

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 2/3/14 before me personally appeared Mack Elliott
(insert date)

2/14 011809

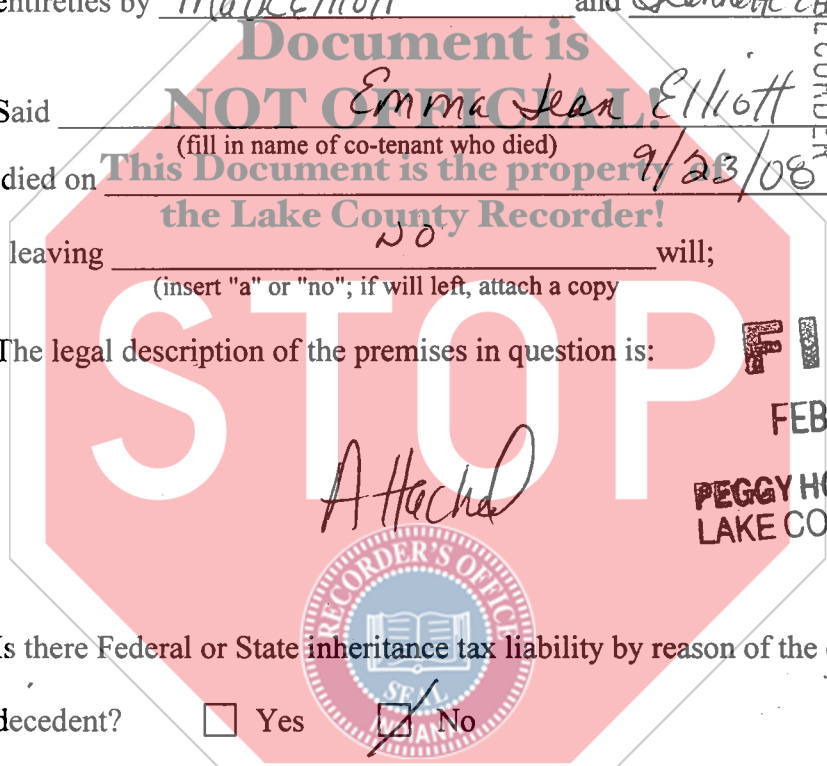
to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Mack Elliott and Jennette Elliott

4. Said Emma Jean Elliott
(fill in name of co-tenant who died)
died on 9/23/08
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 FEB 28 AM 10:32
MAGELLAN B. BROWN
RECORDER

FILED
FEB 25 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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

00691

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

1802
num cm
CT
an

83372C INU

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Son

Signature: [Handwritten Signature]

Printed Name WACK ELLIOTT

Address: _____

Subscribed and sworn to before me by the affiant

This 2-13-14
(insert date)

Notary Public

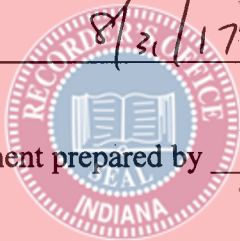
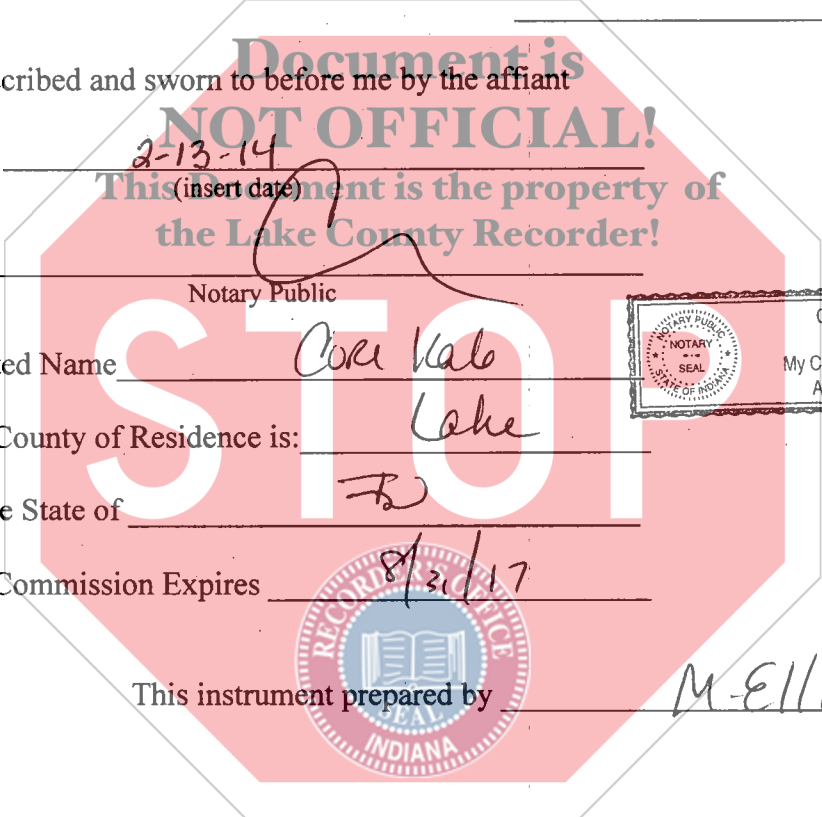
Printed Name Cori Kale

