AFFIDAVIT

On this December, 2013 before me personally appeared Gar	y C. Kendrick
to me personally known, who being duly sworn on oath did say that:	<u>.</u> *
1. Affiant resides at the address given below affiant's signature:	2013
2. Affiant is Son of Owner	09152
3. Said Eugene C. Kendrick and Virginia A. Kendrick	27
died on October 06, 2012 (Eug	•
died on July 07, 2005 (Virg	
Document 1s	STAJE FILED POL3 DEC MICHA RE
4. The legal description of the premises in question is:	Richard Control
Lot 369, Southtown Estates, 8th Addition, Town of Highland, PB 35, PG 13 Recorder of Lake County, Indianake County Recorder!	Office of the Property of the
5. Is there Federal or State inheritance tax liability by reason of the	death-of sate
decedent? Yes x No	
If yes, then estimated taxes due are \$N/A	
The taxes due are paid or unpaid	
6. Where this affidavit relates to a Life Estate Interest only.	
FIDELITY - HIGHLAND 93013 3714	LED \$10
FIDELITY NATIONAL	DEC 13 2013
78481 PEGI 02013 2014	BY HOLINGA AUDITOR
92013-371U	DEC 13 2010 BY HOLINGA KATONA E COUNTY AUDITOR C

7. Affiant's relationship to the deceased was Son of Owner) /)
Signature	A
Printed Name: Gary	G. Kendrick
Address: 3 CREE	EN ACRES ROAD
WASHINZAW	1, N 47501
Subscribed and sworn to before me by the affiant	_
	LISON EMORY HUFFMAN tary Public, State of Texas My Commission Expires
Ollow Group H John Notary Public	December 04, 2016
Printed Name Allison Emory Huffman	
My County of Residence is: Nacogdoches	
In the State of Texasocument is	
My Commission Expires December 4, 2016 This Document is the property of	
the Lake County Recorder! This instrument prepared by Gary G. Kendrick	
1 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.	
Daianna Tartton	
Date in lation	
TEAL.	
MOJANA MILITARIA	

Order No.: 920133716 Revision No. 1, 12/3/13

EXHIBIT "A"

Lot 369 in Southtown Estates 8th Addition, in the Town of Highland, as per plat thereof, recorded in Plat Book 35, page 13, in the Office of the Recorder of Lake County, Indiana.

Property

3533 42nd Place, Highland, IN 46322

Address:

