

along the centerline of said railroad, a distance of 389 feet, more or less, to a line being 297 feet (18 rods) Easterly of and parallel to the West line of the East Half of the Southeast Quarter of the Southeast Quarter of said Section 35 as extended across the right-of-way of said railroad through a point in the centerline thereof at Railroad Valuation Station 505 + 85, more or less, the same being the Easterly sale line of property conveyed from United Railroad Corp., The Michigan Central Railroad Company, and The Penn Central Corporation to Thomas D. Lolkema and Janet K. Lolkema by deed dated April 2, 1987, and also being the place of ending.

Site Address: 200 North Colfax (appx)
Griffith, IN 46319

Property Number: 45-07-35-478-022.000-006

4. Said real estate was formerly owned by Charles V. Pettersen and Mary J. Pettersen, as Joint Tenants With Rights Of Survivorship and not as Tenants In Common.

5. Mary J. Pettersen, also known as Mary Jean Pettersen, died testate, on May 11, 2013, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Mary J. Pettersen is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.

6. The probate value of Mary J. Pettersen's probate estate did not exceed the sum of \$50,000.00. The Last Will and Testament of Mary J. Pettersen, under which Charles V. Pettersen was the sole devisee, was spread of record by the Order of Probate of Will Without Administration (Will Spread of Record), entered on July 3, 2013, by the Lake Superior Court, Probate Division, sitting at Hammond, Indiana, under Cause No. 45D05-1307-EM-00019.

7. There were no Federal Estate taxes due by reason of Mary J. Pettersen's death.

8. All funeral expenses and the expenses of the last illness of Mary J. Pettersen have been paid.

9. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Charles V. Pettersen is the sole owner of said real estate, and to place of record with the Lake County Recorder's Office evidence that Charles V. Pettersen is the sole owner of said real estate.

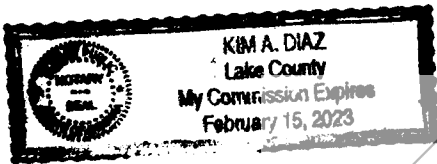
(Survivorship Affidavit – MTC File No. 19-38370 · Page 2 of 3)

Further Affiant saith not.

Charles V. Pettersen
Charles V. Pettersen

Subscribed and sworn to before me, the undersigned Notary Public in and for

said County and State, by Charles V. Pettersen, the Affiant, on this 21st day of November, 2019.



Notary's Signature: Kim A. Diaz

Notary's Printed Name: Kim A. Diaz

Notary's County of Residence: Lake

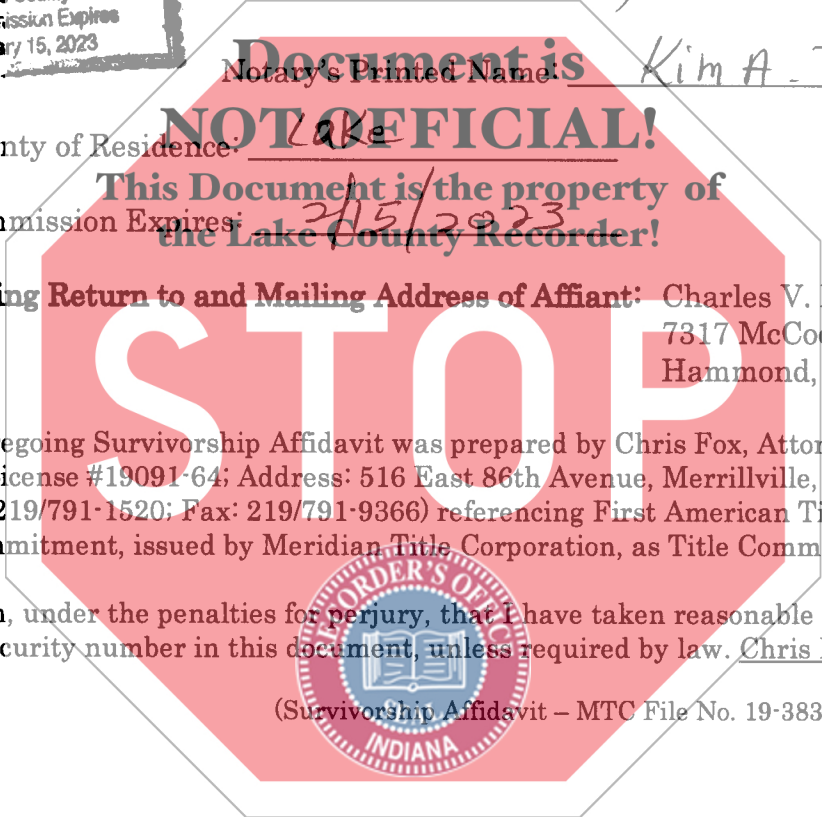
Notary's Commission Expires: 2/15/2023

After Recording Return to and Mailing Address of Affiant: Charles V. Pettersen
7317 McCook Avenue
Hammond, IN 46323

The foregoing Survivorship Affidavit was 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 First American Title Insurance Company Commitment, issued by Meridian Title Corporation, as Title Commitment no. 19-38370.

