Commitment # 6200593

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2006 009158

2006 FEB -6 AM 10: 02

MICHAEL A. BROWN
RECORDER

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 1-14-06 (insert date) before me personally appeared Gary D. Anderson

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 Gary Anderson and Geraldine Carmen Anderson

4. Said Geraldine Carmen Anderson
(fill in name of co-tenant who died)
died on 6-14-1996

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 legal

6. Is there Federal 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..

6200593 43

FILED

FEB 03 2006

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

return to:
Chicago Title Insurance Company
Valparaiso Office

(1)

180
CT
2317

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 Husband

[redacted]

Signature: Gary D. Anderson

Printed Name Gary D Anderson

Address: 7725 Beech
Hammond IN 46324

Subscribed and sworn to before me by the affiant

This 1-14-06
(insert date)

Notary Public

Printed Name Debra Short

My County of Residence is: Lake

In the State of Indiana

My Commission Expires July 2, 2011

This instrument prepared by Gary D. Anderson

DEBRA M. SHORT
July 2, 2011
Date
LAKE COUNTY
COUNTY
NOTARY PUBLIC, STATE OF INDIANA

No: 620059343

LEGAL DESCRIPTION

Lot 39, in Block 5, in Eastgate Subdivision in the City of Hammond, as per plat thereof recorded in Plat Book 30, page 16, in the Ofice of the Recorder of Lake County, Indiana.

26-33-0226-0039

* **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. 2152-96 ..... State No. .....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last): Geraldine Carmen Anderson
2. SEX: Female
3a. TIME OF DEATH: 11:20 PM
3b. DATE OF DEATH (Month, Day, Yr): June 14, 1996
4. *SOCIAL SECURITY NUMBER: XXX-XX-4187
5a. AGE—Last Birthday (Years): 44
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo. Day. Yr): NOVEMBER 25, 1951
7. BIRTHPLACE (City and State or Foreign Country): CHICAGO, ILLINOIS
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): MUNSTER MED-INN
9c. CITY, TOWN, OR LOCATION OF DEATH: MUNSTER
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): GARY ANDERSON
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): CUSTODIAN
12b. KIND OF BUSINESS/INDUSTRY: MUNICIPALITY
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: HAMMOND
13d. STREET AND NUMBER: 3515 164th ST.
13e. ZIP CODE: 46323
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.): ☒ No ☐ Yes
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +):

PARENTS

18. FATHER'S NAME (First, Middle, Last): FRANK ANTHONY ALLEGRA
19. MOTHER'S NAME (First, Middle, Maiden Surname): DOROTHY GRACE LAVAN

INFORMANT

20a. INFORMANT'S NAME (Type/Print): GARY ANDERSON
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 3515 164th ST. HAMMOND, INDIANA
20c. Relationship: HUSBAND

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): JUNE 18, 1996 CHAPEL LAWN MEMORIAL GARDENS
21c. LOCATION—City or Town, State: SCHERERVILLE, INDIANA
22a. EMBALMER'S NAME: LAWRENCE MILLER
22b. EMBALMER'S LICENSE NO.: FD01006015
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Lawrence Miller
24b. LICENSE NUMBER (or Licensee): FD01006015
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FAGEN-MILLER FUNERAL GARDENS, INC. 2828 HIGHWAY AVE. HIGHLAND, IN FH83003035

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. Carcinomatosis
DUE TO (OR AS A CONSEQUENCE OF):
b. Carcinoma of Bladder - urinary
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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)

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: [signature] MD
29c. MEDICAL LICENSE NO.: IN 20248
29d. DATE SIGNED (Month, Day, Year): 6/12/96

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): [illegible], 7905 Calumet Ave., Munster, In 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: [signature] M.D.
32. DATE FILED (Month, Day, Year): JUN 18 1996

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT

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

Alexander S. Williams, M.D.
LAKE COUNTY HEALTH COMMISSIONER

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1

Prescribed by the
State Board of Account
(2005)

County Form 170

DECLARATION

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;

2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

Prepared for recording by
Chicago Title Insurance Company
By: Lisha Vera
Signature

Lisha Vera
Printed Name of Declarant