

STATE OF INDIANA)
) SS: 2017 002172
COUNTY OF LAKE)

2017 JAN 11 PM 3:59

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now SOUTH SHORE COUNTRY CLUB, INC. a Corporation, by John Hays, being duly sworn upon HIS oath, and states as follows:

That SOUTH SHORE COUNTRY CLUB, INC. and MARY C. HAYS, are the owners as joint tenants of the following described real estate located in Lake County, Indiana, more particularly described as follows:

SEE ATTACHED LEGAL DESCRIPTION

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

That CECIL HAYS and MARY C. HAYS were married on June 7, 1951. That CECIL HAYS and MARY C. HAYS were husband and wife at the time they acquired title to said real estate. SOUTH SHORE COUNTRY CLUB, INC., CECIL HAYS, and MARY C. HAYS, acquired title to said real estate as joint tenants, by deed of conveyance dated October 9, 1991 and duly recorded on Jun 20, 1995 in the Office of the Lake County Recorder. See Attached.

That the marital relationship which existed between CECIL HAYS and MARY C. HAYS continued unbroken from the time they acquired title to the subject real estate until the death of CECIL HAYS on November 5, 2002, at which time MARY C. HAYS acquired title to said real estate as a surviving joint tenant. The ownership which existed between SOUTH SHORE COUNTRY CLUB, INC. and MARY C. HAYS continued unbroken from the time they so acquired title to said real estate until the death of CECIL HAYS on November 5, 2002, at which time SOUTH SHORE COUNTRY CLUB, INC. and MARY C. HAYS acquired title to the real estate as surviving joint tenants, by operation of law.

FILED

JAN 11 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

010282

22. -
1927
cl. Dr
NON-COR

purposes of Federal Estate Taxes, was less than the value required for filing, and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's, CECIL HAYS, estate was not subject to Indiana Inheritance Tax.

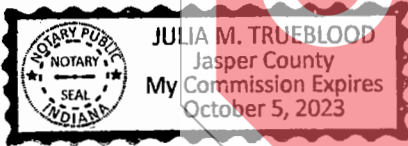
Cecil Hays
SOUTH SHORE COUNTRY CLUB, INC.

STATE OF INDIANA

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared SOUTH SHORE COUNTRY CLUB, INC., and executed the foregoing Affidavit or Survivorship.

WITNESS my hand and seal this 9th day of January, 2017.



Julia M. Trueblood, Notary Public
My Commission Expires: _____
County of Residence: _____

This instrument prepared by:
Robert F. Peters, Jr.
123 N. Main St. Ste. 204-I
Crown Point, IN 46307
(219) 488-0313



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.

ROBERT PETERS, JR.

Ke. W 25-7-32454

125-
006

Parcel 4: Part of Government Lot 2 in Section 35, Township 34 North, Range 9 West described as follows: Commencing at a point on the South line of Government Lot 2, a distance of 238.71 feet West of the Southeast corner of said Lot; thence West on the South line of said Lot 2 to the Shore of Cedar Lake; thence Northerly on the West line of Government Lot 2 (the shore of Cedar Lake) to the Southerly line of Lot "A" of Surprise Park on the Lake as shown on Plat Book 18, page 17; thence Easterly on Southerly line of said Lot "A", and said line produced to the Easterly line of Lake Shore Drive as shown on Plat Book 18, page 17; thence Northeasterly on Easterly line of Lake Shore Drive 197.5 feet to an iron pipe; thence Easterly at an angle of 104 degrees 3 minutes, measured South to East from last described line a distance of 501.12 feet to an iron pipe; thence East 340 feet to the South line of Tecumseh Lane; thence Easterly on the South line of Tecumseh Lane to East line of said Tecumseh Lane; thence South along the East line of U.S. Government Lot 2 to a point 308.71 feet North of the Southeast corner of Government Lot 2; thence West 238.71 feet; thence South 308.71 feet to the point of beginning, except from above Parcel Lot "D" of Surprise Park on the Lake and the road surrounding said Lot "D" as shown on the Plat of said subdivision, all in Lake County, Indiana, except that part described as follows:

