

7. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Joyce M. Higgins is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Joyce M. Higgins is the sole owner of said real estate.

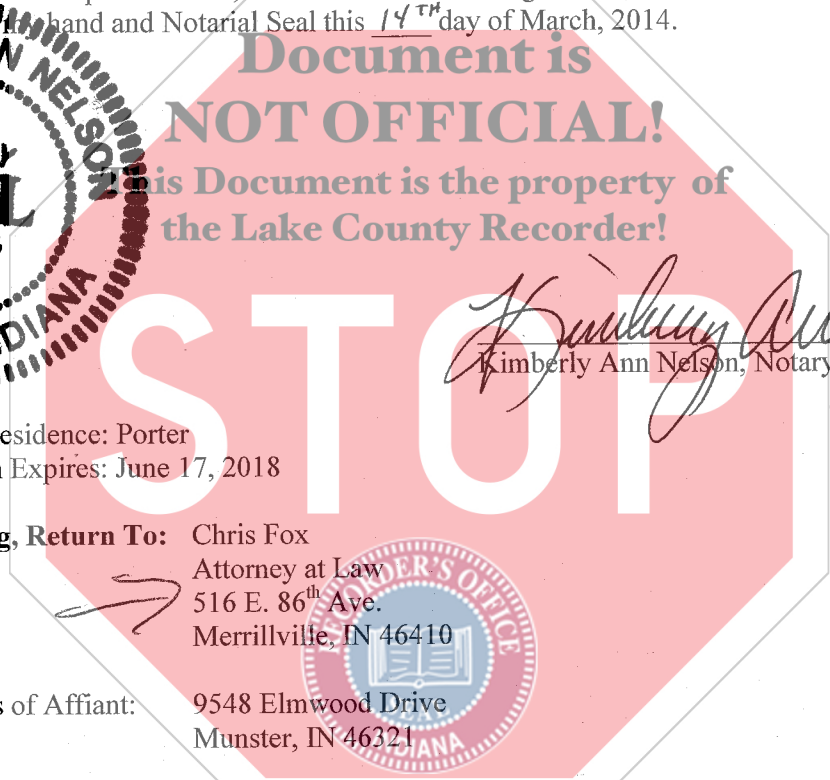
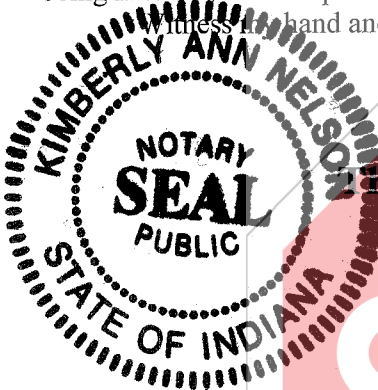
Further Affiant saith not.

IN WITNESS WHEREOF, Joyce M. Higgins, the Affiant, has executed this Survivorship Affidavit this 14th day of March, 2014.

Signature: Joyce M. Higgins
Joyce M. Higgins

State of Indiana)
) SS:
County of Lake)

Before me, the undersigned Notary Public in and for said County and State, personally appeared Joyce M. Higgins, and acknowledged the execution of the foregoing Survivorship Affidavit, and who, being first duly sworn upon her oath, stated that the facts alleged therein are true.
Witness my hand and Notarial Seal this 14th day of March, 2014.



Kimberly Ann Nelson
Kimberly Ann Nelson, Notary Public

My County of Residence: Porter
My Commission Expires: June 17, 2018

After Recording, Return To: Chris Fox
Attorney at Law
516 E. 86th Ave.
Merrillville, IN 46410

Mailing Address of Affiant: 9548 Elmwood Drive
Munster, IN 46321

This Survivorship Affidavit was prepared by Chris Fox, Attorney at Law, #19091-64, 516 East 86th Avenue, Merrillville, IN 46410 (219/791-1520).

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. Chris Fox



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 001665

EDR No 000000323074

State No 022592

1. Decedent's Legal Name (First, Middle, Last) CHARLES O HIGGINS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:26 PM	4. Date Of Death (Month/Day/Year) 05/09/2013		
5. Social Security Number [REDACTED]		6a. Age - Yrs 71	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) 07/21/1941		8. Birthplace (City and State or Foreign Country) GOLDEN POND, KY	
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 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) MUNSTER COMMUNITY HOSPITAL										
12. City Or Town, State, And Zip Code MUNSTER, IN, 46320					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 JOYCE HIGGINS			15a. (If Wife) Give Maiden Last Name ZEMEN			16. Decedent's Usual Occupation BODY SHOP OWNER		17. Kind Of Business/Industry AUTO BODY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MUNSTER			18c. Street And Number 9548 ELMWOOD DRIVE	
18d. Apt. No.		18e. Zip Code 46321		18f. Inside City Limits? <input 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) RAYMOND HIGGINS				23. Mother's Name (First, Middle, Last) OCIE PEARL HIGGINS			23a. Mother's Maiden Last Name FUTRELL			
24. Informant's Name JOYCE HIGGINS			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 9548 ELMWOOD DRIVE, MUNSTER, IN 46321				
25. Place Of Disposition										
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) MIDWEST CREMATORY			25c. Location - City, Town, And State LA PORTE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility MIDWEST CREMATORY (LAPORTE), 678 E. HUPP ROAD, LA PORTE, IN 46350					27a. Funeral Home License Number: FH10500015			
27b. Signature Of Indiana Funeral Service Licensee: CASMIR PULASKI, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08900012				
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. 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. SEPTIC SHOCK Due to (Or As A Consequence Of): MAY 17 2013 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. ACUTE RENAL FAILURE Due to (Or As A Consequence Of): Susan W Best, DO C. LAKE COUNTY HEALTH OFFICER D.										
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. COLON CANCER						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			38. APT. No.		38d. Zip Code	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38c. APT. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: LEONARD JOSEPH BUCCELLATO, 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: LEONARD JOSEPH BUCCELLATO, 761 45TH STREET, 108, MUNSTER, IN 46321						44. License Number 01058760A		45. Date Certified 05/13/2013		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 13 2013				

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

**Survivorship Affidavit
Exhibit
A**