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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA

County of Lake

2000 051254

2000 JUL 20

AM 9:25/260

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SURVIVORSHIP AFFIDAVIT MORRIS W. CARTER
RECORDER

Hurbin L. Ingles, of full legal age, being first duly sworn upon his/her oath, deposes and says:

1. That he is the owner in fee simple of the following described Real Estate located in Lake County, Indiana:

That part of the Southwest Quarter of Section 26, Township 34 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, more particularly described as follows: Commencing at a point which is North 70 degrees 45 minutes West 1,960 feet from the Southeast corner of said Quarter Section; running thence South 51 degrees 15 minutes West 157 feet to a point which is the place of beginning; running thence South 51 degrees 15 minutes West 33 feet; thence North 38 degrees 30 minutes West to Cedar Lake; thence North 51 degrees 15 minutes East 33 feet along the shore of said Lake; thence South 38 degrees 30 minutes East 218.1 feet to the place of beginning, in Lake County, Indiana.

2. That said Real Estate was formerly owned as tenants by entireties by Fern E. Ingles and Hurbin L. Ingles spouse as acquired by deed of conveyance recorded as Instrument Number in the office of the Recorder of Lake County, Indiana.

3. Fern E. Ingles died on no leaving a no will, and:

Document is
(Select Appropriate Paragraph(s))
NOT OFFICIAL!

(A) The marital relationship, which existed between, husband, and wife, remained continuously and unbroken from the time they acquired title of said Real Estate until Fern E. Ingles death.

(B) Upon the death of Fern E. Ingles, Affiant became the sole owner of the fee simple title to said Real Estate as heir surviving tenancy by the entireties her surviving joint tenant.

(C) Fern E. Ingles and Hurbin L. Ingles were never divorced on under cause number in Lake County, Indiana.

4. The total value of Fern E. Ingles estate, taking into consideration in the evaluation thereof, the value of all his/her gifts in contemplation of death, including all gifts made by him/her in the three (3) years next preceding his/her death, together with the value of all his/her investments in joint properties and estates by entireties, including the Real Estate above described, plus the proceeds of all insurance on his/her life, did not equal or exceed the sum subject to Federal Estate Tax. All funeral expenses, debts of the estate and inheritance tax have been paid.

5. Affiant makes this affidavit for the sole purpose of clarifying the title to the above described real estate and to induce the Auditor of Lake County to correct the records to show that title is in the name of Hurbin L. Ingles and to induce CHICAGO TITLE INSURANCE CO. to provide title insurance for the above described Real Estate Mortgage Security.

Further Affiant saith not.

Hurbin L. Ingles - by Power of Attorney
Hurbin L. Ingles *Hurbin M. Ingles*

STATE OF INDIANA, COUNTY OF LAKE SS:

Subscribed and sworn to before me, a Notary Public on this 17th day of July, 2000

Notary *[Signature]*

My Commission Expires: _____
County of Residence: _____

This document prepared by: *Hurbin M. Ingles*

FILED

JUL 19 2000

PETER BENJAMIN
LAKE COUNTY AUDITOR

01044

Star Lugar
Notary Public, State of Indiana
Lake County
My Commission Exp. 6/25/07

11:00 AM

ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 0313-95

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED—NAME (First, Middle, Last) <i>Fern E. Ingles</i>		2. SEX <i>Female</i>		3a. TIME OF DEATH <i>8:45 P. M.</i>		3b. DATE OF DEATH (Month, Day, Yr.) <i>February 7, 1995</i>	
4. *SOCIAL SECURITY NUMBER <i>353-16-9588</i>		5a. AGE—Last Birthday (Years) <i>85</i>		5b. UNDER 1 YEAR Months Days <i>0 0</i>		5c. UNDER 1 DAY Hours Minutes <i>0 0</i>	
6. DATE OF BIRTH (Mo. Day, Yr.) <i>Sept. 11, 1909</i>		7. BIRTHPLACE (City and State or Foreign Country) <i>Chicago, Illinois</i>					
8a. WAS DECEDENT A U.S. VETERAN? <i>No</i>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <i>Meridian Nursing Home</i>				9c. CITY, TOWN OR LOCATION OF DEATH <i>Dyer</i>		9d. COUNTY OF DEATH <i>Lake</i>	
10. MARITAL STATUS (Specify) <i>Married</i>		11. SURVIVING SPOUSE (If wid. give maiden name) <i>Hurbin Ingles</i>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <i>Homemaker</i>		12b. KIND OF BUSINESS/INDUSTRY <i>Own Home</i>	
13a. RESIDENCE—STATE <i>Indiana</i>		13b. COUNTY <i>Lake</i>		13c. CITY, TOWN OR LOCATION <i>Dyer</i>		13d. STREET AND NUMBER <i>601 Sheffield Ave.</i>	
13e. ZIP CODE <i>46311</i>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) <i>White</i>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <i>10</i> College (1-4 or 5+) <i>0</i>			
18. FATHER'S NAME (First, Middle, Last) <i>Alton Brainard</i>				19. MOTHER'S NAME (First, Middle, Maiden Surname) <i>Freda Berg</i>			
20a. INFORMANT'S NAME (Type/Print) <i>Hurbin Ingles</i>		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <i>13917 Laque Dr., Cedar Lake, Indiana 46303</i>			20c. Relationship <i>Husband</i>		
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)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <i>February 9, 1995 Oakland Memory Lanes</i>		21c. LOCATION—City or Town, State <i>Dolton, Illinois</i>			
22a. EMBALMER'S NAME <i>N/A</i>		22b. EMBALMER'S LICENSE NO. <i>N/A</i>		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Fred Aparka</i>		24b. LICENSE NUMBER (of Licensee) <i>FD01016076</i>		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <i>Ellen Brady Funeral Home, Inc. FH83000825 8510 Lakeshore dr. Cedar Lake, Indiana 46303</i>			
26. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition) <i>Cerebral heart failure</i> DUE TO (OR AS A CONSEQUENCE OF) <i>one hour pulse</i> DUE TO (OR AS A CONSEQUENCE OF) <i>one hour pulse</i> DUE TO (OR AS A CONSEQUENCE OF) <i>one hour pulse</i> Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last: PART II. Enter conditions contributing to death but not previously stated in Part I. <i>LAKE COUNTY HEALTH COMMISSIONER</i>							Approximate interval Between Onset and Death <i>1 1/2 days</i> <i>5 7</i>
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input type="checkbox"/>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input type="checkbox"/>		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <input type="checkbox"/>			
29a. 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) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Paul Bales MD</i>		29c. MEDICAL LICENSE NO. <i>01019251</i>		29d. DATE SIGNED (Month, Day, Year) <i>2-9-95</i>	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <i>Fred Ador, M.D. Room 2</i>							
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Hillier</i>		31. HEALTH OFFICER'S NAME AND ADDRESS <i>800 MacArthur Blvd. Monter, Ind. 46321</i>				32. DATE FILED (Month, Day, Year) <i>February 10, 1995</i>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year) <i>July 1, 1995</i>		34b. INJURY AT WORK? (Yes or no) <input type="checkbox"/>		34c. DESCRIBE HOW INJURY OCCURRED <i>JUL 1, 1995</i>	
34d. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34e. LOCATION OF INJURY (City or Town, State) <i>PETER BENJAMIN LAKE COUNTY ADDITION 01045</i>			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					