SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA))SS: **COUNTY OF LAKE**)

On this 23rd day of December, 2014, before me personally appeared Henry W. Egger \sqrt{r}. who being duly sworn on his/her oath states the following:

1. That the Affiant is the son of the owner of the real estate located in Lake County, State of Indiana, more particularly described as follows:

SEE ATTACHED EXHIBIT "A" LEGAL DESCRIPTION

PARCEL NO: 45-16-29-151-001.000-041 AMD 45-16-30-277-005.000-041 Commonly Known as: 13310 & 13510 Chase Street, Crown Point, IN 4630

2. That said premises were formerly owned as tenants by the entireties by Henry Eggers, Jr. and Carolyn C. Eggers, husband and wife.

3. That said Carolyn C. Eggers died on 12/05/2010, a resident of Lake County, Indiana, leaving no Will

Eggers there are no Federal Estate Taxes 4. That by reason of the death of Carolyn C. nor Indiana Inheritance Taxes due and payable by reason of the death of said Decedent. the Lake County Recorder

5. That on the date of the death of Carolyn C. Eggers said parties, namely, Henry W. Eggers, Jr. and Carolyn C. Eggers were husband and wife, and have not been divorced.

FURTHER AFFIANT SAITH NOT.

STATE OF INDIANA

COUNTY OF LAKE

DEC 3 0 2014)SS:

017403

PEGGY HOLINGA KATONA AKRAMURablia in and for said County and State, this 23rd

Before me, the undersigned, A School Rublig in and for said County and State, this 23rd day of December, 2014, personally appeared Henry W. Eggers, Jr. and acknowledged the execution of the foregoing affidavit.

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

My Commission Expires: 08/31/2022

Richard A. Zunica Notary Public

County of Residence: Porter

BICHARD A. ZUNICA NOTARY PUBLIC SEAL

Porter County, State of Indiana My Commission Expires August 31, 2022

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

Richard A Zunica

PREPARED BY: RICHARD A. ZUNICA, Attorney 162 Washington Street, Lowell IN 46356

FILE NO. 14-21024M

NORTHWEST INDIANA TITLE 101 E. 90TH DRIVE SUITE C **MERRILLVILLE, IN 46410** 219-755-0100

EXHIBIT A

LEGAL DESCRIPTION

PARCEL I:

PART OF THE WEST HALF OF THE NORTHWEST QUARTER OF SECTION 29, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE WEST LINE OF SAID SECTION 29, 881.99 FEET NORTH OF THE SOUTHWEST CORNER OF THE NORTHWEST QUARTER THEREOF; THENCE NORTH 00 DEGREES 06 MINUTES 33 SECONDS EAST, ALONG THE WEST LINE OF SAID SECTION 29, A DISTANCE OF 441.85 FEET; THENCE EAST, PARALLEL WITH THE NORTH LINE OF SAID SECTION 29, A DISTANCE OF 481 FEET TO THE CENTER LINE OF MARSHALL STREET; THENCE SOUTH 20 DEGREES 57 MINUTES 21 SECONDS WEST, ALONG SAID CENTER LINE, A DISTANCE OF 474.81 FEET; THENCE NORTH 89 DEGREES 26 MINUTES 35 SECONDS WEST, A DISTANCE OF 334.87 FEET TO THE POINT OF BEGINNING.

PARCEL II:

PART OF THE EAST HALF OF THE NORTHEAST QUARTER OF SECTION 30, TOWNSHIP 34 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT A POINT ON THE EAST LINE OF SAID SECTION 30, 881.99 FEET NORTH OF THE SOUTHEAST CORNER OF SAID NORTHEAST QUARTER; THENCE NORTH 00 DEGREES 06 MINUTES 33 SECONDS EAST, ALONG THE EAST LINE OF SAID SECTION 30, A DISTANCE OF 441.85 FEET TO THE NORTHEAST CORNER OF THE SOUTHEAST QUARTER OF THE NORTHEAST QUARTER OF SAID SECTION 30; THENCE NORTH 89 DEGREES 26 MINUTES 25 SECONDS WEST, ALONG SAID NORTH LINE, A DISTANCE OF 250 FEET; THENCE SOUTH 00 DEGREES 06 MINUTES 33 SECONDS EAST, A DISTANCE OF 441.86 FEET; THENCE SOUTH 89 DEGREES 26 MINUTES 35 SECONDS EAST, A DISTANCE OF 250 FEET TO THE POINT OF BEGINNING.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

