

SURVIVORSHIP AFFIDAVIT

Comes now your Affiant, Janice Bredesen, who being first sworn upon her oath, alleges and says as follows:

1. Affiant resides at 55 Cypress Drive, Schererville, Lake County, Indiana.
2. Affiant is the surviving spouse of Paul E. Bredesen, now deceased, which said death certificate is attached hereto, made a part hereof, and marked as Exhibit A.
3. Your Affiant and the decedent jointly owned property located at 55 Cypress Drive, Schererville, Indiana, with property number 45-11-05-201-008.000-036, which is also known as 8, Plum Creek Village, 3<sup>rd</sup> Addition, Block One, to the Town of Schererville, Lake County, Indiana.
4. Said premises were formerly owned as husband and wife.
5. Said Paul E. Bredesen died on November 4, 2013.
6. Your Affiant represents and warrants to the best of her knowledge there is no estate or inheritance tax liability by reason of the death of the decedent.
7. Affiant states that she is the survivor of Paul E. Bredesen in that the marital status continued until the death of said decedent.

Further Affiant sayeth not.

*Janice Bredesen*  
JANICE BREDESEN

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

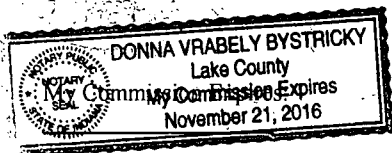
STATE OF INDIANA )  
COUNTY OF LAKE ) SS:



20666

Before me, the undersigned, a Notary Public, in and for said County and State, this 3 day of February 2014, personally appeared JANICE BREDESEN and acknowledged the execution of the foregoing Affidavit.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal.



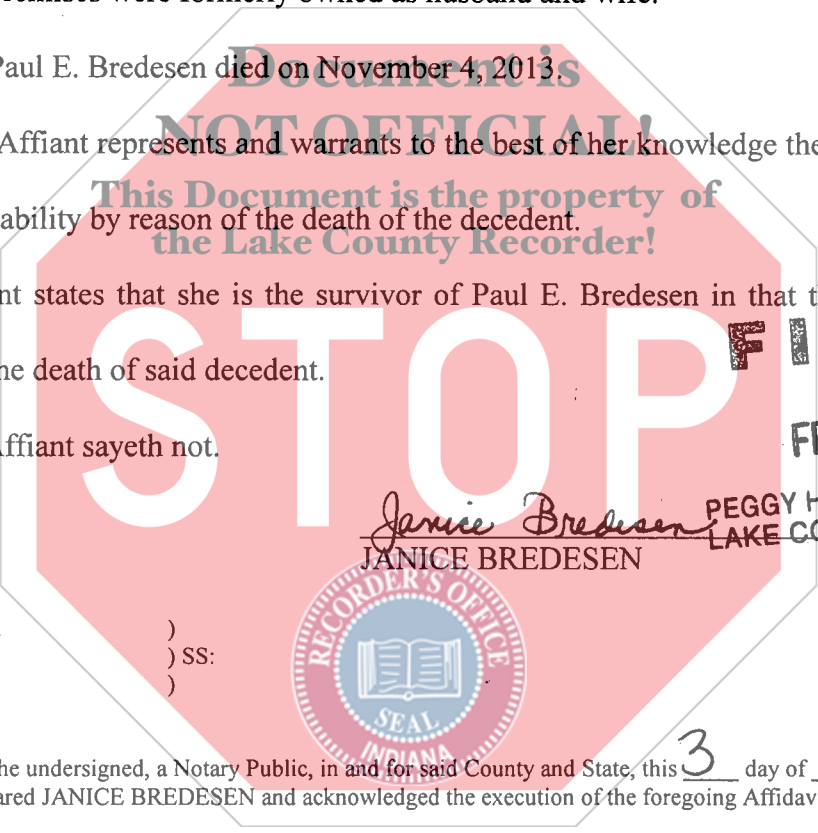
*Donna Vrabely Bystricky*  
Notary Public

My County of Residence: \_\_\_\_\_

AMOUNT \$ 14-  
 CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
 CHECK # 8525  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM   
 CLERK Paul

