

776124

AFFIDAVIT OF SURVIVORSHIP

Comes now Barbara K. Roper, being duly sworn upon her oath and states as follows:

That Barbara K. Roper is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 4 in Himmel's 2nd Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 31, page 84, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 3428 Laporte Street, Highland, IN 46322

27-265-4

And that Barbara K. Roper, and Patrick H. Roper, now deceased, were husband and wife at the time they acquired title, as tenants by the entireties, to said real estate, by deed of conveyance dated the 18th day of April, 1967, and recorded in the Office of the Lake County, Recorder.

That the marital relationship which exists between this affiant and Patrick H. Roper, her husband, continued unbroken from the time they so acquired title to said real estate until the death of Patrick H. Roper, her husband, on the 22nd day of July, 1984, at which time the affiant acquired title to the real estate as surviving tenant by the entireties.

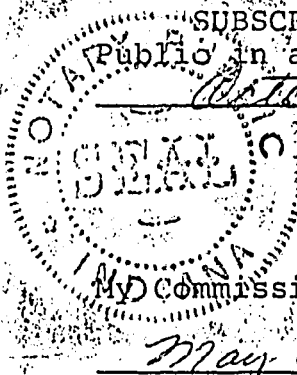
That the gross value of the estate of the decedent, Patrick H. Roper, as determined for the purposes of Federal Estate Taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate as a result of this transfer was not subject to Indiana Inheritance Tax.

Barbara K. Roper
AFFIANT

(VERIFICATION)

SUBSCRIBED and SWORN to before me, the undersigned, a Notary Public in and for said County and State, on this 5th day of October, 1984.



Fluetta Tennessee
NOTARY PUBLIC

Resident of Lake County.

This Instrument Prepared By:

FRANK J. BOCHNOWSKI, Attorney at Law
8235 Calumet Ave, Suite B
Munster, IN 46321
219-836-8424

FILED
OCT 12 1984
Paul A. Roper
AUDITOR LAKE COUNTY

STATE OF INDIANA/S.S. NO.
LAKE COUNTY
FILED FOR RECORD
OCT 15 3 06 PM '84
WILLIAM BIELSKI
RECORDER

583

5-50
1/2

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

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Disposition Permit
Issued / /
Provisional
Certificate
 Yes No

EMBALMER'S NAME Henry Blake
FUNERAL DIRECTOR'S SIGNATURE
FUNERAL HOME LICENSE No. 90150
FUNERAL HOME #27-265-4

Local No. 1370-84

INDIANA STATE BOARD OF HEALTH
CORONER'S CERTIFICATE OF DEATH

State No.

| | | | |
|--|--|--|---|
| DECEASED—NAME 1 PATRICK H ROPER | | SEX Male | DATE OF DEATH (MONTH DAY YEAR) July 22, 1984 |
| RACE—(Do not check more than one) 4 White | AGE—Last Birthday (Yr.) 5a 51 | USUAL OCCUPATION (Give kind of work done during most of working life) 14a Boiler Maker | COUNTY OF DEATH 7a Lake |
| CITY, TOWN OR LOCATION OF DEATH 7b Minster | | HOSPITAL OR OTHER INSTITUTION—(Name if not in care of group street and number) 7c Community Hospital | IF HOSP OR INST. Indicate DO, OP, IP, or IIP (Indicate Specialty) 7d E.R. |
| STATE OF BIRTH (If not in U.S.A. name country) 8 Illinois | CITIZEN OF WHAT COUNTRY 9 U.S.A. | MARRIED NEVER MARRIED, WIDOWED DIVORCED (Date) 10 Married | SURVIVING SPOUSE (If with give maiden name) 11 Barbara Burke |
| SOCIAL SECURITY NUMBER 13 305-30-9143 | | KIND OF BUSINESS OR INDUSTRY 14b Local #374 | |
| RESIDENCE—STATE 16a Indiana | COUNTY 16b Lake | CITY, TOWN OR LOCATION 15c Highland | |
| STREET AND NUMBER 16d 3428 Laporte St. | | IS RESIDENCE ON A FARM? 15a YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | INSIDE CITY LIMITS (Specify Yes or No) 16f Yes |
| IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 18g YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| FATHER—NAME 16 Ron H. Roper | | MOTHER—MAIDEN NAME 17 Eleanor Bane | |
| INFORMANT NAME 18a Barbara Roper (Wife) | | MAILING ADDRESS (STREET OR R.F.D. NO.) 18b 3428 Laporte St., Highland, Indiana 46322 | |
| DISPOSITION 19a Burial | | CEMETERY OR CREMATORY—FUNERAL HOME 19b Chapel Lawn Cemetery | |
| DATE (MONTH DAY YEAR) 20a July 24, 1984 | | LOCATION (CITY OR TOWN STATE ZIP) 19c Schererville, IN. 46322 | |
| FUNERAL HOME—NAME AND ADDRESS 20b Kuiper Funeral Home, 9039 Kleinman, Highland, IN | | | |
| CERTIFIER 21a Daniel D. Thomas, M.D. by [Signature] | | DATE SHOWN (Mo., Day Yr.) 21b 7/23/84 | HOUR OF DEATH 21c 4:12 a. |
| NAME AND ADDRESS OF CERTIFIER (Type or Print) 21e DANIEL D. THOMAS, M.D., 2293 NORTH MAIN ST., CROWN POINT, IN. 46307 | | PRONOUNCED DEAD (Mo., Day Yr.) 21d 7/22/84 | |
| HEALTH OFFICER—(Type or Print) 22a Paul Johnson | | DATE RECEIVED BY LOCAL HEALTH OFFICER 22b 7-24-84 | |
| 23 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) Severe coronary atherosclerosis Cardiomegaly, marked; Undetermine DUE TO OR AS A CONSEQUENCE OF (b) Emphysema of lungs; Hepatosplenomegaly DUE TO OR AS A CONSEQUENCE OF (c) _____ PART II OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause given in PART I (a) 24 Yes | | | |
| CAUSE 25a Natural | | DATE OF INJURY (Mo., Day Yr.) 25b _____ | HOUR OF INJURY 25c _____ |
| INJURY AT WORK (Specify Yes or No) 25e _____ | | PLACE OF INJURY—(As home, farm, street, factory, office, building, etc. (Specify)) 25f _____ | DESCRIBE HOW INJURY OCCURRED 25d _____ |
| 25g _____ | | LOCATION (CITY OR TOWN STATE ZIP) 25h _____ | 25i _____ |