Parcel No. 45-07-27-328-039.000-026



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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 0031	<u>65</u>		EDR No 000(571				04496		
Decedent's Legal Name (First, Middle, Last)			1a Maiden Nar	ne (if female)		2 Sex	3.	Time Of D	Death	4 Date Of 0	Death (Month/Day/Year)
EUGENE KENDRICK 5. Social Security Number 6a. Age - Yrs 6b.	Under 1 Ye	ar Co Hadas S E	Ionth 6d. Under 1 Day	6e Under 1 Hou				11:07			0/06/2012
				 	- / 1341	e of Britis (Mi	anth/Day/Year)	B. Bliff	hplace (City	and State or i	oreign Country)
9 Ever in U.S. Armed Forces? 10 If Death Oc	nths curred in A i	Days Hospital	Hours	Minutes 10a If Death Co	curred Son	07/20/1		CHI	CAGO, I	L	
☐ Yes ☒ No ☐ Unknown ☒ Inpatient ☐	Emergenc	cy Department Outpa	atient Dead on Arrival	Hospice Facil	ity 🔲		ome Nur		ne/Long-term	Care Facility	
Facility Name (If Not institution, Give Street and COMMUNITY HOSPITAL City Or Town, State, And Zio Code	Number)										
12. City Or Town, State, And Zip Code				13. Count	y Of Death			- I		us At Time Of	Death Separated Divorced
MUNSTER, IN, 46321 15. Surviving Spouse's Name				LAKE				□⊠	Widowed	☐ Never M	famied Unknown
та. эшчинд эроозо в малю			15a. (If Wile)Give Maide	in Last Name		16. Dece	tents Usual Occ	cupation		17. Kind Of STEEL	Business/Industry
18. Residence - State						SALES	MAN				CTURING
	18	Ba County		18b, City Or T	OWN						
INDIANA 18c. Street And Number	LA	KE		HIGHLAN	<u> </u>		18d Apl No		18e Zip C		18f Inside City Limits?
							160, Apr. No		ise. Zip C	006	✓ Yes ☐ No
3533 42ND PLACE 19. Decedent's Education	1	20. Decedent OI H	ispanie Origin	1 23	Decedant	e Daga			463	22	M 163 17 140
HIGH SCHOOL GRADUATE OR (SED					* Kace					
COMPLETED 22 Fatner's Name (First, Middle, Last)		NOT HISPAN	AIC	Wh 23. Mother's Name		de, Last)	· · · · · · · · · · · · · · · · · · ·		23a Mc	other's Maider	Last Name
					,	_					
CHESTER J KENDRICK 24. Informant's Name		24a, Relations	lalp To Decedant	JULIA L KEN 24b. Mailing Addre			City State Zip	Code	HOLU	PKOVIC	
GARY KENDRICK		SON	,	3 GREEN A	•				N 47501		
			25. Pla	ce Of Disposition					14 47 30 1		
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Donation ☐ Entomb		Place Of Disposition	(Name Of Cemetery, Cre	ematory, Other Place	25c. (Location - City	, Town, And Sta	ate			
Removal From State	0.41	LIMITADADA	Docavi	ment	10						
Other (Specify): 26. Was Coroner Contacted? 27. Nam		Plete Address Of Fun	CEMETERY Interest Facility	HUHU	IME	RRILLVIL	LE, IN			27a. Funors	Home License Number:
		ERAL HOME,	9039 KLEINMAI	N ROAD, HIG	HLAN					FH10300	0021
27b. Signature Of Indiana Funeral Service Licensee DAVID R. PETERSON, BY ELEC	TRØNIO	SIGNATUR	Equation	ic than	***		7c. License Nui D0860158		Licensee):		
			Cause Of Death (See	a Instructions And	Example	15)	UL				Approximate
28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additinal Lines If Necessary.	Ventricular	Fibrillation Withou	t Showing The Eticlogy	Do Not Abbrevial	e. Enter O	nly One Cau	se_On_				Interval; Onset
Immediate Cause (Final Disease Or Condition	Resultina Ir	n Death) A	A. MYOCARDIAL INF	ARCTION		nis dinti	PER THE ARV	EISA	TRUE AND ATH ON FU	COMPLETE ENGLISH	F MINUTES
					Que la (Or	ANA Gonsenier	PRAITH OF	PARTME	ENT		
Sequentially List Conditions, if Any, Leading T Line A. Enter The Underlying Cause (Disease	o The Caus Or Injury Th			ORONARY ARTERY DISEASE		Due to (Or As A Consequence OQ		:		:	YEARS
The Events Resulting In Death) Last		C	. ARTERIOSCLERO	ıs	Euro to 20to	Ав А Ситвециелс	:00: (TC.)	19	2012	<u>.</u>	YEARS
).				001	1 4	2011.	į	
Part II. Enter Other Significant Conditions Contribution	to Death B	lut Not Resulting In 1	The Underlying Cause Glv	in in Pari I	29. Wa	is An Autopsy	Performed?		☐ Yes	⊠ No	
CONGESTIVE HEART FAILURE, ATRIAL FIBRI			TUS		30. Vye	ero Autopsy F	nding Ayarlable		olote The Cau		Yes No
31. Did Tobecoo Use Contribute To Death?	32. If Fe		Pregnant At Time Of Death	Not Fragnant, But Pre	gnant Water	P-Days Of Desite-	33, Manner			odení TTP	ending Investigation
34. Date Of Injury (Month/Day/Year)		regnant, But Pregnant 43 Di 16 Of Trijury	nya To 1 year Bafora Death	Unknown If Pregnant te Of Injury (E.G., De			Suicide	Could	Not Be Det	penime	
on. Data of Righty (months bay, (ear)	33. tim	ie Or injury	N R.L.	ar or rojary (e.e., or	iceden s n	ome, Constru	cron Sae, Resu	rurans, w	noded Area)		njury At Work?]Yes ∐ No
36. Location Of Injury - State	38a. City	y Or Tawn	38b. Si	Ireet & Number				13	3BC, Apl. No.		Zip Code
39. Describe How Injury Occurred							40. If Trans	portation	Injury, Speci	fv:	
			E	EAL				for Pas	aunger Pro	Ation Cher	Specify)
41. Signature, Of Person Certifying Cause Of Death HERBERT ALAN JONES, BY ELE	CTRON		JRE WILL	MANA			riffier (Check O		Coroner		ath Officer
 Name, Address And Zip Code Of Person Certifyi 	ng Cause Of	f Death:				/	44 Li	cense Nu	mber	45, D	ate Certified
HERBERT ALAN JONES , 929 RI	DGE RC	DAD SUITE 7	, MUNSTER, IN	46321				0640	Ą		10/12/2012
45. Additional Funeral Service Provider.							47. */	Akas			
48. Signature of Local Health Officer:	IIC CIC	NATURE				49. For R	egistrar Only -				
SUSAN W. BEST, VIA ELECTRON	الل عالما		MENT TO CERTIFICA	TE OF DEATH (EN	ITRY OR	J ORIGINAL)		00	CT 12 20	лZ	
	****						-				