125-
007

A part of the Southwest quarter of the Northwest quarter of Section 35, Township 34 North, Range 9 West of the 2nd P.M., more particularly described as follows: commencing at the Southeast corner of said Southwest quarter of the Northwest quarter, thence West along the South line thereof a distance of 46.0 feet, thence North perpendicular to said South line a distance of 40.0 feet, thence East parallel to said South line a distance of 16.0 feet, thence Southeasterly a distance of 50.0 feet to the point of beginning, in Lake County, Indiana.



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

WARRANTY DEED

THIS INDENTURE WITNESSETH that CLIFFORD W. LOGAN and MARJORIE V. LOGAN, his wife,

CONVEYS and WARRANTS to SOUTH SHORE COUNTRY CLUB, INC., a Corporation, and GECIE HAYS and MARY C. HAYS, his wife,

Mailing Address :8509 West 140th Avenue, Cedar Lake, Indiana 46303, for and in consideration of TEN DOLLARS and other good and valuable consideration, the receipt of which is hereby acknowledged, the following described Real Estate in Lake County, in the State of Indiana, to-wit:

Parcel 1: The Southwest quarter of the Southwest quarter of Section 35, Township 34 North, Range 9 West of the 2nd P.M. except the West 1320 feet of North 290 feet of said tract, being that part of said tract heretofore platted and subdivided as Curran's South Shore Annex, Cedar Lake, in Lake County, Indiana, also.

Parcel 2: The East half of the Southwest quarter of Section 35, Township 34 North, Range 9 West of the 2nd P.M., except therefrom the North 145 feet of the East 155 feet thereof, also,

Parcel 3: The North 161 feet of the Northeast quarter of the Northwest quarter of Section 2, Township 33 North, Range 9 West of the 2nd P.M., in Lake County, Indiana, also,

Parcel 4: The Southeast corner of Government Lot 2, Township 34 North, Range 9 West described as follows: Commencing at a point on the South line of Government Lot 2, a distance of 238.71 feet West of the Southeast corner of said Lot; thence West on the South line of said Lot 2 to the Shore of Cedar Lake; thence Northerly on the West line of Government Lot 2 (the shore of Cedar Lake) to the Southerly line of Lot "A" of Surprise Park on the Lake as shown in Plat Book 18, page 17; thence Easterly on Southerly line of Lot "A", and said line produced to the Easterly line of Lake Shore Drive as shown in Plat Book 18, page 17; thence Northeasterly on Easterly line of Lake Shore Drive 197.5 feet to an iron pipe; thence Easterly at an angle of 104 degrees 3 minutes, measured South to East from last described line a distance of 501.12 feet to an iron pipe; thence East 340 feet; thence North 178.66 feet, more or less, to South line of Tecumseh Lane; thence Easterly on the South line of Tecumseh Lane to East line of said Government Lot 2; thence South along the East line of U.S. Government Lot 2 to a point 308.71 feet North of the Southeast corner of Government Lot 2; thence West 238.71 feet; thence South 308.71 feet to the point of beginning, except from above Parcel Lot "B" of Surprise Park on the Lake and the road surrounding said Lot "B" as shown on the Plat of said subdivision, all in Lake County, Indiana, except that part described as follows:

A part of the Southwest quarter of the Northwest quarter of Section 35, Township 34 North, Range 9 West of the 2nd P.M., more particularly described as follows: commencing at the Southeast corner of said Southwest quarter of the Northwest quarter, thence West along the South line thereof a distance of 46.0 feet, thence North perpendicular to said South line a distance of 40.0 feet, thence East parallel to said South line a distance of 16.0 feet, thence Southeasterly a distance of 50.0 feet to the point of beginning, in Lake County, Indiana.

This conveyance is made subject to easements of roads, highways, streets and alleys, public utilities, ditches and drains, building and zoning laws of municipalities, real estate taxes now a lien on the premises all of which are assumed by Grantees.