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

(Survivorship Affidavit – MTC File No. 19-38370 - Page 3 of 3)





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 64960

Local No 001677

EDR No 00000323160

State No 022735

1. Decedent's Legal Name (First, Middle, Last) MARY JEAN PETERSEN				1a. Maiden Name (if female) MILLER		2. Sex FEMALE	3. Time Of Death 08:55 PM	4. Date Of Death (Month/Day/Year) 05/11/2013	
5. Social Security Number [REDACTED]	6a. Age - Yrs 84	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) 12/28/1928		8. Birthplace (City and State or Foreign Country) SOUTH FORK TOWNSHIP IN MAQUOKETA, IA	
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 checked="" 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation TEACHER		17. Kind Of Business/Industry EDUCATION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18d. Apt. No.		18e. Zip Code 46323	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 7317 MCCOOK AVENUE			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) DEWEY SAMPSON MILLER				23. Mother's Name (First, Middle, Last) OPAL GENOVEVA MILLER			23a. Mother's Maiden Last Name BECKER		
24. Informant's Name CHARLES VINCENT PETERSEN			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 7317 MCCOOK AVENUE, HAMMOND, IN 46323				
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MOUNT HOPE			25c. Location - City, Town, And State MAQUOKETA, IA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAHAYNE FUNERAL HOME, INC. 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324					27a. Funeral Home License Number: FH11100004		
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD28960076			28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Condition Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. INTRACRANIAL HEMORRHAGE				
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 type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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			Approximate Interval: Onset To Death 7 DAYS	
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		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: LEONARD JOSEPH BUCCELLATO, BY ELECTRONIC SIGNATURE						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: LEONARD JOSEPH BUCCELLATO, 761 45TH STREET, 108, MUNSTER, IN 46321						44. License Number 01058760A		45. Date Certified 05/13/2013	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 14 2013			

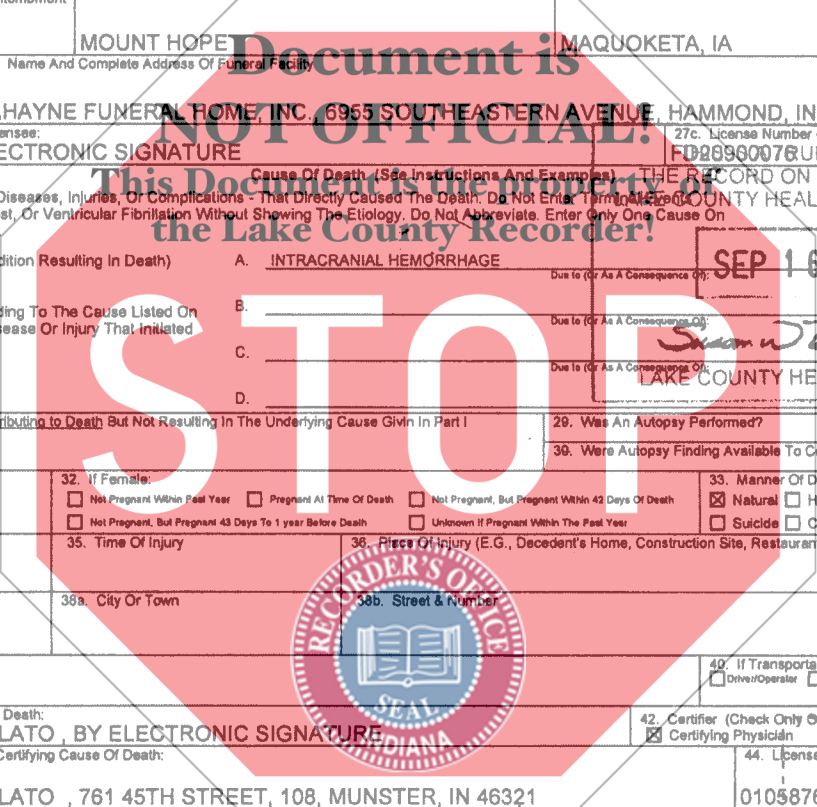


Exhibit
A
to Survivorship Affidavit