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.



* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will page pepalty for refusal.

CERTIFICATE OF DEATH State No.

luntary and there will be	no penalty for refusal.	
ocal No.	19-65	CERTIFICATE (
/ VVI 1 1 V /		

State No.

Local No	101	7-10			EKTIFICA	IL OI	DEAT	11	State	No			
				E CONFIDENTIAL PE	R IC 16-37-1-10		2 SEX						
TYPE/PRINT	1. DECEASED-NAME (First, Middle, Lest)								3a, TIME OF DEA				
!N				endrick				nale	11:24 AM		005		
PERMANENT	4. SOCIAL SECURITY NUMBER			ia AGE-Last Birthday (Years)	5b. UNDER 1 YEAR Months Days	Hours	Minutes 6					e or Foreign Country)	
BLACK INK	_		1	71		<u> </u>			er 10, 1933 ATH (Check poly one	Hammond	, Indiar	13	
	A U.S. VETE	RAN?	U.S.	R LAST SERVED IN ARMED FORCES?	HOSPITAL Inpet	eni	88		Nursing Home	CONTRACTOR			
	No		N/A			utpatient 🔲 t	OOA		Nursing Home Residence	U Other (Specify)			
		ME (If not institute	on, give st	eet and number)					ATION OF DEATH	9d. COUNTY (F DEATH	****	
DECEDENT	Community Hospital				Munst			ter, IN		Lake			
	10. MARITAL STATUS (Specify)		11. SURVIVING SPOUSE (If wife, give meiden name)			12e. DECEDENT'S USUAL OCCUPATION done during most of working life. Do no						IDUSTRY	
	(Specify) Martied 13a. RESIDENCE-STATE Indiana		Eug	ene Kendrick	Cashier 13c. CITY, TOWN, OR LOCATION Highland				ox use retired)	Grocery Store			
			13b. CO						3d. STREET AND N				
			Lak	e				1.	3533 42nd F	Place			
	13a. ZIP CODE 13f. INSIDE CIT		TY LIMITS 14, CITIZEN OF		15. AS DECEDENT OF HISPANIC OF				American Indian,	1		EDUCATION	
		□ No B		WHAT COUNTRY?	Mexican, Puerto Rica		pecify Cuban	Spec	White, etc. try)	(Specify on Elementary/Seconds		College (1-4 or 5+)	
	46322	13g. ON A FAR		USA				White		10	., (~ 12)	Conege (IA or 34)	
DARENTO		ME (First, Middle		TODA	L		19. MOTH		rst, Middle, Malden	I			
PARENTS		Stanley	Szot					•	lizabeth Un	•			
INFORMANT	20a INFORMAN				206. MAILING	ADDRESS (Stre	et and Numb			Town, State, Zip Code)	20c. R	elationship	
INFORMANT	Eugene K				į.	nd Place,					Hus		
	21a. METHOD O		☐ Emo	nbmeni	21b. DATE AND PLACE					21c LOCATION-City			
	⊠ Burial	Cremation	Rem	oval from State	other place) July	11, 2005							
	☐ Donation	Other (Specif	y)							Merrillville,	IN		
DISPOSITION	22a. EMBALMER	'S NAME		7	22b. EMBALMER'S			23. WA	AS DEATH REPORT				
	David R.	Peterson			L OCUE	D0860158	15 15	D	No Yes				
	248. SIGNATURE OF FUNERAL DIRECTOR 246. LICENSE NUMBER 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME												
		0 1	11			of Licensee)			runerai Hor leinman Roa				
	Day	dell	14	u	FD	0860158	5		d, IN 46322		1	FH10300021	
