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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA
COUNTY OF LAKE

2009 048061
) ss
)

2009 JUL 15 AM 9:31

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, **DAVID E. TAYLOR**, being first duly sworn, and in support of this *Affidavit of Survivorship*, deposes and says:

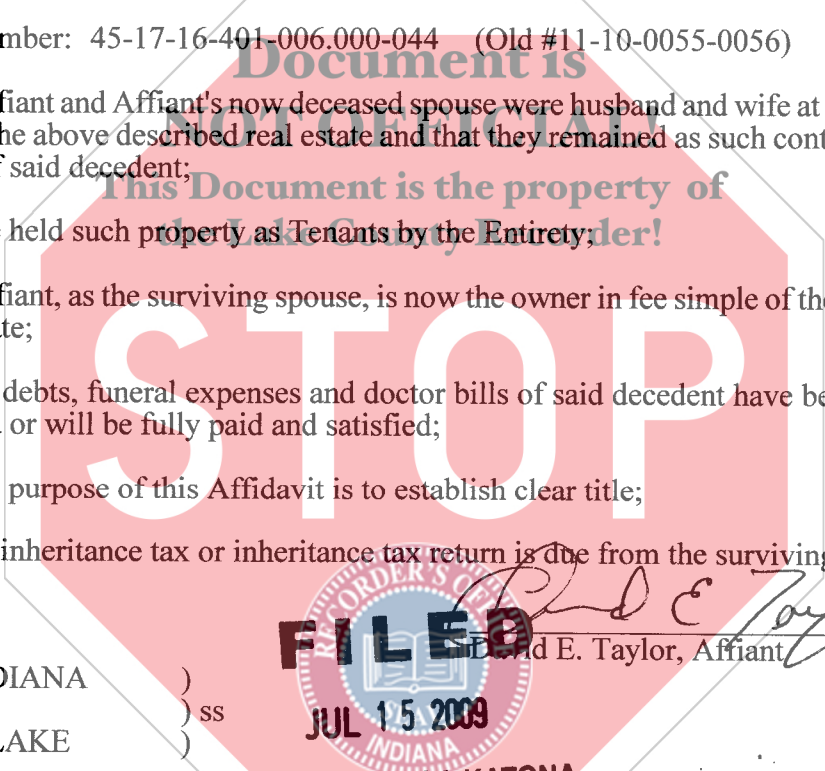
- 1. That Affiant is of lawful age and resides in Lake County, Indiana and is the surviving spouse of Margo Taylor, now deceased;
- 3. That Margo Taylor, now deceased, a resident of Lake County, Indiana, died on February 20, 2009 (See attached Medical Certificate of Death) and more than 45 days have elapsed since the date of death;
- 4. That during our lifetimes, Affiant and Affiant's now deceased spouse were owners and grantees of a certain parcel of real estate situated in Lake County, Indiana:

More commonly known as: 3896 Brookside Drive, Crown Point, Indiana 46307
GRANTEE

Legal Description: Lakes of the Four Seasons Unit No. 6, Lot 1230

Key Number: 45-17-16-401-006.000-044 (Old #11-10-0055-0056)

- 5. That Affiant and Affiant's now deceased spouse were husband and wife at the time they took title to the above described real estate and that they remained as such continuously until the death of said decedent;
- 6. That we held such property as Tenants by the Entirety;
- 7. That Affiant, as the surviving spouse, is now the owner in fee simple of the above described real estate;
- 8. That all debts, funeral expenses and doctor bills of said decedent have been fully paid and satisfied or will be fully paid and satisfied;
- 9. That the purpose of this Affidavit is to establish clear title;
- 10. That no inheritance tax or inheritance tax return is due from the surviving spouse.



STATE OF INDIANA)
COUNTY OF LAKE) ss

FILED
David E. Taylor, Affiant
JUL 15 2009
INDIANA

Before me, the Undersigned, a Notary Public in and for said County and State, personally appeared David E. Taylor, known to me, who, being first duly sworn upon his oath and in support of this pleading or paper, executed same on this 7 day of May, 2009.

