARY                             |                        |   |                           | CO-OP EXTENSION               |                                    |  |                                |
|  |  |                      |                                 |  | 18b. City Or To                       |                        |   |                           |                               |                                    |  |                                |
| INDIANA<br>18c. Street And Number  |  | LA                   | KE                              |  | CROWN P                               | OINT                   |   | 18d. Apt. No              | o. T                          | 18e. Zip Co                        | ode  | 18f. Inside City Limits?       |
| 12525 RIPLEY PLACE   |  |                      |                                 |  |                                       |                        |   |                           | 40                            |                                    |  | ⊠ Yes □ No                     |
| 19. Decedent's Education   |  |                      | 0. Decedent Of Hi               | spanic Origin                              | 21.                                   | Decedent's             | Race  | **                        |                               | 4630                               | 07   |                                |
| HIGH SCHOOL GR<br>COMPLETED  | RADUATE C                              |                      | IOT HISPAN                      | IIC  | Whi                                   | e                      |   |                           |                               |                                    |  |                                |
| 22. Father's Name (First, Mid  | ldle, Last)                            |                      | <u> </u>                        |  | 23. Mother's Name                     |                        | le, Last)   |                           |                               | 23a. Mo                            | ther's Maiden                                  | Last Name                      |
| WILBUR RETTIG  |  |                      |                                 | MARGARET RETTING                           |                                       |                        |   |                           | DOVICHI                       |                                    |  |                                |
| 24. Informant's Name   |  |                      |                                 | nip To Decedent                            | 24b. Mailing Addres                   |                        |   |                           |                               |                                    |  |                                |
| JOEL EDGINGTON   | 1                                      |                      | HUSBAND                         |  | 12525 RIPLE<br>e Of Disposition       | Y PLAC                 | CE, CRO   | WN POI                    | NT, IN                        | 46307                              |  |                                |
| 25a. Method Of Disposition  ☑ Burial ☐ Cremation ☐   | Donation D Fo                          | 256. P               | ace Of Disposition              | (Name Of Cemetery, Cre                     | matory, Other Place                   | 25c. Lo                | ocation - City  | , Town, And S             | tate                          |                                    |  |                                |
| Removal From State   | Donason 🗀 En                           |                      | $\mathbf{N}(0)$                 |  |                                       |                        | $\mathbf{A}$  |                           |                               |                                    |  |                                |
| Other (Specify):  26. Was Coroner Contacted?   | 27.                                    | Name And Comple      | MARY'S CEI<br>te Address Of Fun |  |                                       | CRO                    | WN PO   | INT, IN                   |                               |                                    | 27a. Funeral                                   | Home License Number            |
| ☐ Yes ☒ No  27b. Signature Of Indiana Fu   | /IPC                                   | INT. IN 4630         |                                 | INCCROWN PO                                | DINT, 109 NC                          | RTH E                  | P   |                           |                               |                                    | H 19900  | 060                            |
| LARRY ALLEN GE   |  |                      | he La                           | ike Cou                                    | inty R                                | Reco                   | orc   | c. License NL<br>0090000  | IBUE (Of                      | Licepson DF                        | THE  |                                |
| 28. Part I. Enter The <u>Cha</u><br>Such As Cardiac Arrest, F<br>A Line. Add Additinal Lin           | in Of Events - D                       | Diseases, Injuries,  | Or Complications                | Cause Of Death (See - That Directly Caused | Instructions And<br>The Death, Do Not | Examples<br>Enter Term | ) THE   | RECORD<br>RECORD FOUNTY F | EALT!                         | DEPAR                              | TMENT  | Approximate<br>Interval: Onset |
| Such As Cardiac Arrest, R<br>A Line. Add Additinal Lin   | Respiratory Arre:<br>les If Necessary. | st, Or Ventricular F | ibrillation Withou              | t Showing The Etiology.                    | Do Not Abbreviate                     | . Enter Only           | y one cau   | se On                     | -                             | 2000                               |  | To Death                       |
| Immediate Cause (Final (   | Disease Or Cond                        | fition Resulting In  | Death) A                        | METASTATIC LUNC                            | CANCER                                | Due to (Or As          | s A Consequence   | JUN                       | 27                            | 2013                               | <u></u>  | < 6 MONTHS                     |
| Sequentially List Conditio   | ns, If Any, Lead                       | ing To The Cause     | Listed On B                     | . <u> </u>                                 |                                       | Due to (Or As          | 7   |                           | ) ,                           |                                    | <u> </u>                                       |                                |
