2003 118783

Chicago Title Insurance Company

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

6200391130

On this 30, OCT, 03 before me personally appeared ROBERT K. BULLOCK
(insert date)

2003 0431193

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 OWNER;
(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 ROBERT K. BULLOCK and CAROLYN V. BULLOCK
4. Said CAROLYN V. BULLOCK AKA CAROLYN BULLOCK
(fill in name of co-tenant who died)
died on MAY 6, 02
leaving NO will;
(insert "a" or "no"; if will left, attach a copy)
5. The legal description of the premises in question is:
SEE ATTACHED

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said decedent? ☐ Yes ☒ No

If yes, then estimated taxes due are $_____.

The taxes due are ☐ paid or ☐ unpaid.

FILED
NOV 5 2003
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

16 DC CT

000310

15 DC CT

re-recorded to add notary stamp

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

NO

(If answer is "Yes," identify the divorce proceedings:

_____);

8. Affiant's relationship to the deceased was SPOUSE

Signature: Robert K. Bullock

Printed Name ROBERT K. BULLOCK

Address: 3994 HOWARD

HOBART, IN 46342

Subscribed and sworn to before me by the affiant

this 10/30/03

(insert date)

Notary Public

Printed Name

"OFFICIAL SEAL"
Lori L. Shelby
Notary Public, State of Indiana
County of Porter
My Commission Expires Nov. 11, 2007

My County of Residence is:

In the State of

My Commission Expires

This instrument prepared by ROBERT K. BULLOCK

*DOCUMENT IS BEING RERECORDED TO ADD NOTARY STAMP

LEGAL DESCRIPTION

Lots 27 and 28 in Block 2 in Chas. M. Barney's Gary Park Addition to Hobart, as per plat thereof, recorded in Plat Book 10 page 6, in the Office of the Recorder of Lake County, Indiana, said Lots were vacated September 8, 1949 by virtue of proceedings had in Lake Circuit Court of Crown Point, Indiana, Cause #33143 and now more particularly described as follows, to-wit: The South 55 feet of the East 125 feet of the following described parcel to-wit: Part of the North 1/2 of the East 1/2 of the Southeast 1/4 of the Northwest 1/4 of Section 26, Township 36 North, Range 8 West of the 2nd Principal Meridian, in the City of Hobart, Lake County, Indiana, described as follows: Beginning at the Northwest corner thereof, thence South along the West line 631.3 feet; thence East 298.40 feet, more or less, to a point on the West line of Howard Street, which point is 631.5 feet South of the North line thereof; thence North 631.5 feet along the West line of Howard Street to the North line of the Southeast 1/4 of the Northwest 1/4 of said Section; thence West 298.6 feet, more or less, to the Place of Beginning.

27-17-36-76

10 cc

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 1613-02 State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

CEDENT

RENTS

FORMANT

SPOSITION

USE OF ATH

RTIFIER

ALTH FICER

1 DECEASED—NAME (First, Middle, Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month, Day, Yr.)
CAROLYN	V.	BULLOCK	Female	11:10A M	May 6, 2002

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)
313-36-8517	64			November 4, 1937	Gary, Indiana

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.)
No	------	HOSPITAL [X] 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
Methodist Hospital Southlake Campus	Merrillville	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	Robert Bullock	Clerical	Insurance Company

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN, OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Hobart	3994 Howard 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) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46342	[ ] No [X] Yes	[X] No [ ] Yes	USA	[X] No [ ] Yes	White	12	

18 FATHER'S NAME (First, Middle, Last)	19 MOTHER'S NAME (First, Middle, Maiden Surname)
John Lee	Mildred Gustafson

20a INFORMANT'S NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c Relationship
Robert Bullock	3994 Howard Street, Hobart, IN 46342	Husband

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town, State
[X] Burial [ ] Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)	May 9, 2002 Calumet Park Cemetery	Merrillville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Alexis Thanos	FD08600505	[X] No [ ] Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Ronald Mesaros	FD01005912	Geisen Funeral Home, Inc. #FH83007762 7905 Broadway, Merrillville, IN 46410

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 Uremia	5 Days
Conditions if any which gave rise to the immediate cause stating the underlying cause last.	b DUE TO (OR AS A CONSEQUENCE OF) End Stage Kidney Disease	3 years
	c DUE TO (OR AS A CONSEQUENCE OF)	
	d DUE TO (OR AS A CONSEQUENCE OF)	

PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I: Fx left femur, R Tibia - Resp Failure, Cardiac Arrest

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

29a CERTIFIER (Check only one)
[X] 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)
	01025771A	May 9, 2002

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): David Ashback, M.D., 4802 Broadway, Gary, Indiana 46408

31 HEALTH OFFICER'S SIGNATURE: David Ashback D.O.

32 DATE FILED (Month, Day, Year): May 13, 2002

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)

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 (R4/2-93) Deathcer/PD 1