

interest in the common elements appertaining thereto

Commonly known as: 8510-85 Broadway
Merrillville, Indiana 46410

Property Number: 45-12-28-227-002.000-030

** See attached for all legal descriptions + key H/S.*

3. Said real estate was formerly owned by Jose H. Roig, MD, aka Jose H. Roig and Kathleen M. Roig, husband and wife.

4. Jose H. Roig, MD, aka Jose H. Roig, aka Jose Roig died on April 2, 2014, a resident of Porter County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death of Jose Roig is attached to this Survivorship Affidavit as Exhibit "A" and made part of this Survivorship Affidavit by reference.

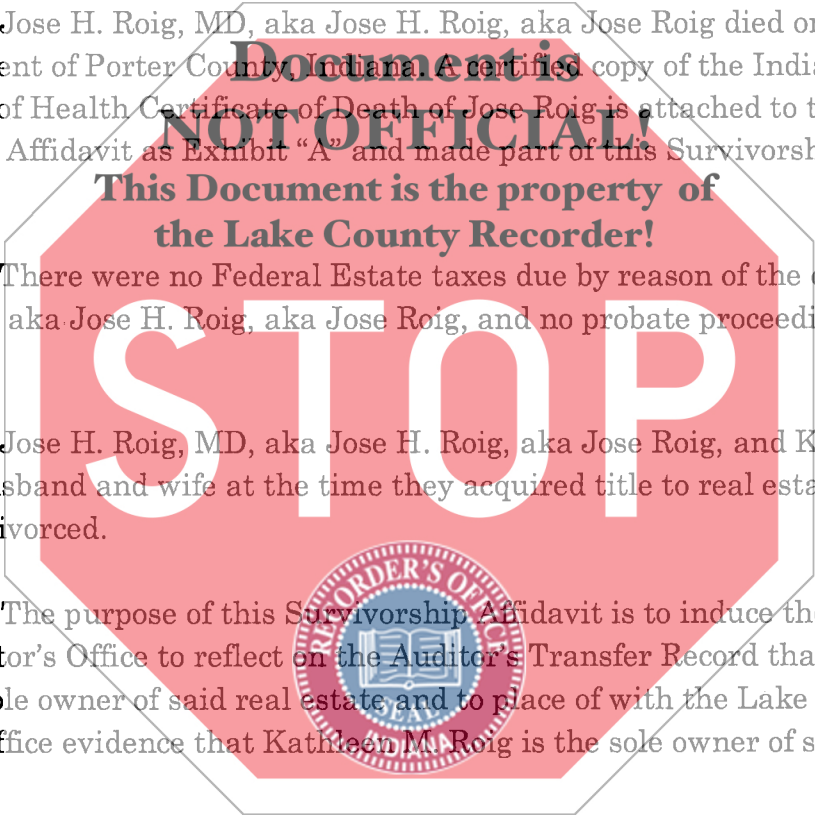
5. There were no Federal Estate taxes due by reason of the death of Jose H. Roig, MD, aka Jose H. Roig, aka Jose Roig, and no probate proceedings have been opened.

6. Jose H. Roig, MD, aka Jose H. Roig, aka Jose Roig, and Kathleen M. Roig were husband and wife at the time they acquired title to real estate and they were never divorced.

7. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Kathleen M. Roig is the sole owner of said real estate and to place of with the Lake County Recorder's Office evidence that Kathleen M. Roig is the sole owner of said real estate.

Further Affiant saith not.

IN WITNESS WHEREOF, Kathleen M. Roig, the Affiant, has executed this Survivorship Affidavit this 3rd day of December, 2015.


Kathleen M. Roig
Kathleen M. Roig

(Survivorship Affidavit – Page 2 of 3)

State of Indiana)
) SS:
County of Lake)

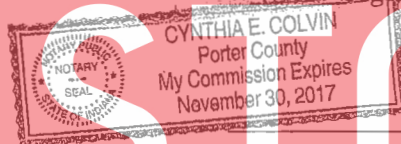
Before me, the undersigned Notary Public in and for said County and State, personally appeared Kathleen M. Roig, the Affiant, and acknowledged the execution of the foregoing Survivorship Affidavit, and having been duly sworn upon her oath, stated that the facts alleged therein are true.

