

LAKE COUNTY FILED FOR RECOR

2002 048014

2002 MAY 23 AM 11: 07

MORRIS W. CARTER RECORDER

Tax Key No. 12-152-24

Mail tax bills to:

Mr. Ricky Groves 1431 N. Glenwood, Apt. 1G Griffith, IN 46319

AFFIDAVIT OF SURVIVORSHIP

Comes now Ricky Groves, being duly sworn upon his oath, and states as follows: That the affiant is one of the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Building 2, Unit C, Part of Lot 3 in Ventura Estates 2nd addition to the Town of St. John, a Plat of correction of parts of Ventura Estates, Unit No. 2, Ventura Estates Unit No. 3 and Ventura Estates, Unit No. 4, as per Plat thereof , recorded in Plat Book 71, Page 16, in the office of the Recorder of Lake County, Indiana, said part being described as follows; commencing at the Northeast corner of said Lot 3; thence north 88 degrees 56 minutes 26.5 seconds West a distance of 133.19 feet along the South right-of-way of Ventura drive; thence southwesterly along the arc of a tangent curve which is concave to the southeast and whose radius is 100.0 feet and central angle equals 52 degrees 58 minutes 06 seconds a distance of 92.45 feet to the point of beginning; thence Southwesterly along the arc of a tangent curve which is concave to the Southeast and whose radius is 100.0 feet and central angle equals 19 degrees 10 minutes 58 seconds a distance of 33.48 feet; thence Southwesterly along the arc of a tangent curve which is concave to the Northwest and whose radius is 174.05 feet and central angle equals 5 degrees 19 minutes 48 seconds a distance of 16.19 feet; thence South 23 degrees 10 minutes 56 seconds East 151.71 feet; thence North 49 degrees 16 minutes 36 seconds East, 39.37 feet; thence north 23 degrees 10 minutes 56 seconds West 172.0 feet to the point of beginning. More commonly known as: 11353 Ventura Drive, St. John, IN 46373 Key # 12-152-24 This Document is the property of

That the owners, Gloria A. Province, Thomas Jeffrey Groves, Ricky Groves and Gerry A. Groves obtained ownership of said property as tenants in common by a Court Order in the estate of Betty Jo Groves which also granted a life estate to Thomas Jeffrey Groves. This Order was dated September 29, 1995, and recorded October 6, 1995.

That the ownership relationship which existed between the owners continued unbroken from the time they so acquired title to said real estate until the death of Thomas Jeffrey Groves on the 8th day of February, 2001, at which time Gloria A. Province, the estate of Thomas Jeffrey Groves, Ricky Groves and Gerry A. Groves acquired title to the real estate as remaindermen after the Life Estate.

That the gross value of the estate of the decedent, Thomas Jeffrey Groves, as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a return and the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate may be subject to the Indiana Inheritance Tax by virtue of this ending of the life estate due to the fact that the surviving owners were not the spouse or descendants of the decedent and the transferees will or have made arrangements to pay said ta

Ricky Groves PETER BENJAMIN LAKE COUNTY AUDITOR

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn on to before me, a Notary Public, this 275 day of June, 2001.

Michael S. Vass, Notary Public

County of Residence:

Lake

My Commissioner Expires: 6-14-08

This instrument prepared by: Michael S. Vass, 2850 45th Street, Highland, IN 46322 (219) 922-3264

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

SDH06-004 State Form 10110 (R5/1-99)

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.												

