STATE OF INDIANA

COUNTY OF LAKE

2005)85: 2005)053642 SALE OF INDIANA LAKE COUNTY FILED FOR RECORD

**2**595 979 19 117 17 17

MC Property Control

## **AFFIDAVIT OF SURVIVORSHIP**

- I, Mary Ellen Mayhew, being duly sworn, states as follows:
- 1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
- 2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots 2 and 12 in Block 7 as marked and laid down on the recorded plat of J.R. Brant's 45<sup>th</sup> Avenue Gardens, a subdivision of part of the Southeast ¼ of Section 25, Township 36 North, Range 9 West of the 2<sup>nd</sup> Principal Meridian, in Lake County, Indiana, as per plat thereof, recorded in Plat Book 21 page 19, in the Office of the Recorder of Lake County, Indiana.

Tax Key Nos. 139110312nt is the property of the 39-103-12 ounty Recorder!

Commonly known as 4409 Calhoun, Gary, Indiana 46408

- 3. The decedent, Erma Charbonneau, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 19th of December, 1997, and recorded in the Office of the Lake County Recorder as Document No. 97089648.
- 4. The decedent and myself jointly held title to said real estate until the death of Erma Charbonneau on the 11th day of February, 2003, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Erma Charbonneau.

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUN 2 9 2005

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR 62376, 3092

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Mary Ellen Mayhew, Affiartt

STATE OF INDIANA )
) SS:
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Mary Ellen Mayhew, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 2005.