Witness my hand and Notarial Seal this 3rd day of December, 2015.

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

Signature of Notary Public



Printed Name of Notary Public

Notary's County of Residence: _____

Notary's Commission Expires: _____

After recording return to: Kathleen M. Roig
c/o Greater Indiana Title Company
8700 Broadway, Suite B
Merrillville, In 46410

Prepared by Chris Fox, Attorney at Law, Indiana Bar License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366), referencing Greater Indiana Title Company commitment no. IN000697.

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. Chris Fox

EXHIBIT "A"

PARCEL 1:

LOT 1, 8500 BROADWAY CENTER, TO THE TOWN OF MERRILLVILLE, AS SHOWN IN PLAT BOOK 70, PAGE 54, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

NOTE FOR INFORMATIONAL PURPOSES ONLY: THIS PROPERTY IS COMMONLY KNOWN AS 8500 BROADWAY, MERRILLVILLE, IN 46410

PARCEL 2:

UNIT 2, RAD PROFESSIONAL CONDOMINIUM, A HORIZONTAL PROPERTY REGIME, AS RECORDED AS DOCUMENT NO. 94041760 UNDER THE DATE OF JUNE 3, 1994, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA, AND THE UNDIVIDED INTEREST IN THE COMMON ELEMENTS APPERTAINING THERETO.

NOTE FOR INFORMATIONAL PURPOSES ONLY: THIS PROPERTY IS COMMONLY KNOWN AS 8510-85 BROADWAY, MERRILLVILLE, IN 46410

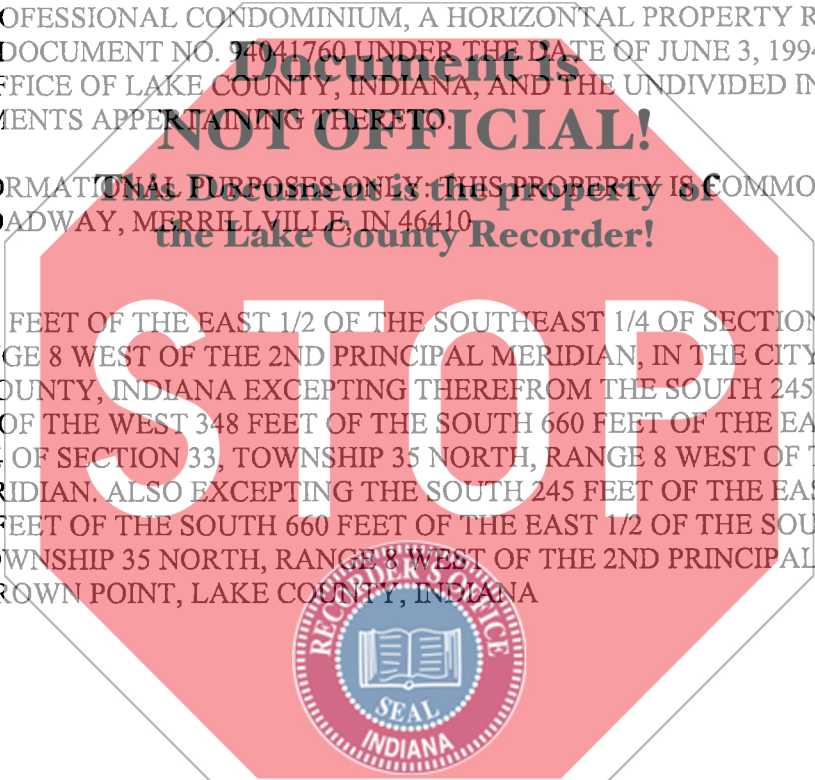
PARCEL 3:

