STATE OF INDIANA AKE COUNTY FILED FOR RECORD

2007 036683

2007 MAY - 3 PM 3: 38

MICHAEL A. BROWN RECORDER No.: 26-34-0095-0015

STATE OF INDIANA ) SS: COUNTY OF LAKE

## **SURVIVORSHIP AFFIDAVIT**

I, Francelle J. Moore, being first duly sworn, state:

- 1. Affiant states that she is the wife of Robert H. Moore, now deceased.
- At the time of his death, March 1, 2007, Robert H. Moore and Francelle J. Moore 2. were husband and wife and the owners of the following described real estate located in Lake County, Indiana:

Commonly known as: 429 Waltham, Hammond, Indiana 46320. the Lake County Recorder!

- 3. At the time of his death, Robert H. Moore and Francelle J. Moore were not divorced and were living together as husband and wife.
- 5. This Affidavit is made by the undersigned to confirm that ownership in the abovedescribed real estate is now vested in Francelle J. Moore, and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: April 2, 2007

11478 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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(Page1 of 2)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared FRANCELLE J. MOORE and he being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 2<sup>nd</sup> day of April, 2007.

My Commission Expires: 04-29-07 A Resident of Lake County.

Lisa M. Leluga n/k/a Lisa M. Juergens, Notary Public

I, affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

alissa Kohlhoff

Clessia Rohlhoff

This instrument prepared by and after recording return to:

Alissa Kohlhoff, of Beckman, Ketly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320 (219) 933-6200

This Document is the property of the Lake County Recorder!

\* 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

COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.	IHE
MAR 13,2007 - Lamon	me

Local No	132	*****	CERTIFICAT	E OF DEATH	Sta	Pate Issued Ha	mmond Health Commissioner	
		ERIES ARE CONFIDENTIAL PI	ER IC 16-37-1-10					
TYPE/PRINT	1. DECEASED—NAME (First, M	_		2. SEX	3a. TIME OF D	_	OF DEATH (Month, Day, Yr.)	
IN		Robert	H. Moore		1010 6:05-		ch 1, 2007	
PERMANEN	3	5a. AGE—Last Birthday ( <i>Years</i> )	5b. UNDER 1 YEAR  Months Days	5c. UNDER 1 DAY 6. C	DATE OF BIRTH (Mo. Day, Yr)	ŀ	E (City and State or Foreign Country)	
BLACK INK	310/24/0004	78			Jan. 7, 1929		ond, In.	
	8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	П.		LACE OF DEATH (Check only			
	Yes	1951	HOSPITAL Inputie		OTHER: Nursing Ho	me D Other (Spec	eify)	
	9b. FACILITY NAME (If not institute		LXJ ER/O	utpatient DOA	MN. OR LOCATION OF DEAT	Inc. com		
DECEDENT	St. Margaret/Mercy Health  10. MARITAL STATUS 11. SURVIVING SPOUSE (If wife, give maiden nam		- O +		_	1 2 3 3 3 3 3	NTY OF DEATH	
			<del></del>		Hammond,		Lake 12b. KIND OF BUSINESS/INDUSTRY	
e.					OCCUPATION (Give kind of w king life. Do not use retired)	ork 12b. KIND C		
	Married	Francelle N	<u>laranjo</u>	Teacher			ic Education	
;	13e. RESIDENCE-STATE	13b. COUNTY	13c. CITY, TOWN, OR L	OCATION	13d. STREET AND			
	In.	Lake	Hammond		#29 Walth	nam St.		
	13e. ZIP CODE 13f. INSIDE CIT	Y LIMITS 14. CITIZEN OF	15. WAS DECEDENT O		16. RACE—American Indian	. 17.	DECEDENT'S EDUCATION	
	□ No X	<del>`                                    </del>	Mexican, Puerto Ric		Black, White, etc. (Specify)	}	ify only highest grade completed)	
	13g. ON A FARI	ì		:BII, 6(L.)		Elementery/Sec		
	46320 ₱ No □		l No		Black			
PARENTS	18. FATHER'S NAME (First Middle.	Last)		19. MOTHER	R'S NAME (First, Middle, Maide	en Surname)		
	N/A				beth Morris			
INFORMANT	20s. INFORMANT'S NAME (Type/I		į	ADDRESS (Street and Numbe	r or Rural Route Number. City		ode) 20c. Relationship	
	Francello Moo	re	429 Wa	ltham St. H	lammond, In.	46320	Wife	
	21a. METHOD OF DISPOSITION	☐ Entombment	21b. DATE AND PLACE	OF DISPOSITION (Name of c		7	-City or Town, State	
	☐ Burial ☐ Cremation	☐ Removal from State	other place) Mar	. 3, 2007			. •	
	☐ Donation ☐ Other (Specify	y)		Ind. Cremat	ion Srv.	Crown	Point, In.	
DISPOSITION	22e. EMBALMER'S NAME:		226. EMBALMER'S L		23. WAS DEATH REPO			
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34h MOTOR VEHICLE ACCIDENT? (Yes ox no) If yes, specify driver, passenger, pedestrien, etc.

34g DATE PRONOUNCED DEAD (Month, Day, Year)

SDH06-004 State Form 10110 (R5/1-99)