...620675842

SURVIVORSHIP AFFIDAVIT

	On this <u>sinday of November</u> , 2007, before me	e personally appeared
	ROSEANN PHILLIPS, who being duly sworn on oath did say that:	~
	1. Affiant resides at the address given below affiant's signature	, e
	2. Affiant is owner of said premises;	and the state of t
	3. Said premises were formerly owned as joint tenants or as tena	nts by the entireties by
	William G. Phillips and Roseann Phillips;	95
	4. Said William G. Phillips died on June 6, 2007;	55 2
	5. The legal description of the premises in question is:	
	Lot 10, Block 2, Bellamy and Gage North Ridge Estate to the Town of Griffith, as shown in Plat Book 35, I Office of the Recorder of Lake County, Indiana.	
	6. That Affiant, Roseann Phillips, and William G. Phillips were h	nusband and wife at the
	time of acquiring title to land, and they remained so until William G. Phillip	os' death.
	This Docsignature: is the Lake County Recorder! Printed Name: Roseann Phillips	RECORD RECORD
	Address: Address: 1813 N. Lafayette Street Griffith, IN 46319 SUBSCRIBED and SWORN to before me a Notary Public, November, 2007.	-u
lact each	Notach Lippic Notach Lippic Notach Lippic Notach Lippic Notach Lippic	ce_
	My Commission Expires: My County of Residence: My Commission Expires: My Commission Expires May My Commission Expires May	15, 2014
	DEC 19 2007	
2	PEGGY HOLINGA KATONA	-
9	LAKE COUNTY AUDITOR	025262

620075842

ATTENTION ESTATE: The Social Security # is sing requested by this state agency in order to irsue its statutory responsibility. Disclosure is fluntary and there will be no penalty for refusal. ocal No. 1433 07 CERTIFICATE OF DEATH

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

State	Nο			

	THE RECOR											
PRINT	1. DECEASED-NA						2. SEX		3a. TIME OF DEATI	H 3t	b. DATE OF DEATH	H (Month, Day, Yr)
N		iam G.					Male	2	11:54		June 6,	2007
ANENT	4. *SOCIAL SECUR	ITY NUMBER		AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months Days		R 1 DAY 6. D Minutes	ATE OF BIRT	H (Mo. Day, Yr)	7. Bif	RTHPLACE (City a	nd State or foreign Country)
KINK	308-36-			71	months buy	liouis	Ju		, 1935	Ha	mmond,	Indiana
	8a. WAS DECEDEN A U.S. VETERAL	T N?		AST SERVED IN IMED FORCES?			9a. PI		ATH (Check only on			
İ		Yes	195		HOSPITAL: Inp			OTHER:	Nursing Home	_		
	9b. FACILITY NAME					Outpatient		VN OR LOC	Residence I		OTCE	DEATU
ENT	1813 N.	=	-				·		ATION OF BEATH	- 1		DEATH
	10. MARITAL STA			/ING SPOUSE		1122 DECEDE	Griff		M (Give kind of worl		Lake	ECC/ INDUCTOV
	(Specify) Married					DENT'S USUAL OCCUPATLON (Give kind of wo rring most of working life. Do not use retired)						
	13a. RESIDENCE	STATE	13b. COUN		13c. CITY, TOWN, OF	Foren	lan	149	d. STREET AND N		teel Con	mpany
	Indiana		Lake		Griffith			1				
}		3f INSIDE CIT					OBIGINS		813 N. L	ara		DENT'S EDUCATION
		□ No 🔯	Yes	14. CITIZEN OF WHAT COUNTRY	1	Yes (If yes,	specify Cuban,		White, etc.			highest grade completed)
	46319 1	3g. ON A FARM	1?	USA	Mexican, Puerto	Rican, etc.)		1		Eleme	entary/Secondary ((0-12) College (1-4 or 5 +
l		X No □						Whit	e		12	
rs	18. FATHER'S NAM	E (First, Middle,	Last)				19. MOTHEI	R'S NAME (F	irst, Middle, Maiden	Surnam	re)	
	James V						Gene	vieve	Mvers			
IANT	20a. INFORMANT'S		•		20b. MAILIN	G ADDRESS (St			ute Number, City or	Town, S	tate, Zip Code)	20c. Relationship
	Rosann I								ith, IN			Wife
	21a. METHOD OF D		_		21b. DATE AND PLAC other place)	E OF DISPOSITI	ON (Name of ce	emetery, cren	natory, or	21c. LO	CATION-City or	Town, State
	ł +1			ral from State	0akland					D. 1		1
		Other (Specify	<i>n</i>			100 0 10	4 10			DOT	ton, I1	linois
ITION	22a. EMBALMER'S		N/A		22b. EMBALMER N		10 15	23. V	VAS DEATH REPOR		CORONER?	
1		*	.,	/ 3/7/0			ATC	T	7			
- 1												
	24a. SIGNATURE O	F FUNERAL DIF	ECTOR A	NO	24b.	LICENSE NUMBI			DDRESS, AND LICE			
	24a. SIGNATURE O	F FUNERAL DIF	ECTOR L	Rhida		(of Licensee)		Chap	el Lawn	Fune	eral Hom	ne FH1990005
	24a. SIGNATURE O	F FUNERAL DIF	RECTOR	hebai		(of Licensee)		Chap	el Lawn	Fune	eral Hom	
	Laur 26. PART I.	O O	es, injuries, o		FD aused the death Do not e	(of Licensee) 2050001	prop	Chap 8178	el Lawn : Cline Av	Fune	eral Hom	ne FH1990005
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