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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 082296

2014 DEC 29 AM 9:48

MICHAEL B. BROWN
RECORDER



Fidelity National Title

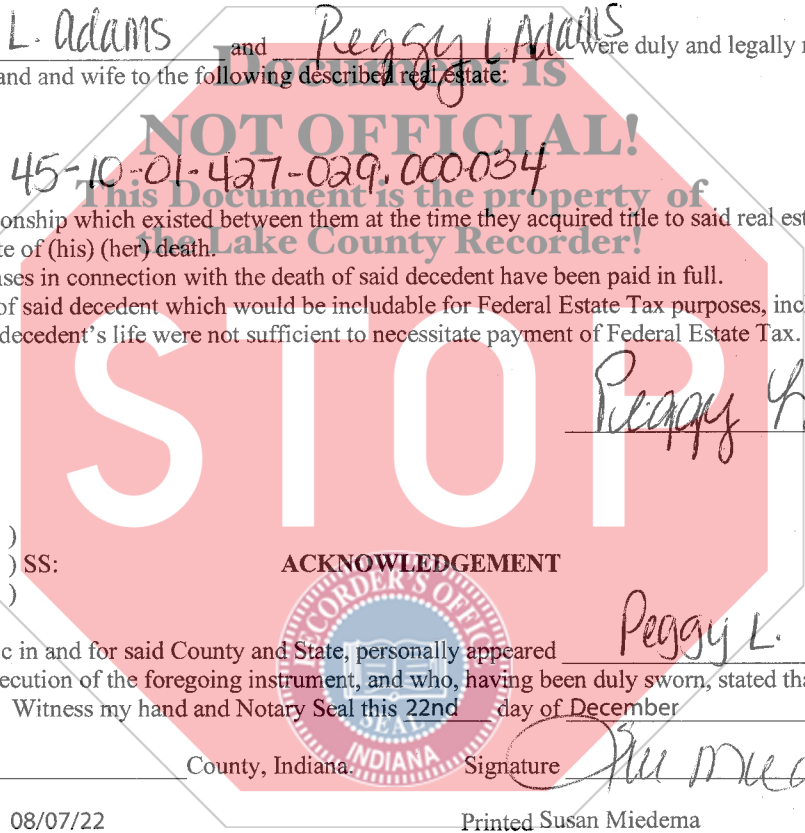
Insurance Company

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana)
) SS:
COUNTY OF Lake)

Peggy L Adams, being first duly sworn upon oath, deposes and says:

1. That Paul J Adams died on 2/5/14 at Munster IN (City/State)
2. That Paul L. Adams and Peggy L Adams were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. 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.



45-10-01-427-029.000-034

Further affiant sayeth not.

Peggy L Adams
Affiant Signature

STATE OF Indiana)
) SS:
COUNTY OF Lake)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Peggy L. Adams who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 22nd day of December, 2014.

Resident of Lake County, Indiana. Signature Susan Miedema

My Commission Expires: 08/07/22 Printed Susan Miedema

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. Susan Miedema

This instrument prepared by Peggy L Adams [Name]



FIDELITY NATIONAL
TITLE COMPANY

92014 2228

FILED

DEC 29 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

017266

15-
FW
AV



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 09088

Local No 000422

EDR No 000000368361

State No 005480

1. Decedent's Legal Name (First, Middle, Last) PAUL J ADAMS			1a. Maiden Name (if female)			2. Sex MALE	3. Time Of Death 01:05 AM	4. Date Of Death (Month/Day/Year) 02/05/2014	
5. Social Security Number 1-000	6a. Age - Yrs 68	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) 07/09/1945		8. Birthplace (City and State or Foreign Country) SALINA, KS	
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 checked="" 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) RILEY HOSPICE CENTER									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				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 PEGGY ADAMS			15a. (If Wife) Give Maiden Last Name FERGUSON			16. Decedent's Usual Occupation CHIEF DEPUTY CORONER		17. Kind Of Business/Industry CORONER'S OFFICE	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		18c. Street And Number 1014 JACKSON PLACE	18d. Apt. No.	18e. Zip Code 46311	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) PAUL J ADAMS			23. Mother's Name (First, Middle, Last) VALJEAN ADAMS			23a. Mother's Maiden Last Name STRESKY			
24. Informant's Name PEGGY ADAMS		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1014 JACKSON PLACE, DYER, IN 46311					
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) NW INDIANA CREMATION SVS			25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number. FH83002445		
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009461			
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. SEPSIS	Due to (Or As A Consequence Of):	DAYS						
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. CIRRHOSIS	Due to (Or As A Consequence Of):	MONTHS						
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 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 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 92 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death	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. 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: 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: GARY ALLEN MARCOTTE, BY ELECTRONIC SIGNATURE	42. Title (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	LAKE COUNTY HEALTH OFFICER							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GARY ALLEN MARCOTTE, 15900 W 101ST AVE, DYER, IN 46311						44. License Number 02000603A		45. Date Certified 02/06/2014	
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): FEB 07 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

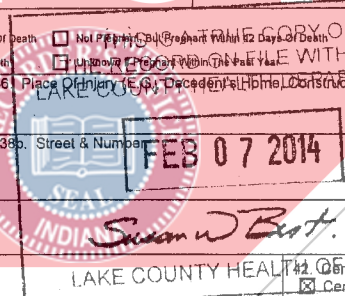


EXHIBIT A

Lot 95 in Northgate Second Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 40, page 28, in the Office of the Recorder of Lake County, Indiana.