	THE RECORDS IN THIS SE	RIES ARE CONFIDENTIAL	PER IC 16-37-1-10										
YPE/PRINT	1 DECEASED—NAME (First, M				2. SEX		3a. TIME OF DEAT	H 3b. DATE	3b. DATE OF DEATH (Month, Day, Yr.)				
IN		Thomas J	- 010	ves	Male	ž	2:09P		ebruary	8, 2001			
ERMANENT BLACK INK	4. *social security number 305–58–384	5a. AGE—Last Birthda (Years) 47	Sb. UNDER 1 YEAR Months Days		1 DAY 6. D Minutes		H (Mo. Doy. Yr) 1, 1953	7. BIRTHPLAC	ond, In	e or Foreign Country)	_		
	8a. WAS DECEDENT	86 YEAR LAST SERVED IN U.S. ARMED FORCES?		l	9a. PL		ATH (Check only one						
	84 WAS DECEDENT A U.S. VETERAN? NO	N/A	HOSPITAL St Inpu	otient		1	Nursing Home						
DECEDENT	96 FACILITY NAME (If not institute St. Marga)	on give street and number) cet Mercy Hea			9c. CITY, TOV	VN. OR LOCA	ATION OF DEATH	9d COUNTY OF DEATH Lake					
	10. MARITAL STATUS	11. SURVIVING SPOUSE					Con bind of						
	(Specify) Divorced	(If wife, give maiden name)	N/A	<u> </u>	Disab		(Give kind of work of use retired)	N/A					
	134 RESIDENCE—STATE Indiana	Lake	13¢. CITY, TOWN, OR St. Joh			13d	STREET AND NUM 11353 V			_			
	136 ZIP CODE 13f INSIDE CIT			Yes (If yes, s	RIGIN? pecify Cuban.	Black, V	American Indian, White, etc.		EDUCATION grade completed)				
	46373 13g ON A FARM	U.D.A.	Mexican, Puerto i	Rican, etc.)		(Specif)	White	Elementary/Sec		College (1-4 or 5 +)	_		
'ARENTS	18. FATHER'S NAME (First, Middle,				19. MOTHER	S NAME (Fir	st. Middle, Maiden Sc						
	Fred Groves,	Jr.		į	Bett	y Gre	en						
NFORMANT	20s. INFORMANTS NAME (Type/F	Print)					te Number. City or To			Relationship	_		
	Ricky Groves	☐ Entombment					G,Griffi			Brother	_		
	Buriel Cremetion	Removal from State	21b. DATE AND PLAC				etory. or 21	c. LOCATION-	-City or Town, S	State			
	☐ Donation ☐ Other (Specifi			Februa									
NOITIZOGEK	22a. EMBALMER'S NAME			1 Lawn	Cemete	-	AS DEATH DEDORAT			, Indiana	_		
	Ronald A. Reed FDO 1001081 1S WAS DEATH REPORTED TO CORONER?												
	246 SIGNATURE OF FUNERAL DIRECTOR 246 LICENSE NUMBER (of Licensee) FDO 1014511 CHARACTER PURE ADDRESS. AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home, 9039 Kleinman Ro Highland, Indiana 46322 FH 19900008												
.4	26. PART I. Enter the disease	s injuries, or complications that oneart failure. List only one cause	caused the death. Do not en		ms, such as ca				322 11	Approximate	<u>-</u>		
	IMMEDIATE CAUSE (Final	EIS		mity M	ecord					Interval Between Onset and Death			
	disease or condition resulting in death)	DUE TO	(OR AS A CONSEQUENC	E OF)	20/1/1	2180	78		– <i>بخ</i>	8000	_		
EATH	Conditions, if any, which gave	b. DUE TO	(OR AS A CONSEQUENC	E OF)							_		
},	rise to the immediate cause. stating the underlying	C DUE TO	(OR AS A CONSEQUENC	E OEV									
[cause lest	d	TON AS A CONSEQUENC	E OF S									
×	PART II. Other significant conditions -	Conditions contributing to death			WAS DECED PREGNANT POSTPARTU (Yes or no)	OR 90 DAY	28a. WAS AN A PERFORMED (Yes or no)		AVAILABLE	ON OF CAUSE	-		
<u>.</u>			1111	D'c									
× 2		RTIFYING PHYSICIAN To the									•		
İ		ALTH OFFICER On the basis of											
x 2	29b. SIGNATURE AND TITLE OF CE		nation and/or investigation, i	n my opinion, deat	h occurred at t				d manner as state	ed	_		
ERTIFIER	Kenno	h J. Kar	non so			1 4 -	DICAL LICENSE NO	x (5° 5°)	DATE SIGNE	D (Month, Day, Year)			
) 3	NAME AND ADDRESS OF PERSON	Z D . /		pe/Print)	John	0	7 (1000	1 2 1 2		-		
EALTH 3	31 HEALTH OFFICER'S SIGNATURE												
–	3. MANNER OF DEATH	7. tom, M.D.				7000			Chive	MILLAD	0		
	☐ Natural ☐ Pending	(Month, Day, Ye		34c INJUI	RY AT WORK	DEATH	PRESENTED HOSE AND LICENSE COPY OF THE ON FILE WITH THE THE OFFICE WITH THE THE OFFICE WITH THE THE OFFICE WITH THE OFFICE WIT	HE CERTIFIC HE LAKE COL	ATE OF UNITY A CO	(2)	l		
Ī	Accident Investigation	34a DI ACE OS IN A	JRYAt home, farm, street.	1						\vee			
	Suicide Could not be Determined	building, atc. (Sp.	zniMi nomē, fārm, street. ecify)	ractory, office	34	LOCATION			ROUTE Number, City or Town State) TER BENJAMIN COUNTY AUDITOR				
34	1g DATE PRONOUNCED DEAD (M	onth. Day. Year) 34h. MOTO	DR VEHICLE ACCIDENT?	Yes or no.) If we	specify driv	C Deceanor-	n-/-\	, LE CO	AYINC	PDITOR	l		
				7	specif unv								