

AFFIDAVIT

On this December 4, 2013 before me personally appeared Gary C. Kendrick
(
to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is Son of Owner
- 3. Said Eugene C. Kendrick and Virginia A. Kendrick

died on October 06, 2012 (Eugene)
 died on July 07, 2005 (Virginia)

- 4. The legal description of the premises in question is:

Lot 369, Southtown Estates, 8th Addition, Town of Highland, PB 35, PG 13, Office of
 Recorder of Lake County, Indiana

- 5. Is there Federal or State inheritance tax liability by reason of the death of said
 decedent? Yes No

If yes, then estimated taxes due are \$ N/A

The taxes due are paid or unpaid..

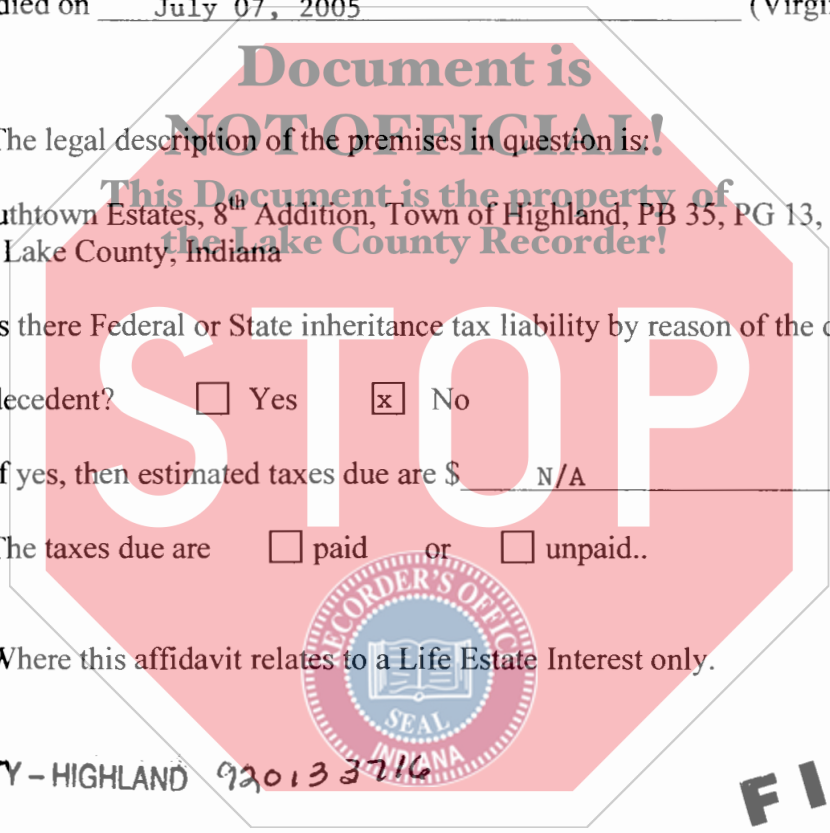
- 6. Where this affidavit relates to a Life Estate Interest only.

2013 091527

2013 DEC 16 9:04 AM

MICHAEL H. SHORRY
 RECORDER

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD



FIDELITY - HIGHLAND 92013 3716

FIDELITY NATIONAL
 TITLE COMPANY
 92013-3716

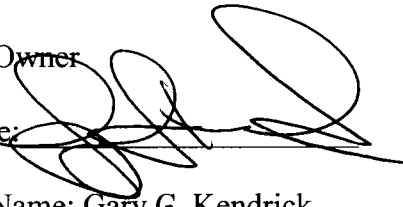
FILED
 DEC 13 2013
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

28481

\$19
 FN
 G

7. Affiant's relationship to the deceased was Son of Owner

Signature:

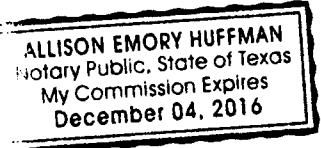


Printed Name: Gary G. Kendrick

Address: 3 GREEN ACRES ROAD
WASHINGTON, IN 47501

Subscribed and sworn to before me by the affiant

This December 4, 2013
(insert date)



Allison Emory Huffman
Notary Public

Printed Name Allison Emory Huffman

My County of Residence is: Nacogdoches

In the State of Texas

My Commission Expires December 4, 2016



Daianna Tarton

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 Address: 3533 42nd Place, Highland, IN 46322

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





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003165

EDR No 00000283571

State No 044963

Form containing fields for decedent's name (EUGENE KENDRICK), sex (MALE), date of death (10/06/2012), birth date (07/20/1930), place of birth (CHICAGO, IL), facility name (COMMUNITY HOSPITAL), city (MUNSTER, IN), county (LAKE), occupation (SALESMAN), education (HIGH SCHOOL GRADUATE), informant (GARY KENDRICK), place of disposition (CALUMET PARK CEMETERY), cause of death (MYOCARDIAL INFARCTION), certifier (HERBERT ALAN JONES), and local health officer (SUSAN W. BEST).



* 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 be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1819-05

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED-NAME (First, Middle, Last) Virginia Kendrick				2. SEX Female		3a. TIME OF DEATH 11:24 AM		3b. DATE OF DEATH (Month, Day, Yr.) July 7, 2005			
4. SOCIAL SECURITY NUMBER		5a. AGE-Last Birthday (Years) 71		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) December 10, 1933			
7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		8a. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence									
9b. FACILITY NAME (If not institution, give street and number) Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster, IN			9d. COUNTY OF DEATH Lake						
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Eugene Kendrick			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Cashier			12b. KIND OF BUSINESS/INDUSTRY Grocery Store			
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland			13d. STREET AND NUMBER 3533 42nd Place				
13a. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. AS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE-American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 10 College (1-4 or 5+)	
18. FATHER'S NAME (First, Middle, Last) Stanley Szot					19. MOTHER'S NAME (First, Middle, Maiden Surname) Elizabeth Unavailable						
20a. INFORMANT'S NAME (Type/Print) Eugene Kendrick				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3533 42nd Place, Highland, IN 46322				20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 11, 2005 Calumet Park Cemetery				21c. LOCATION-City or Town, State Merrillville, IN			
22a. EMBALMER'S NAME David R. Peterson				22b. EMBALMER'S LICENSE NO. FD08601585		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					
24a. SIGNATURE OF FUNERAL DIRECTOR <i>David R. Peterson</i>				24b. LICENSE NUMBER (of Licensee) FD08601585		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH10300021					
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Coronary Vascular Disease b. Arteriosclerosis c. NOV 28 2012 d.										Approximate Interval Between Onset and Death YEARS	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Myocardial infarction						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.											
29b. SIGNATURE AND TITLE OF CERTIFIER <i>H A Jones MD</i>								29c. MEDICAL LICENSE NO. 02000640		29d. DATE SIGNED (Month, Day, Year) 7-11-05	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 929 Ridge Road Suite 7 Munster IN 46321											
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Burt DO</i>										32. DATE FILED (Month, Day, Year) July 11, 2005	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED		
34a. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)					34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							