

2005 004143

2005 JAN 20 PM 2:30

AFFIDAVIT OF SURVIVORSHIP

MICHAEL A. [unclear]
RECORDER

Comes now Lisa Wesby, being duly sworn upon her oath states as follows:

That Affiant is the Personal Representative of Erlene D. Tuggles, the spouse of the decedent, Bonnie E. Tuggles, Sr., deceased, who died intestate, a resident of Lake County, Indiana on the 11th day of September, 2000. See Attached ^{copy of} Certified Death Certificate _{Bee}

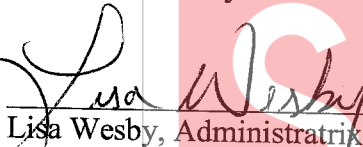
That said Bonnie E. Tuggles, Sr., and Erlene Tuggles owned the following real property as tenants by the entireties:

Lots 9 and 10 and the East 5 feet of Lot 8 in Block 8 in Gary Heights, in the City of Gary, as per plat thereof, recorded in Plat Book 20, page 13, in the Office of the Recorder of Lake County, Indiana. Commonly known as 3505-09 West 11th Avenue, Gary, Indiana 46404 Subject to all easements, covenants, restrictions of record.

Under Indiana Code 32-17-3-1 Erlene D. Tuggles, upon the death of Bonnie E. Tuggles, owns the property in her sole name.

Wherefore Lisa Wesby as Personal Representative of the estate of Erlene D. Tuggles files this affidavit of Survivorship and request that the deed be transferred into the estate of Erlene D. Tuggles.

Furthermore, Lisa Wesby swears that the statements made in this affidavit are true and complete


Lisa Wesby, Administratrix

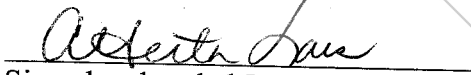
STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

FILED

JAN 20 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

Before me, Alberta Lars, the undersigned, a Notary Public, in and for said County and State, personally appeared LISA WESBY, and she being first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrumt are true.


Signed and sealed January 20, 2005.

000966

Handwritten initials: MV
C/SK

* 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. 00 0741

State No. _____

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

1. DECEASED—NAME (First, Middle, Last) BONNIE E. TUGGLES, SR				2. SEX MALE		3a. TIME OF DEATH 9:08A		3b. DATE OF DEATH (Month, Day, Yr) September 11, 200			
4. *SOCIAL SECURITY NUMBER 489-14-6194		5a. AGE—Last Birthday (Years) 80		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo. Day, Yr) Nov. 5, 1917			
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				7. BIRTHPLACE (City and State or Foreign Country) Colt, Arkansas			
9b. FACILITY NAME (If not institution, give street and number) Methodist Hospital-Northlake				9c. CITY, TOWN, OR LOCATION OF DEATH Gary			9d. COUNTY OF DEATH Lake				
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Erlene White		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Service Advisor			12b. KIND OF BUSINESS/INDUSTRY Len Pollack Buick				
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Gary			13d. STREET AND NUMBER 1432 Connecticut Street				
13e. ZIP CODE 46407		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) BLK			
13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 2 College (1-4 or 5+)			18. FATHER'S NAME (First, Middle, Last) Odessa A. Steele						
19. MOTHER'S NAME (First, Middle, Maiden Surname) Willa Bell Barden					20a. INFORMANT'S NAME (Type/Print) Erlene Tuggles						
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1432 Conn. St., Gary, IN 46407					20c. Relationship Wife						
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Sept. 18, 2000-Oak Hill				21c. LOCATION—City or Town, State Gary, IN			
22a. EMBALMER'S NAME Bonnie E. Tuggles, Jr.				22b. EMBALMER'S LICENSE NO. 9200084				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Bonnie E. Tuggles, Jr.</i>				24b. LICENSE NUMBER (of Licenses) 9200084				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME HOUSE OF ROBINSON FUN. DIR. 1900 W. 15th Ave., Gary, IN 46407			
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. Parkinson's Disease IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Parkinson's Disease DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death											
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) No				28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No				28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A			
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Geri C. Browning MD</i>						29c. MEDICAL LICENSE NO. 01033136		29d. DATE SIGNED (Month, Day, Year) 10-11-00			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) GERRI C. BROWNING MD 636 E. 21st Ave Gary, IN 46407											
31. HEALTH OFFICER'S SIGNATURE <i>Geri C. Browning MD</i>						32. DATE FILED (Month, Day, Year) OCT 18 2000					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide				34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED	
34a. 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.							