

STATE OF INDIANA
LAKE COUNTY FILED FOR RECORD

2004 093490

2004 NOV - 3 AM 8: 44

MORRIS (1)

## SURVIVORSHIP AFFIDAVIT

20041665 Arminita H. Bean, being first duly sworn, on oath states:

1. That she is the owner in fee simple of the following described real estate located in St. Joseph County, Indiana, to-wit:

LOT 13 AND THE NORTH 14' IN BLOCK 4 RESUBDIVISION OF GARY LAND COMPANY'S 6TH SUBDIVISION PER PLAT THEROF RECORDED IN PLAT BOOK 14, PAGE 21 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 518 ELLSWORTH ST., GARY, INDIANA 46404.

- 2. That she and now deceased, Everett T. Bean, Jr. acquired title as Husband and Wife to 518 Ellsworth Street, Gary, Indiana, 46404, said real estate by a Warranty Deed dated October 27, 1987 and recorded on November 4th, 1987 as Document Number 946938 in the Office of the Recorder of Lake County.
- See ATTACHED DEATH CERTIFICATE

  3. That the marital relationship which existed between this affiant and his/her spouse continued unbroken from the time they acquired title to said real estate until the death testate/intestate of her said spouse on December 19, 2000 at which time this affiant acquired title to said real estate as surviving tenant by the entireties. That all debts, funeral expenses, and expenses of last illness of said decedent have been fully paid and satisfied, and that said decedent's estate has not been and is not to be administered upon.
- 4. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in contemplation of death, or made within the three years next preceding said death, together with the value of all investments in joint properties and tenants by the entireties, including the real estate above described, plus the proceeds of all insurance on the life of said decedent, was not more than \$600,000.00, and the estate was not subject to a Federal Estate Tax.
- 5. That the purpose of the affidavit is to induce the Auditor of the County in which said real estate in located to change the tax records, and the title, if necessary, to the above described real estate in the name of this affiant.

Arminita H. Bean

STATE OF INI	DIANA	)
	1 6	) SS
COLINITY OF	Lilo	``

PROGRESSIVE LAND TITLE 1415 Lincoln Way West, Suite J Osceola, IN 46561

Subscribed and sworn to before me a Notary Public, this 2003: 2004

My Commission Expires:

CULY ENTERED FOR TAXATION SUBJECT TO Public Final Acceptance FOR TRANSFER esiding in

County, Indiana.

