STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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STATE OF INDIANA ) 2009 069222

) ) SS: 2809 OCT 14 AM 10: 13

MICHAEL A. BROWN RECORDER

V

COUNTY OF LAKE

## **AFFIDAVIT OF SURVIVORSHIP**

Comes now DONNA R. WHITE, being duly sworn upon her oath, and states as follows:

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The West 111.50 feet of the East 298.32 feet of the North 107.86 feet of the Southeast quarter of the Southwest quarter of Section 8, Township 34 North, Range 8 West of the Second Principal Meridian, in the City of Crown Point, Indiana 46307.

commonly known as: 113 Hayes Court, Crown Point, Indiana 46307.

That DONNA R. WHITE and BRUCE M. WHITE, who died on August 1, 2009, were married on December 27, 1978. That DONNA R. WHITE and BRUCE M. WHITE were This Document is the property of husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated June 6, 1998 and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between DONNA R. WHITE and BRUCE M. WHITE continued unbroken from the time they so acquired title to said real estate until the death of BRUCE M. WHITE on August 1, 2009, at which time DONNA R. WHITE acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, BRUCE M. WHITE, as determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

FILED

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

017171

That the decedent, BRUCE M. WHITE's estate was not subject to Indiana Inheritance

Tax.

Donna R. White

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.

STATE OF INDIANA

) SS:

COUNTY OF LAKE

Before me, the undersigned, a Notary Public in and for the County and State aforesaid, personally appeared DONNA R. WHITE, and executed the foregoing Affidavit or Survivorship.

e Lake County Recorder

WITNESS my hand and seal this 7th day of October, 2009.

Coreen A. Meyne, Notary Public My Commission Expires: 08/21/2014

County of Residence: Porter

This instrument prepared by:

C. Donald Emery, III

LUCAS, HOLCOMB & MEDREA, LLP

300 East 90th Drive

Merrillville, Indiana 46410

(219) 769-3561

## 49

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 285	8-09											
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Last Name (If Female)						tate No ne of Death 4. Date of Death		Death (Month/Day/Year)	
Bruce M.	White		Not Ann	liank	licable				0 ****	1	•	
	o. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day		6e. Under 1 Hour		Male of Birth (Month/Day		0 PM 8 Birthnlace (		t 1, 2009 Or Foreign Country)	
310-38-6274 68	lonths	Days	Hours	Minutes			•	_			,	
	Death Occurred In A Hospital:				October 8, 1940 C				Centertown, Kentucky			
☐ Yes M No Unknown☐ ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arri				☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)							scify)	
11. Facility Name (If Not Institution, Give Street And	Number)							F.				
113 Hayes Ct.												
12. City Or Town, State, and Zip Code				13. County Of Death					14. Marital Stat	tus At Time Of	Death	
Crown Point, Indiana	46307				Lake				Married D	Married, But S	eparated Divorced	
15. Surviving Spouse's Name		15a. (If Wife)Give Maiden Last Nam			ne 16. Decedent's Usual Occupation				☐ Widowed ☐ 17. Kind O	→ Never Mame  > Business/Indu	a Li Unknown ustry	
Donna White		Mager			Milk Route Driver				Dairy			
18. Residence - State	18a.	County	18b. City Or Town					Daily				
Indiana		Crown Point										
18c. Street And Number			18d. Apt. No.				No.	18e. Zip Code 18f. Inside City Limits?				
113 Hayes Ct.								46307			EN Yes D No	
19. Decedent's Education	20	20. Decedent Of Hispanic Origin			21. Decedent's Race				1 405		<u> </u>	
12	lon-Hispa	nic		Whi	ite							
22. Father's Name (First, Middle, Last)			23. Moth	er's Name (Firs	t, Middle, La	est)		23a.	Mother's Mai	den Last Name		
Shirley White			Anna	Anna Belle Sherer								
24. Informant's Name		24a. Relationship To	24b. Mailing Address (Street And Number, City,				Zip Code	,	<del></del>			
Donna White		Wife /		113	Hayes	Gt.	Crown P	oint	, Indi	ana 4	46307	
25a. Method Of Disposition	25b. Place O	Disposition (Name O	25. Pla	ce Of Disp		15	- City, Town, And	Dist				
<b>№</b> Burial ☐ Cremation ☐ Donation ☐ Entombment	1	Crown Point		ony, outer r	25	LOCATION	- City, Town, And	State				
Removal from State Other (Specify):		Maplewood		rr	TU.	A	Point,	T1				
26. Was Coroner Contacted? 27. Name Geisei	And Complete Add	HOME, Cr	ily Doint	<b>t</b> is 1	the ni	rone	erty of	And	iana	27a. Fune	ral Home License Number:	
Yes M No 606 E.	113th 2	lve.,Crown	Point Ir	diana	46307	ope	lan!			F	00000	
27b. Signature Of Indiana Funeral Service Licenses:	,	<del>tne 1</del>	ake U	oum	y Rec	cord	27c. License	Number (	Of Licensee):	FHI9:	900060	
Michelle & M	atran	1					FD2970	·				
	- West of	Cause	Of Death (See	Instruct	ions And E	xamples	)	0007				
28. Part I. Enter The <u>Chain Of Events</u> —Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines of Necessary	ses, Injuries, Or Ventricular Fibrill	ComplicationsTh ation Without Show	at Directly Cause ing The Etiology.	d The Dea	th, Do Not En	nter Termin	nal Events				Approximate	
A Line. And Additional Lines is Necessary.			- Constant of the Constant of		e ac		, _				Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition F	lesulting in Deatl	h A	CO- 1	0			presequence Of):		2		Minutes	
Sequentially List Conditions, If Any, Leading To T Line A. Enter The Underlying Cause (Disease Or	The Cause Liste	d On B.	20	Due To (Or As		TOTOTARAC	To (Or As A Consequence Of)		stees i		hours	
The Events Resulting in Death) Last	a mjury mac im	c.	leuse			elel					yeurs	
		D.	reelf	Epl.	a m	2000	motor of	e			Jesus	
Part II. Enter Other Significant Conditions Contribution	To Death But No	Resulting In The Un	derlying Cause Give	h Pari I	29.	Was An A	utopsy Performed?		Yes 🔀 No	)	4	
		7			30.	vvere Auto	psy Findings Avail	able To C	implete The Ca	ause Of Death?	<sup>2</sup> □Yes ⊠No	
31. Did Tobacco Use Contribute To Death?  U Yes U Probably DY No U Unknown	32. If Female:	fithin Past Year D Pregna			III : SE			er Of Dea				
34. Date Of Injury (Month/Day/Year)	☐ Not Pregnant, 8 35. Time Of Inj	out Pregnant 43 Days To 1 Y	ear Before Death	Unknown If Pre	gnant Within The Pa	ast Year	Cl Suicide	Cauld N	te 🖸 Accident 🚨 lot Be Determined		íon	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OU. THING OF MI	my	36. Mac	e Of Injury	(E.G., Deceden	t's Home, C	onstruction Site, R	estaurant,	Wooded Area)	1.	Injury At Work?	
38. Location Of Injury - State	38a. City Or To	wn	THE CONTE	(type)	POVERS A F	KHE AMI	CHAPTETE	in the second			Yes No	
			CO Y 389. Sin	CERTIFIC V DE ALTO	TATE OF DEA	TH ON FIL	& WITH THE		38c. Apt. N	a. 380. 2	Zip Code	
39. Describe How Injury Occurred			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 14.29(311	DETAIL MEN	VI /	1 40. If	ransnorta	tion Injury, Spe	rife:		
								☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)				
41. Signature, Of Person Pertifying Patise Of Death:			1	AU	<u>G 06 Z</u>	uuy	The state of the s				···· (	
Signature, Or Death:						- 1	Certifier (Check 0	• ,				
43. Name, Address And Zip Code Of Person Certifying Card	se Of Death:	· · · · · · · · · · · · · · · · · · ·	:			l N	Certifying Physician	License			Code	
Boris Sagalovsky M.D.	1205 S	Main St	Crown 1	Daint	Tht A	6207	17	NU	77 OC	) #0. Date	Certified	
46. Additional Funeral Service Provider:			OTOMIT	OTUC.	, IN 4	<u>03U/</u>	$-+\mathcal{U}$	UT	<u> 1108</u>			
							47.	*Akas:				
48. Signature of Local Health Officer:						49.	For Registrar Only				_	
	· · · · · · · · · · · · · · · · · · ·	Burt				}	U	ngi	ut 1	3,200	D <b>9</b>	
The same of the sa	vo ci	and I	D.O.					,				