STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2015 020570

2015 APR -8 AM 11:35

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now, **Shirleyann A. Clemens,** being of legal age and duly sworn upon her oath, who now states as follows:

1. That Shirleyann A. Clemens, is an adult who resides at 2515 Riverside Drive, Lake Station, Lake County, Indiana, and is the surviving spouse of John M. Clemens, deceased.

2. That John M. Clemens, deceased, along with the Affiant herein, Shirleyann A. Clemens, were owners of the following described real estate in Lake County, Indiana, to-wit:

Lots 16 and 17 in Block 6 in Greater Riverview Addition to East Gary, as per plat thereof, recorded in Plat Book 15 page 8 in the office of the Recorder of Lake County, Indiana. Parcel No. 45-09-17-380-003.000-021

commonly known as: 2515 Riverside Drive, Lake Station, Indiana 46305

3. A Warranty Deed was executed on April 22, 1960 and recorded on May 12, 1960, as Document No. 252689 reflecting title in the name of John M. Clemens and Shirelyann A. Clemens, husband and wife, as tenants by the entireties.

4. That on October 26, 1999, John M. Clemens and Shirleyann A. Clemens executed a Deed in Trust transferring the above-described real property into the name of the John M. Clemens and Shirleyann A. Clemens Revocable Living Trust Agreement dated October 26, 1999 whereby they both retained a life estate interest in said real property.

FILED
APR 08 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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d/c 5356
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NON-COM

5. That John M. Clemens died on January 3, 2004 and a copy of his death certificate is attached hereto and marked as Exhibit "1.".

6. That the Affiant herein, Shirleyann A. Clemens makes this Affidavit for the purpose of clearing title to the above parcel of real estate and removing the name of John M. Clemens from the transfer records of the Auditor of Lake County.

Dated this 13 day of March, 2015.

Shirleyann A. Clemens
SHIRLEYANN A. CLEMENS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for said County and State this 18th day of March, 2015.

JERILYN L. SONS
La Porte County
My Commission Expires
March 6, 2021

Jerilyn Sons
NOTARY PUBLIC (written)

Jerilyn Sons
NOTARY PUBLIC (printed)

My Commission Expires: 3-6-2021
County of Residence: La Porte

This instrument prepared by: Frank J. Koprcina, FRANK J. KOPRCINA & ASSOCIATES, P.C., Attorneys at Law, 150 E. Third Street, Hobart, Indiana 46342, (219) 942-6999

CLO + Vets

TTENTION ESTATE: Disclosure of the
we need to pursue our responsibilities
oluntary and there will be no penalty for
isal.*

cal No. 0031-04

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.........................

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

PE/PRINT IN RMANENT LACK INK

CEDENT

1. DECEASED - NAME (First, Middle, Last): John M. Clemens
2. SEX: Male
3a. TIME OF DEATH: 2:23 AM
3b. DATE OF DEATH (Month, Day, Yr.): January 3, 2004
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE - Last Birthday (Years): 83
5b. UNDER 1 YEAR — Months / Days
5c. UNDER 1 DAY — Hours / Minutes
6. DATE OF BIRTH (Mo., Day, Yr.): August 24,1920
7. BIRTHPLACE (City and State or Foreign Country): Duquion Illinois
8a. WAS DECEDENT A U.S. VETERAN?: Yes
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: 1945
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Mary Medical Center
9c. CITY, TOWN, OR LOCATION OF DEATH: Hobart
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maiden name): Shirley Ann Jahn
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.): Truck Driver
12b. KIND OF BUSINESS/INDUSTRY: Wonder Bread Company
13a. RESIDENCE - STATE: Indiana
13b. COUNTY: Lake
13c. CITY, TOWN OR LOCATION: Gary
13d. STREET AND NUMBER: 2515 Riverside Drive
13e. ZIP CODE: 46403
13f. INSIDE CITY LIMITS: ☒ No ☐ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE— American Indian, Black, White, etc. (Specify): White
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+): N/A

RENTS

18. FATHER'S NAME (First, Middle, Last): Frank Clemens
19. MOTHER'S NAME (First, Middle, Maiden Surname): Caroline Rick

ORMANT

20a. INFORMANT'S NAME (Type/Print): Shirley Ann Clemens
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 2515 Riverside Drive, Gary, IN 46403
20c. Relationship: Wife

POSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Entombment ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): January 6, 2004 Calumet Park Cemetery
21c. LOCATION - City or Town, State: Merrillville, Indiana
22a. EMBALMER'S NAME: Terrence P. Burns
22b. EMBALMER'S LICENSE NO.: 01013890
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Terrence P. Burns
24b. LICENSE NUMBER (of Licensee): FD1013890
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342-

USE OF ATH

26. PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Chronic obstructive Lung dx — Approximate Interval Between Onset and Death: years
DUE TO (OR AS A CONSEQUENCE OF):
b.
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

APR 23 2004

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): —

RTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: Paul Gianaris MD
29c. MEDICAL LICENSE NO.: 01045-745
29d. DATE SIGNED (Month, Day, Year): 1/5/04

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26)(Type/Print): Paul G. Gianaris M.D. 1600 S. Lake Park Avenue, Hobart, IN 46342

ALTH FICER

31. HEALTH OFFICER'S SIGNATURE: [signature] D.O.
32. DATE FILED (Month, Day, Year): January 7 2004

33. MANNER OF DEATH: ☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year): January 3, 2004
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

Exhibit "1"