DAILY ENTERED FOR TAXATION SUBJECT TO
FIDELI ACCEPTANCE FOR TRANSFER

JUN 20 1996

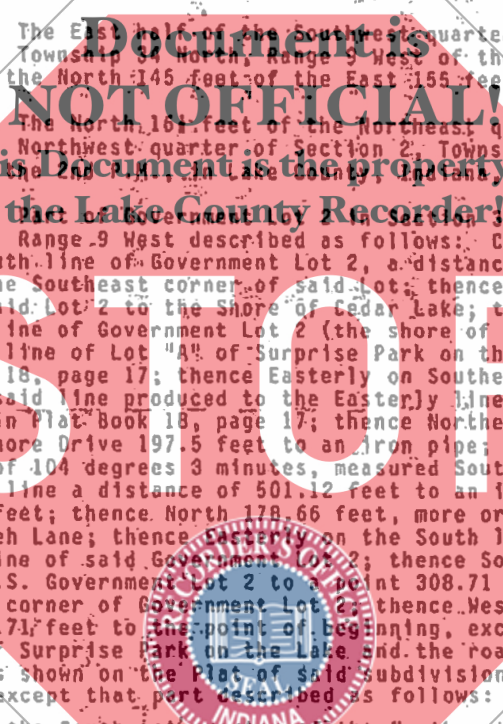
SAM ORLICH
AUDITOR LAKE COUNTY

001601

12/00

185-
006

185-
007



950966226

REC'D JUN 20 1996

DATED this 9th day of October, 1991.

Clifford W. Logan
CLIFFORD W. LOGAN

Marjorie V. Logan
MARJORIE V. LOGAN

STATE OF INDIANA)
COUNTY OF LAKE)

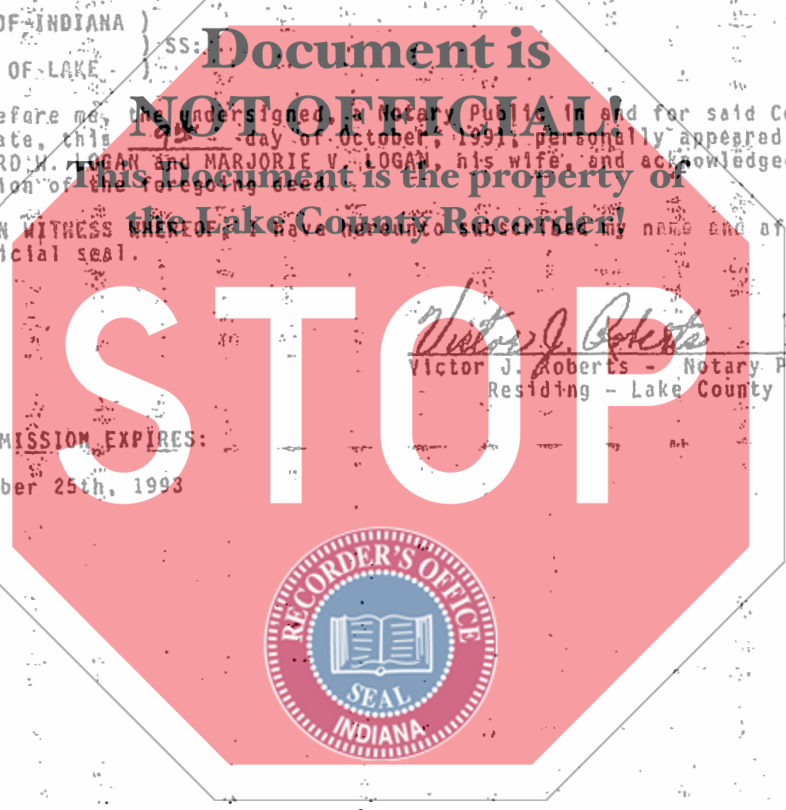
SS: Document is

Before me, the undersigned, a Notary Public in and for said County and State, this 9th day of October, 1991, personally appeared CLIFFORD W. LOGAN and MARJORIE V. LOGAN, his wife, and acknowledged the execution of the foregoing deed.