My commission expires: 02/03/2010 PRICIA

A. POTAC Signature: Busa de Patacki Notary Put

Resident of: Lake County, Indiana

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State	Nο	

<b>o</b> oai 7 <b>1</b> 0	THE RECOR	RDS IN THIS SE	RIES ARE	CONFIDENTIAL PE	R IC 16-37-1-10									
YPE/PRINT	1 DECEASED—NAME (First Middle Leat) Erma E. Charbonneau							2 SEX 3a TIME OF D						
IN				AGE—Last Birthday				emale	5:50 A BIRTH (Mo, Day, Yr)		Pebruary 1			
ERMANENT	311–32	170E	3	(Years)	55 UNDER 1 YEAR Months Days	Hours	Minutes	1		i		ate or Foreign Country)		
BLACK INK			Bh YEAR	83		l			0, 1919	Whi	ttmore, I	owa		
	84 WAS DECEDENT 85 YEAR LAST SERVED IN US ARMED FORCES?			HOSPITAL. Ty Inpetient		9e PLACE OF DEATH (Check only one See instructions)  OTHER  Nursing Home  Other (Specify)								
	No N/A				☐ ER/C	☐ ER/Outpatient ☐ DOA			Residence					
ECEDENT	96 FACILITY NAME (If not institution, give street and number) St. Anthony Hospital						9c CITY, TOWN, OR LOCATION OF DEA							
						wn Point			Lake					
	(Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name)		12a. DECEDENT'S USUAL OCCUPAT done during most of working life. E		: life. Do not use retired)		12b. KIND OF BUSINESS/INDUSTRY					
	13ª RESIDENCE—STATE		N/A 136 COUNTY 13c		Packe 13c CITY, TOWN, OR LOCATION		13d. STREET AND I		Manufacturing					
	Indian	а	Tak	· 👝	Garv				4409 Calh	Oun	Stroot			
	13e ZIP CODE 13f INSIDE CIT		TY LIMITS 14 CITIZEN OF		15 WAS DECEDENT OF HISPANIC		ORIGIN? 16. RACE—America		CE—American Indian.	en Indien. 17. DE		DECEDENT'S EDUCATION		
	<u> </u>		Yes M2	WHAT COUNTRY	7 □XNo □ Yes (If yes, Mexican, Puerto Rican, etc.)		specify C		Black, White, etc. (Specify)		(Specify only highest grade completed)  Elementary/Secondary (0-12)   College (1-4 or 5 +			
	46408	DX No E		11.0.3				White		8	,, 0000	Comege (1-4 cm 5 · )		
ARENTS	18 FATHERS N	AME (First Middle				19. MOTHE			(First Middle, Meider	Surname)	name)			
	Ralph 1	Darr					Fdi	th Tom	S					
FORMANT	20s. INFORMAN				1		reet and h	Number or Rural	Route Number, City o			Relationship		
	_	llen May			4409 (	Calhour	st.	Gary.	Indiana	464	08 D	aughter		
	21a METHOD O	F DISPOSITION	☐ Emor	mbment oval from State	21b. DATE AND PLACE other place)			•	cremetory, or	21c. LOC	CATION—City or Town	State		
		Other (Speci		oval from State		Februar		•		Caba		T 3!		
SPOSITION	22a EMBALMER	S NAME.			Chapel Lat	VO CETTE	tery	23	WAS DEATH REPO		rerville,	Indiana		
	Ronald	L. McCl	ain	Jr.	FD091008	316111	15		⊠ No □	res				
	24a. SIGNATURE	OF FUNERAL DI	RECTOR	NTO		ICENSE NUMB	EA				MBER OF FUNERAL H			
	CA	Kink	er/	NU	T OT.	of Licensee)	LA	Kuip	er Funera	1 Ho	me 9039 K	leinman Roa		
. 41	C/ (		/,	Phis Doc	FDO	0101451	1	High	land, Ind	iana	46322 FH	19900008		
×	26 PART I			or complications that cause on	sed the death Do not en			-	respiratory			Approximate		
			TOUT TOUG			ity Re		der!			<b></b>	Interval Between Onset and Death		
	IMMEDIATE CAU disease or condition		8.	DUE TO (C	OR AS A CONSEQUENCE	E OF)	ia_			· · ·		inti-		
USE OF	resulting in death)		ь											
	Conditions, if any, rise to the immedia			DUE TO (C	R AS A CONSEQUENC	E OF)								
	stating the underly cause last	ing	c.	DUE TO (C	R AS A CONSEQUENC	E OF}								
			ď											
	PART II Other sig	inficant conditions	Condition	ns contributing to death b	ut not previously stated in	Part I 2	7 WAS I	DECEDENT	28a. WAS A	N AUTOPS	SY 28b WERE AL	JTOPSY FINDINGS		
								NANT OR 90 PARTUM?		MED?	AVAILAB	ILE PRIOR TO TION OF CAUSE		
					71111	III	(Yes	or no)			OF DEAT	H? (Yes or no)		
,	AA- CERTIFIER	Nex c	DTIEVALO	DUVENCIAN T	T. I.	20 1	No		No		N/A			
	29a CERTIFIER (Check only one)  CERTIFIER  (Check only one)  CERTIFIER  To the best of my knowledge, death occurred at the time, date, and due to the cause(s) as stated													
	one)  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.													
	296 SIGNATURE	AND TITLE OF C		2//1		ر الك			MEDICAL LICENSE			NED (Month. Day, Year)		
RTIFIER		florge	-18	abblished	MI SE	Lane 133	<u>'</u>	91	03/7/7		2/12	103		
λc	30 NAME AND A	/	_		OF DEATH (ITEM 26) (Ty					5				
}		CREE		BCHUK,	ND 112	15.5	NOM	NO SI	B CA	NA	Point.	1 46 507		
ALTH FICER	31 HEALTH OFFI	CER'S SIGNATUR	E	Susa	m u C	C)	D.O.				32. DATE FILED	(Month, Day, Year)		
<b> </b>	33 MANNER OF D	DEATH	Ī	34a DATE OF INJURY	34b TIME OF	34c IN	JURY AT	WORK?	344 DESCRIBE HO	W IN IT IOV	OCCUPANT OF	12205		
		_		(Month. Day, Year	1	ľ	s or no)		3.3. SESSINGE NO		TQUUMED (			
	☐ Natural	Pending Investigation						ļ						
	☐ Accident ☐ Suscide	Could not be		34e PLACE OF INJUR	IY—At home, farm, street	, factory, office		34f LOCA	TION (Street and Num	nber or Rur	al Route Number, City	or Town, State)		
	☐ Homecide	Determined		Surgery, etc. (Spec	··· • ·					*		•		
ŀ	34g DATE PRONC	OUNCED DEAD (	Month, Day	Year) 34h MOTOR	VEHICLE ACCIDENT?	(Yes or no) #	ves sner	ty driver name	nner nedeemen em		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
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5	SDH06-004 S	state Form 1	U110 (F	R5/1 <b>-</b> 99)										