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2003 116160

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: **THE ESTATE OF**

Colin J. Proctor, Deceased

SURVIVORSHIP AFFIDAVIT AND AFFIDAVIT FOR THE TRANSFER OF REAL PROPERTY

1. That the above-named decedent **Colin J. Proctor** died on the 2nd day of September, 2003, while domiciled in Lake County, Indiana.

2. That 45 days have elapsed since the death of the decedent.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

3. That the decedent died owning real property in Lake County Indiana together with two of his children as Joint Tenants with Full Rights of Suvivorship.

4. That the property was held as Joint Tenants with full rights of survivorship.

5. That the value of the property is Ninty-five Thousand Dollars ($95,000.00).

6. That there is due and owing on said property a mortgage with 1st Horizon Mortgage Company in the amount of $80,000.00.

7. That the net value of the real estate less the mortgage is Fifteen Thousand Dollars ($15,000.00)

8. That the decedents one-third net interest in said property is Five Thousand Dollars ($5,000.00).

9. That the names of the children of Colin J. Proctor that held the property with him as joint tenants with full rights of suvivorship are: **Micky Anderson and Mary Anderson**, who survive the decedent.

10. That the value of interest transferred to each child is Twenty Five Hundred Dollars ($2500.00), and is less than what is required to file an Indiana Inheritance Tax Return.

FILED
OCT 29 2003
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

002415 7688

13. DG
2. 3v

11. That the description of the real property transferred is:

Lot one in Block One in Cressmoor Village, IN the City of Hobart, as per plat there of, recorded June 8, 1946 in Plat Book 27, Page 19 in the office of the Lake County Recorder

Common Address: 541 North Wisconsin Street, Hobart, Indiana.

12. That the individual entitled to the real estate as a result of the decedent's death, pursuant to: I.C. 32-1-2-7 are the surviving joint tenants, **Micky Anderson and Mary Anderson.**

13. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return and an I.H. 6 Indiana Inheritance Tax Return is not required to be filed.

That this affidavit will hold the Assessor of Lake County harmless for its reliance on this affidavit, pursuant to Indiana Code 29-1-8-3 .

Dated this 27 day of October, 2003.

James Proctor
James A. Proctor

Before me a Notary Public appeared James A. Proctor and he did on this date swear to the truth of the foregoing statements.
Subscribed and sworn to before me this 27 day of October, 2003.

Patricia A. Rees, Notary Public

My Commission expires: March 25, 2010
Resident of Lake County

This Instrument Prepared by: Patricia Rees, ATTORNEY AT LAW
5341 Central Avenue, Portage, IN 46368
Telephone: (219) 947-1692.

10CCS+2Vet

* **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

Local No. 2055-03 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
COLLIN J. PROCTOR	Male	4:26 AM M	September 2, 2003

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo. Day. Yr)	7. BIRTHPLACE (City and State or Foreign Country)
368-26-1962	74			March 25, 1929	Cheboygan Michigan

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
YES	1950	HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☒ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
319 N. LaSalle Street	Hobart	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Joyce Sova	Millwright	Steel

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Hobart	319 N. LaSalle Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
46342	☐ No ☒ Yes	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	Elementary/Secondary (0-12): 12	College (1-4 or 5+):

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Hugh Proctor	Hattie Phillips

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Jim Proctor	319 N. LaSalle Street, Hobart, IN 46342	Son

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____	Sep 5, 2003 Evergreen Memorial Park	Hobart IN

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
James J. Krause	FD01006463	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James J. Krause	FD01006463	Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Lung Cancer	
	DUE TO (OR AS A CONSEQUENCE OF)	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last	b.	
	DUE TO (OR AS A CONSEQUENCE OF)	
	c.	
	DUE TO (OR AS A CONSEQUENCE OF)	
	d.	

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	No	No	No

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated

☐ 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

☐ 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	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
Mark O. Carter MD	01036415	9/3/03

FILED

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	
Mark O. Carter MD 295 S. Wisconsin Street, Hobart, IN 46342	OCT 29 2003

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE SIGNED (Month, Day, Year)
Stephen R. Stiglich	STEPHEN R. STIGLICH LAKE COUNTY AUDITOR Nov 3, 2003

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
	002410

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

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