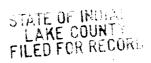
Chicago Title Insurance Company

C 620024683 LD

2002 061405



2802 JUL 10 AM 9: 36

MORRIS W. CARTER RECORDER

## Chicago Title Insurance Company

## **SURVIVORSHIP AFFIDAVIT**

On this5th_day_of_July,2002_before me personally appearedJane_L. Rouge ( insert date)
to me personally known, who being duly sworn on oath did say that:
1. Affiant resides at the address given below affiant's signature;
1. Affiant resides at the address given below alimits signature.  2. Affiant is;  (state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by
LAWRENCE R. ROUGE and JANE L- Rouge;
4. Said Lawrence Raymond Rouge  (fill in name of co-tenant who died)
leavingwill; (insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
Lot 19, Shady Lawn, in the City of Crown Point, as per plat thereof, recorded in Plat book 32 page 12, in the Office of the Recorder of Lake County, Indiana.
6. Is there Federal Estate or State inheritance tax liability by reason of the death of said
decedent?
If yes, then estimated taxes due are \$
The taxes due are

FILED

JUL 9 2002

PETER BENJAMIN LAKE COUNTY AUDITOR

000558

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? $\cancel{\text{NU}}$
(If answer is "Yes," identify the divorce proceedings:
8. Affiant's relationship to the deceased was $\omega$
Signature: June
Printed Name Jane L. Rouge  Document 18
NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
Subscribed and sworn to before me by the affiant
this 5th day of July, 2002  (insert date)  Notary Public
Printed Name Andrea A. Widlowski
My County of Residence is: LAKE COUNTY
In the State of INDIANA
My Commission Expires 9/17/09
This instrument prepared by Jane L. Rouge

**C** 

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 pensity for refusal.

INDIANA STATE DEPARTMENT OF HEALTH THANMOND HEALTH DEPARTMENT.

