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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2000 059605 SURVIVORSHIP AFFIDAVIT 20

RE: Phyllis J. Sengal, deceased April 28, 1998
MORRIS W. CHAMBER

STATE OF INDIANA) Legal: Lots 37, 38, 39, 40, 41, 42, 43, 44, 45, and
46, Block 12, Lake Shore Addition, a Subdivision in
the City of Gary, in Plat Book 2, Page 17 A

COUNTY OF LAKE) SS:

On this 11th day of August, 2000 before me personally appeared Charles Sengal.
to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is Heir, Spouse (husband) of decedent(s), owner
(Interest of Affiant in the above premises as "owner" "heir of owner" etc.)
3. Said premises were formerly owned by Charles Sengal and Phyllis J. Sengal, Husband and Wife.
4. Said Phyllis J. Sengal, deceased April 28, 1998, Testate, in Lake County, Indiana,
5. The total value of the taxable estate of said deceased including, tenancies by entireties individual ownerships of both real and personal property, and insurance does not exceed the sum of \$25,000.00, and to the best of Affiant's knowledge there is no Inheritance tax liability by reason of the death of said decedent;
6. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
No (if yes identify the divorce proceedings: N/A _____);
7. Affiant's relationship to the deceased was Spouse/ Husband

Signature Charles Sengal
Charles Sengal
1066 Warrick Street, Gary, Indiana 46403

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AUG 17 2000

Subscribed and sworn to before me by the Affiant this 11th day of AUGUST 2000 (year)

Peter Benjamin, My Commission expires: 12-13-2001 County of Lake
Notary

01206

MTC
CASH
13.00
AM

STATE OF INDIANA)
)
COUNTY OF LAKE)

In Re: Phyllis J. Sengal
SS : April 28, 1998

Affidavit For Transfer of Real Property

1. That the above named decedent died intestate on date.
2. That forty-five (45) days have elapsed since the death of decedent.
3. That no application or petition for the appointment of personal representation is pending or has been granted in any jurisdiction, nor is any administration contemplated.
4. That the following named person is the legal heir of decedent: Charles Sengal, Spouse, of 1066 Warrick Street, Gary, Indiana 46403
5. That the value of the decedent's estate does not exceed the sum of the allowance provided by IC 29-8:1 and reasonable funeral expenses.
6. That the decedent's assets is a parcel or real estate which was owned by the decedent, located at 1066 Warrick Street, Gary, Indiana 46403

All Lots 37, 38, 39, 40, 41, 42, 43, 45, and 46, Block 12, Lake Shore Addition East Chicago, a Subdivision in the City of Gary, as shown in Plat Book 2, Page 17A, in the Office of the Recorder of Lake County, Indiana. More Commonly known as 1066 Warrick Street, Gary, Indiana, Tax Unit 25 Key Number 45-254-37.

7. That the following list of persons, firms, or corporations are the only creditors of the estate and the amount set opposite each name is the sum due said creditor so far as the same is: NONE
8. That the individuals entitled to real estate as a result of the decedent's death is the heir at law provided under the laws of intestate.
9. That the gross value of estate of decedent, Phyllis J. Sengal as determined for purposes of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return. As consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
10. That the decedent's estate was not subject to Indiana Inheritance Tax.

EXHIBIT A

* 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

State No.

Local No. 98-0341

RESUBMIT THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Phyllis J. Senegal		2 SEX Female	3a. TIME OF DEATH 12-NOON	3b. DATE OF DEATH (Month, Day, Yr) April 28, 1998	
4. *SOCIAL SECURITY NUMBER 297-24-4327	5a. AGE—Last Birthday (Years) 68	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo, Day, Yr) April 28, 1930	
7a. WAS DECEDENT A U.S. VETERAN? No	7b. YEAR LAST SERVED IN U.S. ARMED FORCES?	7c. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
8b. FACILITY NAME (If not institution, give street and number) Gary Methodist Northlake		8c. CITY, TOWN, OR LOCATION OF DEATH Gary	8d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Charles Senegal	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Attorney	12b. KIND OF BUSINESS/INDUSTRY Law		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 1066 Warrick Street		
13e. ZIP CODE 46403	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) Afro-American	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+)		18. DECEDENT'S EDUCATION			
18. FATHER'S NAME (First, Middle, Last) John B. Howell		19. MOTHER'S NAME (First, Middle, Maiden Surname) Mildred Hoffman			
20a. INFORMANT'S NAME (Type/Print) Charles Senegal		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1066 Warrick St., Gary, Indiana 46403	20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) May 2, 1998 Oak Hill Cemetery	21c. LOCATION—City or Town, State Gary, Indiana		
22a. EMBALMER'S NAME Sherman Banks III		22b. EMBALMER'S LICENSE NO. FDO 1016254	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Sherman Banks III</i>		24b. LICENSE NUMBER (of Licenses) FDO 1016254	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Smith Bizzell & Warner Funeral Home 4209 Grant St., Gary, IN 46408 FH19600034		
26. PART I: Enter the diseases, 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 resulting in death) a. Subdural hemorrhage with skull fracture DUE TO (OR AS A CONSEQUENCE OF) b. Due to blunt force trauma DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____				Approximate Interval Between Onset and Death Unknown	
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Yes		
29a. CERTIFIER (Check only one) <input 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 checked="" 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. Deputy					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Peter Benjamin</i> PETER BENJAMIN LAKE COUNTY AUDITOR		29c. MEDICAL LICENSE NO. N/A	29d. DATE SIGNED (Month, Day, Year) July 15, 1998		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) Dorrea Melyon, Deputy Coroner, 2293 North Main Street, Crown Point, Indiana 46307					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) JUL 20 1998	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year) Apr. 28, 1998	34b. TIME OF INJURY Unknown	34c. INJURY AT WORK? (Yes or no) No	34d. DESCRIBE HOW INJURY OCCURRED Fall
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify) Residence		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1066 Warrick Street Gary, Indiana			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) April 28, 1998		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc. No.			

FILED

AUG 17 2000

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