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

Victor J. Roberts
Victor J. Roberts - Notary Public
Residing - Lake County

MY COMMISSION EXPIRES:
September 25th, 1993



This instrument prepared by: VICTOR J. ROBERTS, Attorney
307 E. Commercial Avenue
Lowell, Indiana 46356

RE Submit 10

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

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 565-03

State No.

416120

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

DECEASED - NAME (First Middle Last) Cecil J. Hays		2 SEX Male	3a TIME OF DEATH 8:35 AM	3b DATE OF DEATH (Month, Day, Yr) November 5, 2002
4 SOCIAL SECURITY NUMBER [REDACTED]	5a AGE - Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo., Day, Yr) August 01, 1928
7 BIRTHPLACE (City and State or Foreign Country) Watseka, Illinois	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1949	9 PLACE OF DEATH (Check only one - See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence	
10 FACILITY NAME (If not institution, give street and number) 8507 W. 140th Ave.	11 SURVIVING SPOUSE (If wife, give maiden name) Mary Mueller	12a OCCIDENT'S USUAL OCCUPATION (Give best of work done during most of working life - Do not use retired) Owner	12b KIND OF BUSINESS/INDUSTRY Golf Course	12c CITY, TOWN OR LOCATION OF DEATH Cedar Lake
13 MARITAL STATUS (Specify) Married	13a RESIDENCE - STATE Florida	13b COUNTY Sarasota	13c CITY, TOWN OR LOCATION Osprey	13d STREET AND NUMBER 515 Velasquez Drive
14 ZIP CODE 34229	15 INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16 CITIZEN OF WHAT COUNTRY? USA	17 WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) White	18 RACE - American Indian, Black, White, etc. (Specify) White
19 FATHER'S NAME (First Middle Last) James Hays	20 MOTHER'S NAME (First Middle Maiden Surname) Irene Oberloh	17a DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12): 12 College (1, 4 or 5+):	20a INFORMANT'S NAME (Type/print) Mary Hays	
20b ADDRESS (Street, City or Town, State, Zip Code) 8507 W. 140th Ave., Cedar Lake, IN 46303	20c Relationship Wife	21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Cremation	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) November 7, 2002 Calumet Park Cemetery	21c LOCATION - City or Town, State Merrillville, Indiana
22a EMBALMER'S NAME N/A	22b EMBALMER'S LICENSE NO. N/A	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	24 SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	
24b LICENSE NUMBER (of Licensee) FDC9000013	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geison Funeral Home 109 N. East St., Crown Point, Indiana 46307-	25 PART I - Enter all diseases, injuries, or complications that contributed to death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. End Stage Renal Disease		26a APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 yrs
26b CAUSE OF DEATH (Final disease or condition resulting in death) Conditions, if any, which gave rise to the immediate cause stating the underlying cause and	26c DUE TO (OR AS A CONSEQUENCE OF)	26d DUE TO (OR AS A CONSEQUENCE OF)	PART II - Other significant conditions - Conditions contributing to death but not previously stated	
27a WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No	27b WAS AN AUTOPSY PERFORMED? (Yes or no) No	27c WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	28a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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) as stated.	
29a SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>	29b MEDICAL LICENSE NO. 02002048	29c DATE SIGNED (Month, Day, Year) 11/6/02	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) Carlos Cespedes, M.D. 2068 Lucas Parkway, Lowell, IN 46356	
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>	32 MANNER OF DEATH: <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined			
33a DATE OF INJURY (Month, Day, Year)	33b TIME OF INJURY	33c INJURY AT WORK? (Yes or no)	33d DESCRIBE HOW INJURY OCCURRED	
33e PLACE OF INJURY - At home, farm, street, factory, office, building, etc. (Specify)		33f LOCATION (Street and Number or Rural Route Number, City or Town, State)		
34g DATE PREGNANCY ENDED (Month, Day, Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