My County of Residence is: Lake

In the State of IN

My Commission Expires 8/31/17

This instrument prepared by M. Elliott



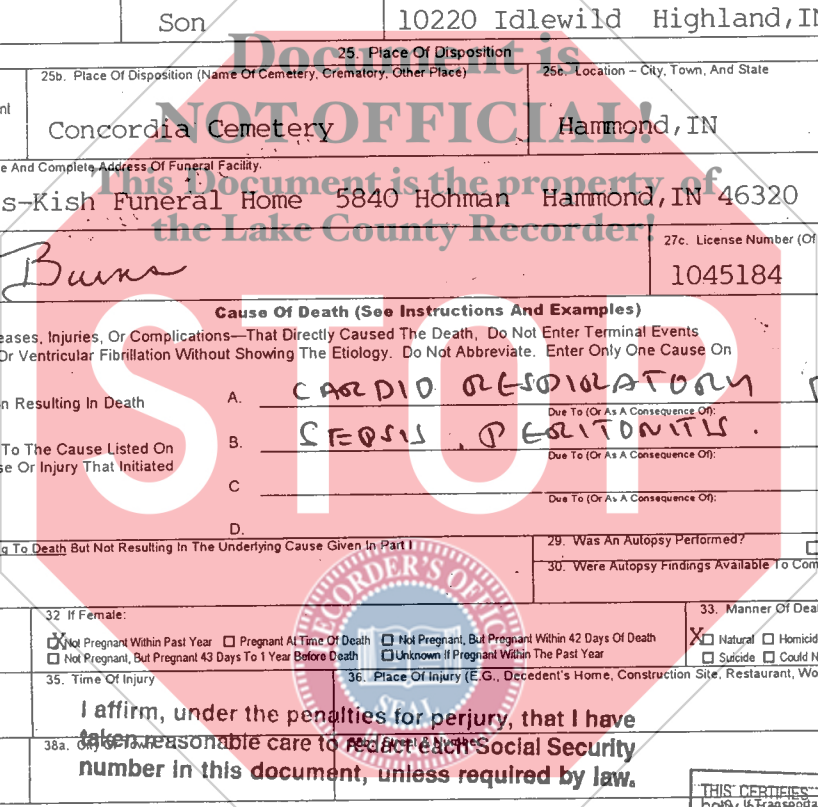


INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 833260
3218-08

State No. _____
Date Of Death (Month/Day/Year) SEPTEMBER 23, 2008

1. Decedent's Legal Name (First, Middle, Last) EMMA JEAN ELLIOTT Fanning				1a. Maiden Last Name (If Female) Fanning		2. Sex FEMALE		3. Time Of Death 2:06 A.M.		4. Date Of Death (Month/Day/Year) SEPTEMBER 23, 2008	
5. Social Security Number [REDACTED]		6a. Age - Yrs 75		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) Oct. 26, 1932		8. Birthplace (City And State Or Foreign Country) Winchester, IN									
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input checked="" 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 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) THE COMMUNITY HOSPITAL 901 MACARTHUR BLVD.											
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation Homemaker		17. Kind Of Business/Industry Home	
18. Residence - State IN			18a. County Lake			18b. City Or Town Hammond			18c. Street And Number 7520 Marshall Ave.		
18d. Apt. No.		18e. Zip Code 46323		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 10		20. Decedent Of Hispanic Origin No		21. Decedent's Race White	
22. Father's Name (First, Middle, Last) Ollie Fanning				23. Mother's Name (First, Middle, Last) Della Fanning				23a. Mother's Maiden Last Name Abbot			
24. Informant's Name Mack Elliott			24a. Relationship To Decedent Son			24b. Mailing Address (Street And Number, City, State, Zip Code) 10220 Idlewild Highland, IN 46322					
25a. Method Of Disposition. <input checked="" type="checkbox"/> Burial <input 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) Concordia Cemetery			25c. Location - City, Town, And State Hammond, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Burns-Kish Funeral Home 5840 Hohman Hammond, IN 46320						27a. Funeral Home License Number 3002819			
27b. Signature Of Indiana Funeral Service Licensee: <i>Thomas J Burns</i>						27c. License Number (Of Licensee): 1045184					
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. CARDIO RESPIRATORY FAILURE 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 B. SEPSIS, PNEUMONITIS											
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State			38a. City			38b. Apt. No.			38d. Zip Code		
39. Describe How Injury Occurred											
41. Signature, Of Person Certifying Cause Of Death <i>Mohan K Kesani</i>						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: MOHAN K. KESANI, M.D. 10010 DONALD POWERS DRIVE MUNSTER, INDIANA 46321						44. License Number 01060231A		45. Date Certified SEP 26 2008			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature Of Local Health Officer: <i>Susan J But. SO.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): <i>September 26, 2008</i>					



7520 Marshall Ave, Hammond IN 46323

Lot 27 in block 6 in Roxana First Addition to Hammond, as per plat thereof, recorded in Plat Book 20 page 24, in the Office of the Recorder of Lake County, Indiana.

Parcel # 007-26-35-0362-0027



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.

CTIC Has made an accomodation recording of the instrument.