	26. PART I.	Enter the diseas	es, injuries	or complications that ca	used the death. Do not e	iler nonspecific t	enns, such s	s cardiac or rest	piralery-			Approximate	
	IMMEDIATE CAUSE (Final Lat only one cause on each lare. Onset and Death Onset and Death												
	IMMEDIATE CAU			CAN	DYAL V	ASCU	LAY	ACL	ETPIONE GOOD	WHICH FILE WITH	You	15	
CAUSE OF	disease or condition resulting in death)			DUE TO 10	ryas a consequence	Perm		it oddaid ili	felith oftening	2148	yb.	48	
DEATH	Conditions if any,	which cave	b		R AS A CONSEQUENCE				HOW OD	2040	- T	19	
1	rise to the immediate cause, stating the underlying cause last.		c.			And the second second			NOV 28	7012			
				DUE TO (O	R AS A CONSEQUENCE	OF):		ŕ					
Į.			đ.				!	1	10.00				
	PART II, Other sign	lficant conditions -	Conditions	contributing to death but	not previously stated in	Part I. 27	. WAS DEC		28m WAS AN	AUTOPSY 286. 1	VERE AUT	DPSY FINDINGS	
l	m	MOLA	diA	2 INFA	retin			YS PERFORM					
1		7				(Yes or fo)			OF DEATH? (Yes or no)				
<u> </u>	NO No No												
ľ	29a. CERTIFIER (check only) CERTIFYING PHYSICIAN To the best of my knowledge, death occurred of the time, date, and place, and due to the cause(s) as stated.												
l	one)			ICER On the basis of ex	A C C C C C C C C C C C C C C C C C C C								
ŀ				On the basis of examinati	on and/or investigation, ir	n my opinion, dea	th occurred a	at the time, date.	and place, and dire				
ERTIFIER	296, SIGNATURE	AND THE REGE		nex D	77			2 5	2000 A	294.07	TE SIGNE	O (Month, Day, Year)	
[-	NAME 137	5 0	74	COMPLETED CAUSE OF	DEATH OTEN 20 (V)	- (Cal-1)	3		7000				
ľ	00, NAME AND AD	L'A	0.0	ompleted chose of	MA CAN	I CTP 11	7 77	V 4/1	321				
	11. HEALTH OFFI	CERSSONATUR	COPI	Douve	1 11/19/1	U SV SV		/-	-01	122 day	E FILED &	fants Dair Yanal	
FFICER	II. NONE (III QUE II	Suda	r U) Est	D.O.							mont	
-	33. MANNER OF E	DEATH		34a. DATE OF INJURY	34b. TIME OF	34c INJI	JRY AT WO	RK7 3	4d DESCRIBE HOW	INJURY OCCURRED	74	100.	
			1	(Month, Day, Year)							'		
	■ Natural	Pending Investigation					34f LOCATION (Street and						
	☐ Accident	meangason	ŀ	34a PLACE OF INJUR	Y-Al home, ferm, street,	factory, office			ATION (Street and Number of Rural Route Num		er. City or T	own, State)	
	Sulcide	Could not be Determined		building, etc (Speci					. LOCATION (Street and Number or Rural Route Nu				
	Homicide												
Ī	34g. DATE PRONC	DUNCED DEAD (M	onth, Day,	Year) 34h MOTOR	VEHICLE ACCIDENT? (Yes or no) If ye	s, specify dri	iver, passenger,	pedestrien, etc.				
Ĺ	Dune oot o	Note Form 4	1440 75) F(1,00)									
3	シレロシローリング こ	State Form 10	ノレリひした	(3/1-991									