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SURVIVORSHIP AFFIDAVIT

MARGARETTE N. CLEVELAND, being duly sworn upon her oath, deposes and says:

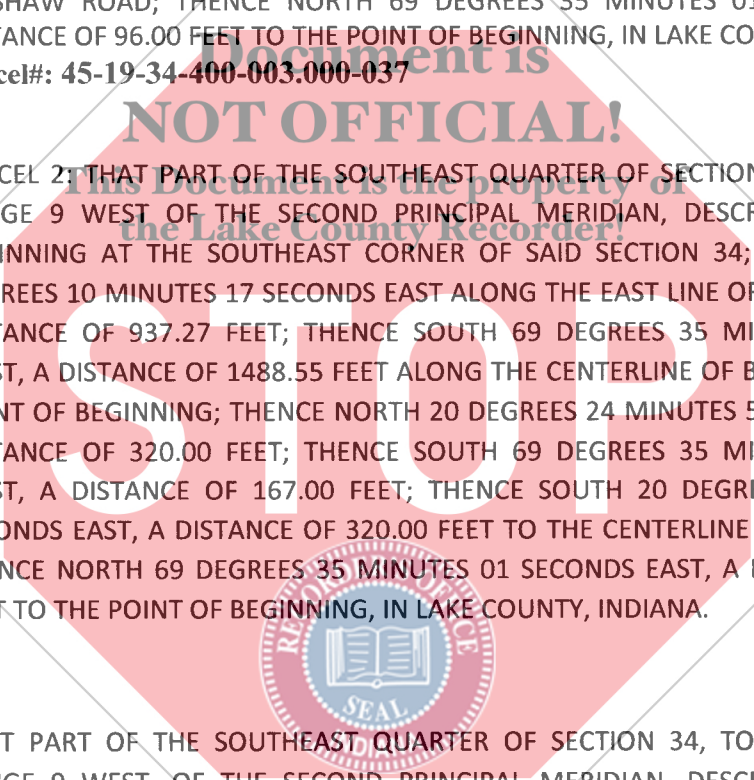
- 1. That **JESSIE L. CLEVELAND** a/k/a **JESSE L. CLEVELAND** and **MARGARETTE N. CLEVELAND**, husband and wife, obtained title to the below described real estate by Trustee's Deeds recorded on December 23, 1996 and assigned **Document Number 96084210 and Document Number 96084211**:

PARCEL 1: THAT PART OF THE SOUTHEAST QUARTER OF SECTION 34, TOWNSHIP 33 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF SAID SECTION 34; THENCE NORTH 00 DEGREES 10 MINUTES 17 SECONDS EAST ALONG THE EAST LINE OF SAID SECTION 34, A DISTANCE OF 937.27 FEET; THENCE SOUTH 69 DEGREES 35 MINUTES 01 SECONDS WEST, A DISTANCE OF 1392.55 FEET ALONG THE CENTERLINE OF BELSHAW ROAD TO A POINT OF BEGINNING; THENCE NORTH 20 DEGREES 24 MINUTES 59 SECONDS WEST, A DISTANCE OF 320.00 FEET; THENCE SOUTH 69 DEGREES 35 MINUTES 01 SECONDS WEST, A DISTANCE OF 96.00 FEET; THENCE SOUTH 20 DEGREES 24 MINUTES 59 SECONDS EAST, A DISTANCE OF 320.00 FEET TO THE CENTERLINE OF BELSHAW ROAD; THENCE NORTH 69 DEGREES 35 MINUTES 01 SECONDS EAST, A DISTANCE OF 96.00 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.
 Parcel#: 45-19-34-400-003.000-037

PARCEL 2: THAT PART OF THE SOUTHEAST QUARTER OF SECTION 34, TOWNSHIP 33, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF SAID SECTION 34; THENCE NORTH 00 DEGREES 10 MINUTES 17 SECONDS EAST ALONG THE EAST LINE OF SAID SECTION 34, A DISTANCE OF 937.27 FEET; THENCE SOUTH 69 DEGREES 35 MINUTES 01 SECONDS WEST, A DISTANCE OF 1488.55 FEET ALONG THE CENTERLINE OF BELSHAW ROAD TO A POINT OF BEGINNING; THENCE NORTH 20 DEGREES 24 MINUTES 59 SECONDS WEST, A DISTANCE OF 320.00 FEET; THENCE SOUTH 69 DEGREES 35 MINUTES 01 SECONDS WEST, A DISTANCE OF 167.00 FEET; THENCE SOUTH 20 DEGREES 24 MINUTES 59 SECONDS EAST, A DISTANCE OF 320.00 FEET TO THE CENTERLINE OF BELSHAW ROAD; THENCE NORTH 69 DEGREES 35 MINUTES 01 SECONDS EAST, A DISTANCE OF 167.00 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.

and

THAT PART OF THE SOUTHEAST QUARTER OF SECTION 34, TOWNSHIP 33 NORTH, RANGE 9 WEST, OF THE SECOND PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS: COMMENCING AT THE SOUTHEAST CORNER OF SAID SECTION 34, THENCE NORTH 00 DEGREES 10 MINUTES 17 SECONDS EAST ALONG THE EAST LINE OF SAID SECTION 34, A DISTANCE OF 937.27 FEET; THENCE SOUTH 69 DEGREES 35 MINUTES 01 SECONDS WEST, ALONG THE CENTERLINE OF BELSHAW ROAD, A DISTANCE OF 165.75 FEET TO