| Line A. Enter The Under<br>The Events Resulting In t   | lying Cause (Dis                       | ease Or Injury Tha   | t Initiated                     | C  |                                       |                        | Susan in Cast.  |                           |                               |                                    | ۔ مه   | 1                              |
|  |  |                      |                                 | Due to (Or As                              | LAKE COUNTY HEALTH OFFICER            |                        |   |                           |                               |                                    |  |                                |
| Part II. Enter Other Significant   | t Conditions Contr                     | ibuting to Death But | Not Resulting In T              | he Underlying Cause Givin                  | In Part I                             | 29. Was                | An Autopsy  | Perforined?               |                               |                                    |  | <del></del>                    |
|  |  |                      |                                 |  |                                       |                        |   | nding Available           | To Comp                       | Yes olete The Cau                  | Se Of Death?                                   | ☐ Yes ☐ No                     |
| 31. Did Tobacoo Use Contrib  |  | 32. If Fem           |                                 | Pregnant At Time Of Death                  | Not Pregnent, But Preg                | nant Within 42 D       | Days Of Death   | 33. Manne                 |                               |                                    | cident D P                                     | ending Investigation           |
| Yes Probably No.  No.  No.  No.  No.  No.  No.  No.  |  |                      | nant, But Pregnant 43 Oa        | ys To 1 year Before Death                  | Unknown If Pregnant W                 | 8thin The Past Y       | 'ear  | Suicide                   | Could                         | Not Be Dete                        | mined  |                                |
| 34. Date Of Injury (Montry Da)   | y/ rear)                               | 35, Time             | Of Injury                       | 36. Place                                  | Of Injury (E.G., Dec                  | edent's Hor            | ne, Constru   | ction Site, Rest          | aurant, W                     | fooded Area)                       |  | ury At Work?<br>Yes No         |
| 38. Location Of Injury - State   |  | 38a. City 0          | Or Town                         | 38b. Str                                   | eet & Number                          | à                      |   |                           | 13                            | 38c. Apt. No.                      | /  | ip Code                        |
|  |  |                      |                                 | E.O.                                       |                                       | 4                      |   |                           |                               |                                    |  |                                |
| 39. Describe How Injury Occu   | urred                                  |                      |                                 | ≥:   |                                       | 5E                     |   | 40. If Tran:              | sportation<br>ator Pas        | Injury, Specif                     | y:<br>strian Other (S                          | (pecify)                       |
| 41. Signature, Of Person Cer   |  |                      |                                 |  | الكها                                 | 3                      | 42. Ce  | tifier (Check C           | Only One)                     |                                    |  | <del> </del>                   |
| LYLE R MANN , SIGNATURE ON FILE  43. Name, Address And Zip Code Of Person Certifying Cause Of Death: |  |                      |                                 |  |                                       | 3                      | ☐ Coroner      ☐ Coroner      ☐ Coroner      ☐ Coroner                      |                           |                               | Heath Officer 45. Date Certified   |  |                                |
| LYLE R MANN , 43   | 21 FIR ST                              | EAST CHIC            | AGO IN AGO                      | 112  | U. AMAJO                              | 51/                    |   |                           |                               |                                    |  |                                |
| 48. Additional Funeral Service   | e Provider:                            | 2, (01 01110)        | 100, 114 400                    |  | illiming                              |                        |   |                           | 31582<br>'Akas:               |                                    |  | 10/23/2009                     |
| 48. Signature of Local Health  |  |                      |                                 |  |                                       |                        | 49. For Re  | gistrar Only              | Date File                     | d (Month/Da                        | y/Ye <b>ar)</b> :                              |                                |
| SUSAN W. BEST, SIGNATURE ON FILE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY                           |  |                      |                                 |  |                                       |                        | OCT 23 2009   |                           |                               |                                    |  |                                |
| THE PROPERTY OF SECURIOR CONTRACT OF SECURIOR CONTRACT   |  |                      |                                 |  |                                       |                        |   |                           |                               |                                    |  |                                |
|  |  |                      |                                 |  |                                       |                        |   |                           |                               |                                    |  |                                |
|  |  |                      |                                 |  |                                       |                        |   |                           |                               |                                    |  |                                |
| Plata Form 53305 + TTT-117   |  |                      |                                 |  |                                       |                        |   |                           |                               |                                    |  |                                |