NOV 3 2004

STEPHEN R. STIGLICH

This instrument LAKE GOUNTY AUDITOR hael K. Wandling, Esq./jaj

Progressive Land Title of Indiana LLC

1415 Lincolnway West, Suite J., Osceola, IN 46561

M. KIMBERLY WHISLER Elkhart County
My Commission Expires July 23, 2009

000287

## • 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. Local No. Do G 3 THE RECORDS IN THIS SERIES AF

## 5CC + 3 FREE Vets

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT	The same of the sa	NAME (First, N	Addie, Lasi		ERIC 1	6-1-19-3		2. SEX		3a TIME OF DE	ATH	3h DATE OF DEATH (14		
IN					Jr.	Jr. Ma			le 8:00 A					
PERMANENT BLACK INK		4 *SOCIAL SECURITY NUMBER 310-14-9562		5e AGE—Lest Birthday (Years) 78		Sb. UNDER 1 YEAR Sc. UND Months Days Hours		Minutes		22, 1922	7.	7. BIRTHPLACE (City and State or Foreign Country		
	8e. WAS DECE		86. YEAR LAST SERVED IN		+	<del> </del>	<u> </u>	90				Gary, Indiana		
	YES		US. ARMED FORCES?		HOSP	HOSPITAL: Inpetient			DTHER Nursing Home Other (Specify)					
			l	1946		☐ ER/C	Outpatient			EXPlesidence	-			
DECEDENT		AME (If not institut						_		ATION OF DEATH		9d. COUNTY OF DEATH		
	518 Ellsworth Stree				<del></del>			Gary				Lake		
	(Specify) Married		11. SURVIVING SPOUSE   (If wife, give meiden name)   Ariminta Hende		orce	12s. DECEDEN		NT'S USUAL OCCUPATION (Give kind of working most of working life. Do not use retired)		*   1	12b. KIND OF BUSINESS/INDUSTRY			
		13e. RESIDENCE—STATE		13b. COUNTY		13c. CITY, TOWN, OR LOCATION		nealer	· · · · · · · · · · · · · · · · · · ·			US Steel Sh	eet & Ti	
	Indiana		Lake		Gary			13d STREET AND NU			worth Street			
	13e ZIP CODE		Y LIMITS	14 CITIZEN OF WHAT COUNTRY	15. W	AS DECEDENT	OF HISPANIC	ORIGIN7	16. RACE-	-American Indian, White, etc.	SWO	17. DECEDENT'S	EDUCATION	
	46404	13g. ON A FAR		USA	*	Mexican, Puerto R	ican. etc.)	speeny Coben,	(Spec	rfy)	Elem	(Specify only highest operatory/Secondary (0-12) 12th	College (1-4 or 5	
PARENTS	18. FATHER'S N	AME (First Middle		<u> </u>	<u> </u>				1					
FAREITIS		erett T.		ın Sr.						irst Middle, Meiden Curry	Surnam	·e)		
INFORMANT	20e. INFORMAN	T'S NAME (Type/	Print)			20b MAR ING	ADDRESS (Se			ute Number, City or	-			
01		iminta E				518 E	llswort	h Stre	eet Ga	ry, India	10wn;	46404 Wi	Relationship Fo	
	21a. METHOD O	F DISPOSITION	☐ Enton	mbment	21b. DA	TE AND PLACE	OF DISPOSITI	ON (Name of	emetery, cre			OCATION—City or Town, S		
	☐ Buriel	<b>☑</b> ¥XXXtion		oval from State		er place) De	cember	23, 2	2000			CANON-CRY OF TOWN, S	race	
	☐ Dorretton	Other (Specif	y)			0a	ık Hill	Cemet	ery			Gary, India	na	
DISPOSITION	22e. EMBALMER				22b	EMBALMER'S	LICENSE NO.	16	23. W	AS DEATH REPOR				
		senwald		Allen Jr.	<u> </u>	#29400	0047	19		□ No □ Y				
	240 SIGNATURE	OF FUNERAL DIF	ECTOR	NO	Г		CENSE NUMBE	TAT	Guy &	Allen	une	umber of funeral homeral homeral Directo	AE Ors Inc	
	Vi		$\Rightarrow$				870029		4939	west III	n A	venue		
	26. PART I	Fotor the disease		his Docu	1111	ent ic	the n	rones	Gary,	findiana	46	404 830077	704	
ļ		errest, shock, or i	heart failur	or complications that cause. List only one cause on	each line	leath Do not ente	r nonspecific te	rms, such as co	or resp	ratory			Approximate	
,	IMMEDIATE CAUS	SE (Final		Onerle	~~~	· Jec	ul D-	is ea	2-17				Interval Between Onset and Death	
CAUSE OF	disesse or conditio resulting in death)	n   '	•	CONE TO CO	R AS A	CONSEQUENCE			- 0					
DEATH	Conditions, if any, v	uhiah massa	b	3.0	JA (		5 Del Le	me	2			·		
İ	rise to the immediat	e cause,	ONE TO FOR AS A CONSEQUE			- Mull	4 1 1	- 1 A	sul	rulis				
1	cause last	טי		DUE TO (OF	A SA F	ONSEQUENCE	OF)							
			d									•		
	PART II. Other sign	ificant conditions -	Conditions	contributing to death but	t not pre	viously stated in i	Part I. 27.	WAS DECE	ENT	28a. WAS AN	AUTOP	SV 285 WEDE AUT	OPSY FINDINGS	
j								PHEGNANT	OR 90 DAY	S PERFORM	ED?	AVAILABLE	PRIOR TO	
								(Yes or no)	NO			OF DEATH?	N OF CAUSE (Yes or no)	
<u> </u>	9e. CERTIFIER	Tolkics	TIEVING			O DER	6"/							
	(Check only													
	one)	Co.	ONER	On the been of everyone.	aminetion	h and/or investiga	ition, in my opin	ion, death occu	rred at the tin	e, date, and place, a	ind due	to the cause(s) as stated.		
12	96 SIGNATURE A	NO TITLE OF CER	STIFIGA	on the bears of examination	on and/or	investigation, in	my opinion, dea	m occurred at				suse(s) and manner es state		
CERTIFIER	Kyln	.0 &	Thre	the Mas	E	SEAT				EDICAL LICENSE N	Ю	29d DATE SIGNED		
. 3	O NAME AND AD	DRESS OF PERSO	N WHO C	OMPLETED CAUSE OF	DEATH	(ITEM 25) (Type	/Print)		10,00	0338		1 1/2 3	900	
	D:	r. Long]	ley .	2939 Broad	dway	Merri	llvill	e,Indi	ana 4	6410				
HEALTH OFFICER	HEALTH OFFICE	RS SIGNATURE		1/2 0	<b>A</b>	_4 .	<b>~</b>	D.		•		32. DATE FILED (A	fonth Day, Year)	
شرا	MANNER OF DE	ATH - 1	_ <i>U</i>	KAVK	W	T	מ כייו	74.5					1 1 2 700	
	The Market of the second					346 TIME OF 34c INJURY (Yes o			340	34d. DESCRIBE HOW INJURY OCCURRED				
	Accident	Investigation "	-  -	34e PLACE OF INJURY—At a building, etc. (Specify)		At home, farm, street, factory, office		1 24	LOCATION	ATION (Street and Number or Rural Route Number, City or Town, State)				
,	Suicide L	Could not be Refermined							The Country Correct and Number of Rurel			rroute Number, City or Town, State)		
34	DATE PRONOU	INCED DEAD (Mo	nth. Day. Y	(ser) 34h MOTOR V	EHICLE	ACCIDENT? (Y	es ar no) If ye	s. specify drive	r, passenger	pedestrian eic	**			
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L.	)H06-004 S	tate Form 10	110 /0	4/3-93) Deathc	01/00	-								
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