2014 006982

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL B. BROWN  
RECORDER  
2014 FEB - 5 AM 10:34



# CERTIFICATION OF DEATH RECORD

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS MEDICAL CERTIFICATE OF DEATH

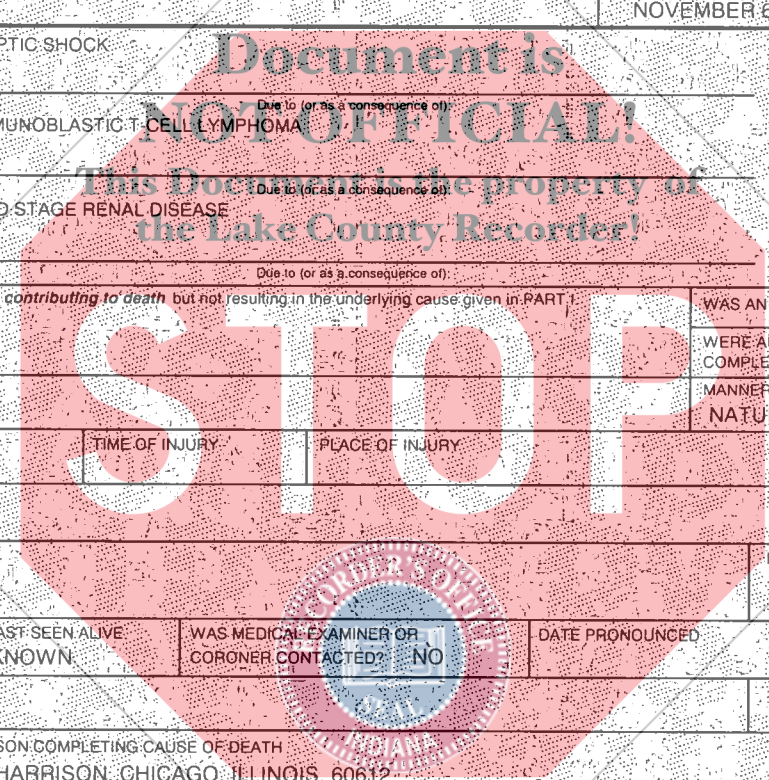
STATE FILE NUMBER 2013 0083930

DATE ISSUED 11/7/2013

DECEDENT'S LEGAL NAME PAUL E BREDESEN		SEX MALE	DATE OF DEATH NOVEMBER 04, 2013	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 68 YEARS	DATE OF BIRTH AUGUST 24, 1945		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME RUSH UNIVERSITY MEDICAL CENTER			
PLACE OF DEATH INPATIENT				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED]	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JANICE BARADZIEJ	EVER IN U.S. ARMED FORCES? YES
RESIDENCE 55 EXPRESS DRIVE	APT. NO.	CITY OR TOWN SCHERERVILLE	INSIDE CITY LIMITS? YES	
COUNTY LAKE	STATE IN	ZIP CODE 46375	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION GEORGE BREDESEN	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNE WAGNER
INFORMANT'S NAME JANICE BREDESEN		RELATIONSHIP WIFE	MAILING ADDRESS 55 EXPRESS DRIVE, SCHERERVILLE, IN, 46375	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION CHAPEL LAWN MEMORIAL GARDENS	LOCATION - CITY OR TOWN AND STATE SCHERERVILLE, IN	DATE OF DISPOSITION NOVEMBER 11, 2013	
FUNERAL HOME BLAKE LAMB FUNERAL HOME, 4727 WEST 103RD STREET, OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME DEBORAH ANN DOUGHERTY DOMINIAK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012130	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 6, 2013	
CAUSE OF DEATH - PART I				
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. SEPTIC SHOCK				
Due to (or as a consequence of):				
b. IMMUNOBLASTIC T-CELL LYMPHOMA				
Due to (or as a consequence of):				
c. END STAGE RENAL DISEASE				
Due to (or as a consequence of):				
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH NATURAL	
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 06:50 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 06, 2013	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH SARA HANIF MIRZA, 1611 W HARRISON, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036066426	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

*David Orr*  
David Orr  
Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**