Local No. 7		(	CERTIFICATE	OF DEATH	4	504 x 2001	Broken 90 remin 60	
526834		ERIES ARE CONFIDENTIAL PE	R IC 16-1-19-3			Dale Issued	Hanimond Health Commissione	
	I DECEASED-NAME IFINE		2 SEX	3a Tik	AE OF DEATH 36 D	DATE OF DEATH IMMEN Day Yel		
TYPE/PRINT IN	1	vmond Rouge		Mal	e   5	00 Am 10c	tober 11, 2001	
PERMANENT	4. *SOCIAL SECURITY NUMBER	6. ACE-Last Binhday (Years)	St. UNDER I YEAR	SE UNDER I DAY 6	DATE OF BIRTH IMO.	Day Yr) 7 BIRTH	PLACE (City and State or Foreign Country)	
BLACK INK	120-30-9830	60	Months Days				York City, New York	
	8. WAS DECEDENT A U.S. VETERAN?	86 YEAR LAST SERVED IN		90		reck only one See instru		
	1	1055	HOSPITAL Inpatient			rsing Home 🔲 Other	(Specify)	
	96 FACILITY NAME (IT NOT MAIRL	1 1966	L ER/Owe	etient DOA	OWN OR LOCATION	erdence DE DEATH Set	COUNTY OF DEATH	
DECEDENT	1	-	N	į				
	St. Margaret M	Mercy Hospital	North Campus	DECEDENTS USUAL	DCCUPATION (Give		IND OF BUSINESS/INDUSTRY	
	(Specify)	Uf wife, give maiden name)	1 .	Certified F			elf-Employed	
	Married	Jane L. Lawa	13c CITY TOWN OR LO			EET AND NUMBER	cri Emproyed	
	Indiana	Lake	Crown Poi	n <b>t</b>	220	Ellendal	<b>P</b>	
	130 ZIP CODE 131 INSIDE CITY LIMITS 14 CITIZEN OF 15 WAS DECEDEN			OF HISPANIC ORIGIN? 18 RACE—American Indian 11 DECEDENT'S EDUCATION				
	□ No	Y? X No C Yes		(Speedy)				
	13g ON A FA	1					12 5+	
	46307 UN No			I 19 MOT	HERS NAME (FIREL MIL	ddle Maiden Surname)	15 1 5	
PARENTS	1.0	•		Rut				
	Charles Rou		20h MARING A	ODRESS (Street and Num			# Zip Cadel   20c Relationship	
INFORMANT			1	lendale. Cr				
	Jane L. ROUG		216 DATE AND PLACE				ATION City or Town State	
	□ Burial □ Crameron	☐ Removel from State	omorplace) Octo	ober 16, 20	001			
	Opnistion Other (Spe	ectyl	•	Mary Cemet		Cro	own Point, Indiana	
DISPOSITION	224 EMBALMERS NAME		226 EMBALMERS L			EATH REPORTED TO C	ORONE#7	
DISPOSITION	Not Applicat	nle /	Not App	licable -	N N	0   Yes		
	240 SIGNATURE OF FUNERAL DIRECTOR 240 LICENSE NUMBER 25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME							
	(of Licensee) Geisen Funeral Home FH19900060							
	Wichelle	9 haus	FD2	9700007	A 109 N.	East St.C	rown Point IN 4630	
	28 RART 1 Emm the diseases, injuries, or a molicipions that caused the death. Do not enter nonspecific terms such as cardisc or respiratory.  Approximate							
	arrest, shock	, or heart failure List only one cause	or each in ment 1	s the pro	perty of	7	Interval Between Onset and Deen	
	IMMEDIATE CAUSE (Final	. Rege	actor (a	ngestive	tleast	FACIUM	<u> </u>	
CAUSE OF DEATH	disease or condition resulting in death)	UE TO	O TOR AS A CONSEQUENCE	OF1	nnopa	the.	area 18	
	Conditions if any which gave	b	D IUR AS A CONSEQUENCE		nig o jou		years_	
	rise to the immediate cause,	С				U		
	cause lest	DUE TO	O IOR AS A CONSEQUENCE	(OF)				
		q						
		ons - Conditions contributing to dee	ith but not previously stated in			28ª WAS AN AUTOPS		
	Dinbeted	sium		1	VANT OR 90 DAYS	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	Change R	enal Insuffi	cienen	(Yes o			OF DEATHT (Yes or no)	
					No	No	No No	
	29a CERTIFIER  Check only  HEALTM 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(a) as stated  (Check only  HEALTM 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(a) as stated							
	one)		(A) (A)	K 'C '/>				
		CORONER On the bases of una	ministrari and/or investigation.	n my apinian desth occur		CAL LICENSE NO	29d DATE SIGNED (Month Day Ye	
CERTIFIER	296 SIGNATURE AND TITLE C	of CERTIFIER			29e Meur	18056	10/17/01	
	9 6				104	0/000	(October)	
	30 NAME AND ADDRESS OF	PERSON WHO COMPLETED CAL	76 UF DEATH THEM 287 CT	ESTS A	1e 111	inster	IN	
	J. E.	ORDAN MI	791	7	1		32 DATE FILED (Month Day Year)	
HEALTH OFFICER	31 HEALTH OFFICER'S SIGNA	TURE	1 anbling	Memi	da M.	D	October 15 200	
OFFICER	33 MANNER OF DEATH	340 DATE OF IN	JURY 346 TIME OF	34e INJURY AT	WORK? 34d	DESCRIBE HOW INJUR	Y OCCURRED	
	33 MANIST OF OCATE	(Month, Day,		(Yee or no)			•	
	Netural Pending							
	Investige Accident		INJURY—At home form stree	t factory office	J4I LOCATION	Street and Number or Re	ural Route Number City of Town State)	
	Suicide Could n	ot be building etc			1			
	☐ Homicide				<u> </u>			
	349 DATE PRONOUNCED DE	AO (Month Day Year) 34h M	DTOR VEHICLE ACCIDENT?	(Yes or no) If yes spec	city driver pessenger p	edesmisis etc		
	L	vm 10110 (B4/3-93) D	Pagibagg PD 1					

