

SURVIVORSHIP AFFIDAVIT

YVONNE M. WYLLIE, being duly sworn upon her oath, deposes and says:

- 1. That ROBERT H. WYLLIE and YVONNE M. WYLLIE, husband and wife, obtained title to the below described real estate by Warranty Deed recorded on July 23, 1968 and assigned Document Number 758656:

Lot 30, Lincoln Gardens Third, as shown in Plat Book 35, page 33, in Lake County, Indiana.

**Tax Key#: 45-12-19-230-001.000-030
Commonly Known As: 7701 Waite Street, Merrillville, IN 46410**

That the marital relationship which existed between ROBERT H. WYLLIE and YVONNE M. WYLLIE at the time they acquired title to said real estate remained in effect and unbroken until DECEMBER 15, 2013, the date of ROBERT H. WYLLIE's death

That ROBERT H. WYLLIE passed away on DECEMBER 15, 2013, thus leaving his wife, YVONNE M. WYLLIE, as surviving owner in fee simple of the subject real estate. (See Certificate of Death for Robert H. Wyllie attached as Exhibit "A").

That all of the assets of said decedent, which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Yvonne M. Wyllie
YVONNE M. WYLLIE, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 13th day of January

~~2012~~
2014

Beth A. Faguer
Notary Public - Printed Name Beth A. Faguer

My Commission Expires: May 25, 2018

County of Residence: Lake

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.

FILED

Randy H. Wyllie, Attorney

This Instrument Prepared by: Randy H. Wyllie, Wieser & Wyllie, LLP, 429 ~~West~~ W. 14th Highway, Schererville, IN 46375

20228

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1400

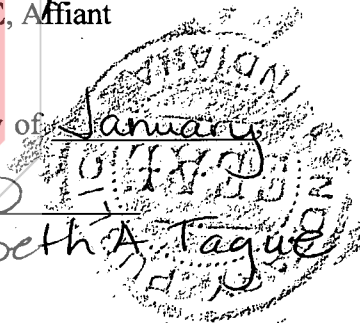
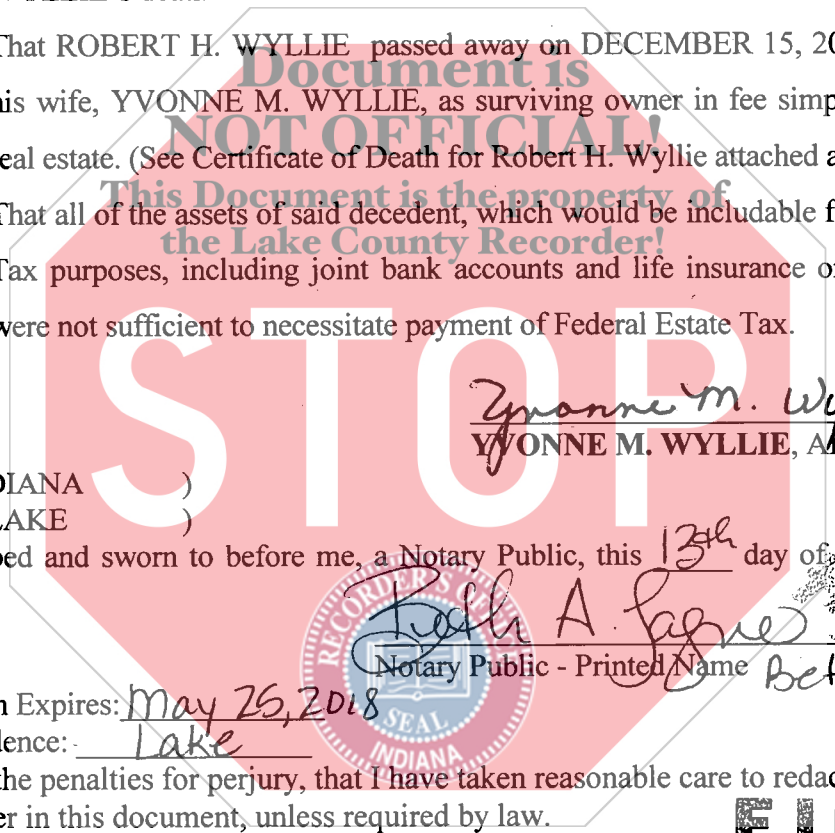
3675

RM

RM CM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 JAN 14 AM 9:02
MICHAEL B. BROWN
RECORDER

2014 001766





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 037-88

Local No. 004068

EDR No. 00000358812

State No. 057556

1. Decedent's Legal Name (First, Middle, Last) ROBERT H WYLLIE		1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 07:38 AM	4. Date Of Death (Month/Day/Year) 12/15/2013	
5. Social Security Number 308-36-1429	6a. Age - Yrs 74	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) 02/25/1939	8. Birthplace (City and State or Foreign Country) HIGHLAND PARK, IL
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 7701 WAITE STREET							
12. City Or Town, State, And Zip Code MERRILLVILLE IN 46410				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 YVONNE WYLLIE		15a. (If Wife) Give Maiden Last Name WILDING		16. Decedent's Usual Occupation SUPERVISOR STEELWORKER		17. Kind Of Business/Industry STEELWORKER	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE		18c. Street And Number 7701 WAITE STREET	
18d. Apt. No.		18e. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input 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) JOHN WYLLIE		23. Mother's Name (First, Middle, Last) RUTH MAE WYLLIE		23a. Mother's Maiden Last Name LUDWIG			
24. Informant's Name YVONNE WYLLIE		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 7701 WAITE STREET, MERRILLVILLE, IN 46410			
25. Place Of Disposition KELLY CARROLL CREMATORY - GARY, IN							
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) KELLY CARROLL CREMATORY - GARY, IN		25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RENDINA FUNERAL HOME INC, 5100 CLEVELAND STREET, GARY, IN 46408		27a. Funeral Home License Number FH83007819			
27b. Signature Of Indiana Funeral Service Licensee ANTHONY S. RENDINA JR, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD01010402		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. Immediate Cause (Final Disease Or Condition Resulting In Death) A HEART ATTACK Due to (Or As A Consequence Of): 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. D Due to (Or As A Consequence Of): C Due to (Or As A Consequence Of): B			
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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"/> Unknown If Pregnant Within The Past 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)	
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) THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		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. Transportation Injury, Specify: <input type="checkbox"/> Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		NOT VALID UNLESS	
41. Signature, (Of Person Certifying Cause Of Death) YASER ALOBEID, 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 YASER ALOBEID, 3903 EAST US HIGHWAY 30, MERRILLVILLE, IN 46410		44. License Number 1058415A	
45. Date Certified 12/17/2013		46. Additional Funeral Service Provider NONE		47. *As:		48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	
48. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) DEC 18 2013		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

State Form 53395 - ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and RAISED SEAL AFFIXED

Exhib. A u.c.