

11

1503938

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 10/2/15 before me personally appeared Joel D. Edgington, Sr.
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is Spouse
state interest of affiant in the above premises as "owner", "son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Joel D. Edgington Sr. and Roberta Edgington

4. Said Roberta Edgington
died on 10/20/09
leaving no will;
insert "a" or "no"; if will left, attach a copy

5. The legal description of the premises in question is:
* see attached *

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$

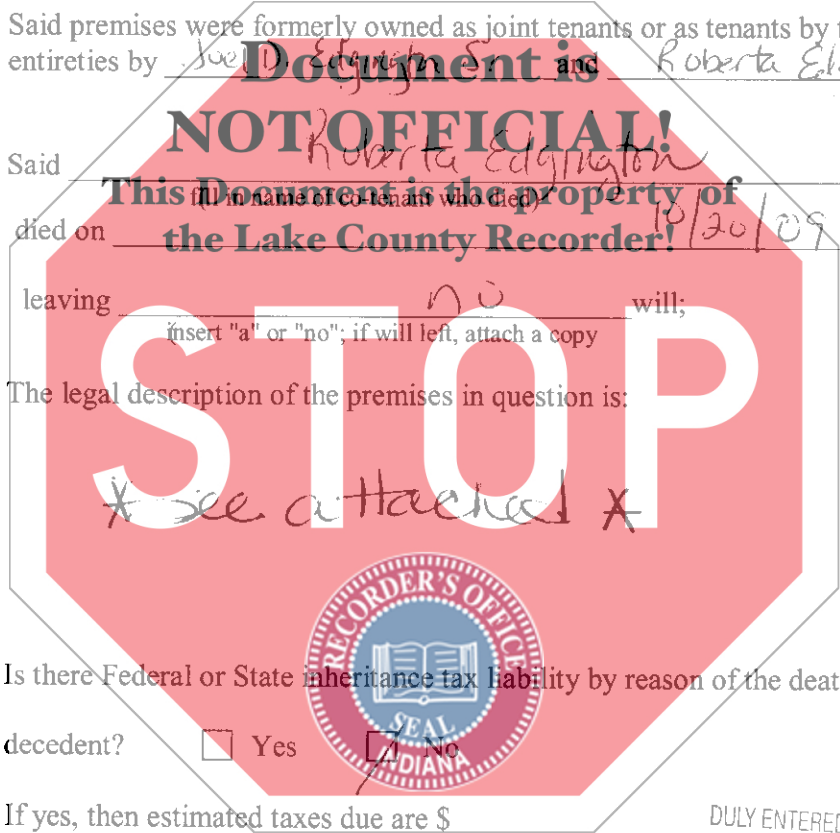
The taxes due are paid or unpaid.

2015 070524

STATE OF ILLINOIS
LAKE COUNTY
FILED FOR RECORDER

MICHAEL B. BROWN
RECORDER

2015 OCT 15 AM 10:16



DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

OCT 14 2015

22342 JOHN E. PETALAS
LAKE COUNTY AUDITOR

CIT
\$18.00
11-11-11
111-2

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? NO

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Spouse

Signature: Joel W. Edgington Sr.

Printed Name _____

Address: _____

Subscribed and sworn to before me by the affiant

This _____

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Notary Public

Printed Name _____

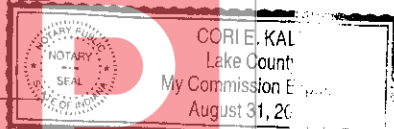
My County of Residence is: _____

In the State of _____

My Commission Expires _____

This instrument prepared by

J. Edgington



~~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~~ Andrea A Plasencia

Exhibit "A"

File No. 1503938

LOTS NUMBERED THIRTY (30) AND THIRTY-ONE (31) AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF THE TOWN OF PALMER, IN LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 1, PAGE 72, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA, AND

PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER, SECTION TWENTY-ONE (21), TOWNSHIP THIRTY-FOUR (34) NORTH, RANGE SEVEN (7) WEST OF THE 2ND P.M., DESCRIBED AS:

COMMENCING AT THE SOUTHEAST CORNER OF LOT 31, AS MARKED AND LAID DOWN OF RECORDED PLAT OF THE ORIGINAL TOWN OF PALMER, THENCE EAST TO THE RIGHT OF WAY OF THE CHICAGO & ERIE RAILWAY COMPANY, THENCE NORTH-WESTERLY ALONG SAID RIGHT OF WAY TO THE NORTHEAST CORNER OF SAID LOT 30, AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF THE ORIGINAL TOWN OF PALMER, THENCE SOUTH TO THE PLACE OF BEGINNING, CONTAINING TWO (2) ACRES, MORE OR LESS, IN LAKE COUNTY, INDIANA.

ALSO, PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 21, TOWNSHIP 34 NORTH, RANGE 7 WEST OF THE SECOND PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF LOT 31 IN THE TOWN OF PALMER AS SHOWN IN PLAT BOOK 1, PAGE 72; THENCE EAST TO THE CHICAGO AND ERIE RAILROAD (FORMERLY CALLED THE CHICAGO AND ATLANTIC RAILROAD) AND THE POINT OF BEGINNING; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE SOUTHWESTERLY RIGHT-OF-WAY OF SAID RAILROAD 150 FEET; THENCE NORTHWESTERLY PARALLEL TO SAID SOUTHWESTERLY RIGHT-OF-WAY TO AN EXTENSION OF THE WEST LINE OF LOTS 30 AND 31 IN THE TOWN OF PALMER; THENCE SOUTH TO THE NORTHWEST CORNER OF SAID LOT 30; THENCE SOUTHEASTERLY TO THE POINT OF BEGINNING.

Return to: 12525 Ripley Place, Crown Point, IN 46307



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 66382

Local No 004101

EDR No 00000114931

State No 056112

1. Decedent's Legal Name (First, Middle, Last) ROBERTA EDGINGTON				1a. Maiden Name (if female) RETTIG		2. Sex FEMALE	3. Time Of Death 09:00 PM	4. Date Of Death (Month/Day/Year) 10/20/2009	
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) 11/19/1937		8. Birthplace (City and State or Foreign Country) GARY, IN
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) 12525 RIPLEY PLACE									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					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 JOEL EDGINGTON			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation SECRETARY		17. Kind Of Business/Industry CO-OP EXTENSION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.	18e. Zip Code 46307	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) WILBUR RETTIG				23. Mother's Name (First, Middle, Last) MARGARET RETTING			23a. Mother's Maiden Last Name DOVICH		
24. Informant's Name JOEL EDGINGTON		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 12525 RIPLEY PLACE, CROWN POINT, IN 46307					
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) ST. MARY'S CEMETERY			25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL HOME INC, CROWN POINT, 109 NORTH EAST STREET, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH19900060		
27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, SIGNATURE ON FILE		27c. License Number (Of Licensee): FD09000013			28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter On This Line 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 CANCER Due to (Or As A Consequence Of) B. _____ Due to (Or As A Consequence Of) C. _____ Due to (Or As A Consequence Of) D. _____ 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				
28. 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 checked="" 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 checked="" 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"/> All 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 checked="" 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									
41. Signature, Of Person Certifying Cause Of Death: LYLE R MANN, SIGNATURE ON FILE				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: LYLE R MANN, 4321 FIR ST, EAST CHICAGO, IN 46312				44. License Number 01031582		45. Date Certified 10/23/2009			
46. Additional Funeral Service Provider:				47. *Axes		48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE			
49. For Registrar Only - Date Filed (Month/Day/Year): OCT 23 2009						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