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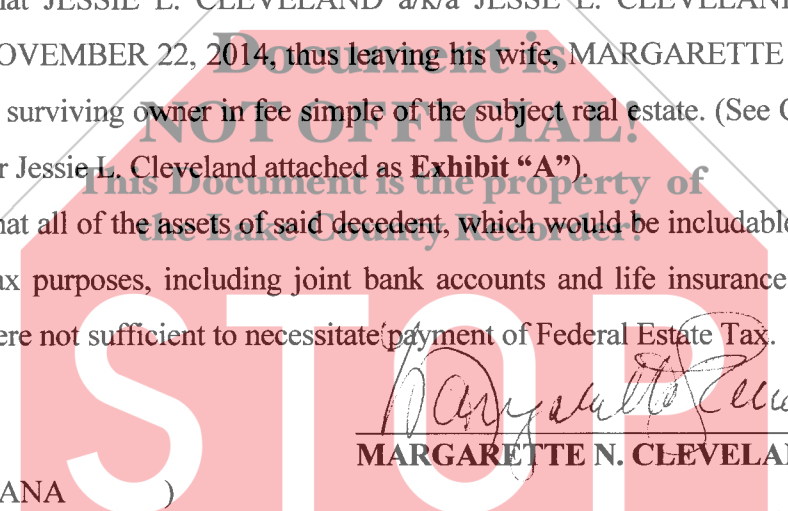
PEGGY HOLINGA RAYON
LAKE COUNTY AUDITOR

THE POINT OF BEGINNING; THENCE SOUTH 69 DEGREES 35 MINUTES 01 SECONDS WEST, A DISTANCE OF 53.00 FEET; THENCE NORTH 20 DEGREES 24 MINUTES 59 SECONDS WEST, A DISTANCE OF 400.00 FEET; THENCE NORTH 69 DEGREES 35 MINUTES 01 SECONDS EAST, A DISTANCE OF 408.50 FEET; THENCE SOUTH 20 DEGREES 24 MINUTES 59 SECONDS EAST, A DISTANCE OF 80.00 FEET; THENCE SOUTH 69 DEGREES 35 MINUTES 01 SECONDS WEST, A DISTANCE OF 355.50 FEET; THENCE SOUTH 20 DEGREES 24 MINUTES 59 SECONDS EAST, A DISTANCE OF 320.00 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA.

Parcel#: 45-19-34-400-002.000-037

Commonly Known As: 8408 Belshaw Road, Merrillville, IN 46410

2. That the marital relationship which existed between JESSIE L. CLEVELAND a/k/a JESSE L. CLEVELAND and MARGARETTE N. CLEVELAND at the time they acquired title to said real estate remained in effect and unbroken until NOVEMBER 22, 2014, the date of JESSIE L. CLEVELAND's death.
3. That JESSIE L. CLEVELAND a/k/a JESSE L. CLEVELAND passed away on NOVEMBER 22, 2014, thus leaving his wife, MARGARETTE N. CLEVELAND, as surviving owner in fee simple of the subject real estate. (See Certificate of Death for Jessie L. Cleveland attached as Exhibit "A").
4. 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.

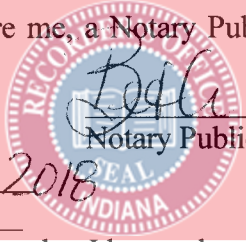


Margarette N. Cleveland

 MARGARETTE N. CLEVELAND, Affiant

STATE OF INDIANA)
 COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 16th day of Dec, 2014.



Beth A. Tague

 Notary Public - Printed Name Beth A. Tague

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.

Randy H. Wyllie

 Randy H. Wyllie, Attorney

This Instrument Prepared by: Randy H. Wyllie, Wieser & Wyllie, LLP, 429 West Lincoln Highway, Schererville, IN 46375



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

36291

Local No 003746

EDR No 000000416392

State No 053684

1. Decedent's Legal Name (First, Middle, Last) JESSIE L CLEVELAND				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 02:10 PM	4. Date Of Death (Month/Day/Year) 11/22/2014			
5. Social Security Number	6a. Age - Yrs 80	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 09/09/1934		8. Birthplace (City and State or Foreign Country) WINSTON COUNTY, AL			
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) 8408 BELSHAW ROAD											
12. City Or Town, State, And Zip Code LOWELL, IN, 46356					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 MARGARETTE CLEVELAND			15a. (If Wife) Give Maiden Last Name SPRINGFIELD			16. Decedent's Usual Occupation FOREMAN		17. Kind Of Business/Industry STEEL MILL			
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town LOWELL			18c. Street And Number 8408 BELSHAW ROAD	18d. Apt. No.	18e. Zip Code 46356	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" 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) ROY CHANDLER CLEVELAND				23. Mother's Name (First, Middle, Last) JESSIE NORA CLEVELAND			23a. Mother's Maiden Last Name WILSON				
24. Informant's Name MARGARETTE CLEVELAND		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 8408 BELSHAW ROAD, LOWELL, IN 46356							
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) WEST CREEK CEMETERY		25c. Location - City, Town, And State LOWELL, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356					27a. Funeral Home License Number: FH83004277				
27b. Signature Of Indiana Funeral Service Licensee: KEN P. SHEETS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08900045					
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. METASTATIC LUNG AND LIVER CANCER 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. _____ C. _____ D. _____											
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 type="checkbox"/> No <input checked="" 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)		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 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) NOT VALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311						44. License Number 01052342A		45. Date Certified 12/01/2014			
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): DEC 01 2014					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											