My commission expires: 10-4-2013
My county of residence: Porter

Mona Blay
Notary Public

Prepared by: George P. Galanos Attorney at Law 1301 North Main Street Crown Point, IN 46307 219/663-1938

"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."
PREPARED BY: GP

005529

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CS
RN



INDIANA STATE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

45001 0904 EM 00071

Local No. 1021-09

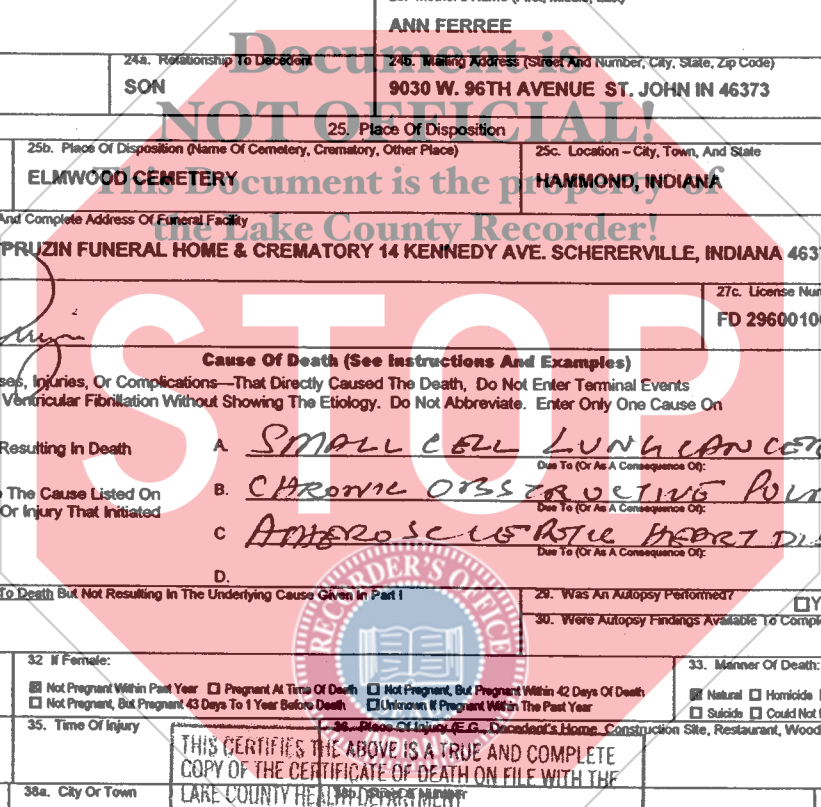
State No. _____

1. Decedent's Legal Name (First, Middle, Last) MARGO ELAINE TAYLOR				1a. Maiden Last Name (If Female) FERREE		2. Sex F	3. Time Of Death 10:00PM	4. Date Of Death (Month/Day/Year) FEBRUARY 20, 2009	
5. Social Security Number ██████████	6a. Age Yrs 70	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) NOVEMBER 24, 1938		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA	
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) 3937 LAKE SHORE DRIVE									
12. City Or Town, State, And Zip Code CROWN POINT, INDIANA 46307				13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name DAVID E. TAYLOR			15a. (If Wife) Give Maiden Last Name NA			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT					
18c. Street And Number 3937 S. LAKE SHORE DRIVE				18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9-12th grade, no diploma			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) THURMAN FERREE				23. Mother's Name (First, Middle, Last) ANN FERREE			23a. Mother's Maiden Last Name GASKEY		
24. Informant's Name ANTHONY TAYLOR			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 9030 W. 96TH AVENUE ST. JOHN IN 46373				
25a. Method Of Disposition: <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ELMWOOD CEMETERY			25c. Location - City, Town, And State HAMMOND, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN PRUZIN FUNERAL HOME & CREMATORY 14 KENNEDY AVE. SCHERERVILLE, INDIANA 46375						27a. Funeral Home License Number: 10200037	
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee) FD 29600100			
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SMALL CELL LUNG CANCER Due To (Or As A Consequence Of): B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due To (Or As A Consequence Of): C. ATHEROSCLEROTIC HEART DISEASE Due To (Or As A Consequence Of): D. Approximate Interval: Onset To Death									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Apt. No.			38c. Zip Code		
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			41. Signature, Of Person Certifying Cause Of Death: 		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Biphar Mhideen MD, 3630 Willowcreek Rd Portage IN 46368				44. License Number # 01055296		45. Date Certified FEB. 26, 2009			
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): February 26, 2009			

Filed in Clerk's Office

APR 9 - 2009

Thomas R. Fisher
CLERK LAKE CIRCUIT COURT



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

FEB 26 2009