THE SOUTH 660 FEET OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 33, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN THE CITY OF CROWN POINT, LAKE COUNTY, INDIANA EXCEPTING THEREFROM THE SOUTH 245 FEET OF THE EAST 178 FEET OF THE WEST 348 FEET OF THE SOUTH 660 FEET OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 33, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN. ALSO EXCEPTING THE SOUTH 245 FEET OF THE EAST 120 FEET OF THE WEST 463 FEET OF THE SOUTH 660 FEET OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 33, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN THE CITY OF CROWN POINT, LAKE COUNTY, INDIANA

Property address: 8500 Broadway, Merrillville, IN 46410
Tax Number: 45-12-28-228-001.000-030

Property address: 8510-85 Broadway, Merrillville, IN 46410
Tax Number: 45-12-28-227-002.000-030

Property address: 10074 Adams Street, Crown Point, IN 46307
Tax Number: 45-12-35-477.005.000-009



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001113

EDR No 00000378187

State No 015834

1. Legal Name (First, Middle, Last) JOSE ROIG		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:00 PM	4. Date Of Death (Month/Day/Year) 04/02/2014	
5. Social Security Number	8a. Age - Yrs 84	8b. Under 1 Year Months	8c. Under 1 Month Days	8d. Under 1 Day Hours	8e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 07/24/1929	8. Birthplace (City and State or Foreign Country) LIMA, P1
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 checked="" 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 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) ST MARY MEDICAL CENTER INC							
12. City Or Town, State, And Zip Code HOBART, IN, 46342				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 KATHLEEN M ROIG		15a. (If Wife) Give Maiden Last Name QUINN		16. Decedent's Usual Occupation OPHTHALMOLOGIST		17. Kind Of Business/Industry SELF EMPLOYED	
18. Residence - State INDIANA		18a. County PORTER		18b. City Or Town VALPARAISO		18c. Street And Number 482 ROXBURY ROAD	
18d. Apt. No.		18e. Zip Code 46385		18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. Decedent's Education DOCTORATE (PHD, EDD), PROFESSIONAL (MD, DDS, DVM, LLB, JD)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) GENERAL JOSE ROIG				23. Mother's Name (First, Middle, Last) ROSA ROIG		23a. Mother's Maiden Last Name DAVILLA	
24. Informant's Name KATHLEEN M ROIG		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 482 ROXBURY ROAD, VALPARAISO, IN 46385			
25. 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):							
25a. Method Of Disposition		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST PAUL CEMETERY		25c. Location - City, Town, And State VALPARAISO, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address Of Funeral Facility DYKES FUNERAL HOME INC, 2305 N. CAMPBELL STREET, VALPARAISO, IN 46385				27a. Funeral Home License Number FH83006813	
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. CARDIAC ARREST		Date (Or An A Consequence Of):		Approximate Interval: Onset To Death MINUTES	
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. SPINAL STENOSIS		Date (Or An A Consequence Of):		MULTIPLE YEARS	
		C. CHRONIC BACK PAIN		Date (Or An A Consequence Of):		MULTIPLE YEARS	
		D.					
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I							
MULTIPLE NECK AND BACK SURGERIES		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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	
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.	
36d. Zip Code		38. Describe How Injury Occurred					
41. Signature, Of Person Certifying Cause Of Death: ARSHAD PERVEZ MALIK, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		45. Date Certified 04/07/2014	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ARSHAD PERVEZ MALIK, 8560 BROADWAY, MERRILLVILLE, IN 46440				44. License Number 01034378A		47. *Akas: 04/07/2014	
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				46. For Registrar Only - Date Filed (Month/Day/Year) APR 10 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

State Form 53385 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

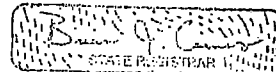


CERTIFICATE
State Form 26217 (R2 / 7-09)

369323

THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE
WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

MAR - 9 2015



Not valid unless machine signed with multi-colored ribbon.
It is unlawful to reproduce this record.