43	27-1	0							Ctal	ta No				
1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)				2. Sex	State No								
Carolyn C. Eggers					X	Female 7. Date Of Birth (Month/Day/Year)			10 am	m December 4, 2010 place (City And State Or Foreign Country)				
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Yea		, Under 1 Month	6d. Under 1 Dey	6s. Unde	r 1 Hour	+	•	i I		-			
77 Months Days Hours							Dec. 3,1933 Indianapolis, IN Death Occurred Somewhere Other Than A Hospital:							
☐ Yes K No Unknown ☐ ☐ Inpatie	lavina no baec	X Hospice Facility □ Decedent's Home □ Nursing Home /Long Time Care Facility □ Other (Specify)												
11. Facility Name (If Not Institution, Give Street Ar	id Number)													
St. Anthony Hospice 12. City Or Town, State, And Zip Code						3. County of I	Death		1	4. Marital Statu	s At Time Of E	Death		
				Lake				Manted						
Crown Point, IN 46307 15. Surviving Spouse's Name							16. Decedent's Usual Occupation			17. Kind Of Business/industry				
Henry W. Eggers				1 196	Homemaker 8b City Or Town				Home					
			inty Y - 1-		Crown				Point					
IN 18c. Street And Number			<u>Lake</u>			18d, Apt. No.				18e. Zip Code 18f. Inside City Limits?				
13510 Chase St.								ļ	46307 AS Yes □ No			XoYes □ No		
19. Decedent's Education 20. Deceden				nt Of Hispanic Origin			21. Decedent's Race							
12/4			No			her's Name (First, Middle, Last)				White				
22. Feliner's Name (First, Middle, Last)						-								
Frank O. Cox 24. Informant's Name 24s. Rela							orothy Cox . Mailing Address (Street And Number, City, State, Zip Co				Calderwood			
Henry W. Eggers	lusband	13510 Chase St., Crown				own Point	, IN 46	307						
25. Place Of Disposition														
25a. Method of Disposition 25b. Place of Disposition (Name of Camelory, Crematory, Other Place) 25b. Place of Disposition (Name of Camelory, Crematory, Other Place) 25c. Location — City, Town, And State Cary, IN 25b. Place of Disposition (Name of Camelory, Crematory, Other Place) 25c. Location — City, Town, And State Cary, IN														
	/		Of Funeral Facility			10	LA	L.			27a. Fun	erat Home License Number:		
27b. Signature Of Indiana Funeral Sergica Ucens		Funer	ral Home,	8415 Calu	met A	ye, Mui	nster, I	1 46321-25 27c. License	521	***	<u> </u>	3004968		
Thomas Thomas	13h	in	he La	ke Co		v Re		er!	Rknumm (O		5184			
Cause Of Death (See Instructions And Examples) THIS PERSONE IS A TRUE AND COMPLETE														
20. Fait I. enter the Charles Arest Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiplogy. Do Not Abbreviate. Enter Only One Cause on OPY OF THE CERTIFICATE CF DEATH Until Val Worldon's Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiplogy. Do Not Abbreviate. Enter Only One Cause on OPY OF THE CERTIFICATE CF DEATH Until Val Worldon's Control of Cause on Opy One Cause on Opy Opy One Cause on Opy One Cause on Opy												LATH Unitable Workship		
A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death A Line. Add Additional Lines if Necessary.								Consequence Of):	2	une	۳_			
Sequentially List Conditions, If Any, Leading To The Cause Listed On B.									nr	C 07	-201 19			
Line A. Enter The Underlying Cause (Dise The Events Resulting in Death) Last	ated C				·		<u> </u>	. (26)		2,010				
Dow To (Dr As A Consequence Of):														
Part II. Enter Other Significant Conditions Contribu	ning To Death Bu	Not Resu		ing Cause Given in	Part I			utopsy Performéd? topsy Findings Ával	L.	Yes KIN	o a Of Death?			
4	1 90 1/2	amale							inner Of Dea	and have the first state for the	ret etty approxim	☐ Yes Ki No		
71. Did Tobacco Use Contribute To Death? ☐ Yes ☐ Probably ☐ No Bulinknown		32. If Fermelo: Not Pregnant Within Past Year Pregnant At Time Of Death Pregnant At Time Of Death Pregnant At Time Of Death Pregnant At Days To 1 Year Before Death Pregnant At Days To 1 Y				TITE-			unt Homfolde Accident Peoding Investigation					
34. Date Of Injury (Month/Day/Year)	☐ Not P 35. Tir	□ Not Pregnant, But Pregnant 43 Days To 1 Year Before Death □ Uni 35. Time Of Injury 36. Place				rem if Pregnant Within The Post Year			te O Could It staurant, Wo					
						n Ci						Yes No		
38. Location Of Injury - State	38a. Ci	ty Or Town	1	38h.	Street & Nur	nber				38c. Apt. N	io. 38d	i. Zip Code		
39 Describe How Injury Occurred 40. If Transportation Injury, Specify: Driver/Operator Passenger Pedestrian Dother (Specify)														
41. Signature, Of Person County Ing Causes Of Death: 42. Certifying Clauses Of Death: 43. Certifying Physician II Coroner II Health Officer														
X)									44. License Number 45. Date Certified					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: K. Mulligan 919 Main St. Dyer, IN 46311									x 0/0523427 Dec. 2010					
46. Additional Funeral Service Provider:								1.	47. *Akas:					
48. Signature of Local Hispith Officers) 6	17	_ D.O.					9. For Registrar	Oply - Date	Filed (Month/D	ay/Year):			
								Jeen	do.	2-7	186	110		
State Form 40140 (D7/0.07) ATTENDON ESTATE The St		a managed t	in this efals sooner in a	ofer to nursure its statutor	vitidianogaan	Disclosure is volu	untary and there wi	l be no penalty for refue	al THE RECOR	IS IN THIS SERIES	ARE CONFIDE	NTIAL PERIC 16-3 7-1-10		

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this s