2009 080390

2009 DEC -3 PM 3: 57

MICHAEL A. BROWN RECORDER

STATE OF INDIANA	)
	) SS
COUNTY OF LAKE	)

## SURVIVORSHIP AFFIDAVIT

On this 3rd day of December, 2009, before me personally appeared Bonnie H. Muir, who being duly sworn upon her oath states:

- 1. Affiant resides at the address given below the affiant's signature;
- 2. Affiant is the surviving joint owner of the real estate described below;
- 3. Said premises are described below as follows:

The Easterly 45.0 feet of Lot 270 (as measured at 90 degrees and parallel to the Westerly line of said Lot 270) in Secondary Plat of Lake Hills Resubdivision Unit 5, being a Resubdivision of Part of Section 28, Township 35 North, Range 9 West of the 2<sup>nd</sup> Principal Meridian, in Lake County, Indiana Lake County Recorder!

Commonly known as 9991 Prairie Knoll Court, St. John, Indiana 46373.

- Said premises were formerly owned as joint tenants or as tenants by the entireties by Owen C. Muir and Bonnie H. Muir, husband and wife;
- Said Owen C. Muir died on August 4, 2009, leaving a Will, which is probated in the Lake Circuit Court as Estate No. 45C01-0912-ES-15
- Where this Affidavit relates to a tenancy by the entireties, that the parties were never divorced;
  - 7. Affiant's relationship to the deceased was spouse.

FILED

DEC 0 3 2009

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

# 15 CK15872 1425619

Affiant's Signature	Bom H. m
Name Printed	Bonnie H. Muir
Address	9991 Prairie Knoll Court
	St. John, IN 46373

Subscribed and sworn to before me, a Notary Public, this 3rd day of December, 2009.

Benjamin T. Ballou, Notary Public A Resident of Lake County

My Commission Expires: November 21, 2015

Document is

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.

Benjamin T. Ballou

This instrument prepared by:

Benjamin T. Ballou Attorney at Law 8700 Broadway Merrillville, Indiana 46410

 $64544.2 \\ 17,638$ 

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (Fin	10	03-09					State No	)			
	•			1a. Maiden Last N	lame (if Female)		2. Sex M	3. Time Of Dea 8:53 PM	ath 4. Date C	of Death (Month/Day/Year)  JST 4, 2009	
OWEN CHARLE										<u> </u>	
5. Social Security Number 316-36-5998	6a. Age Yrs 70	6b. Under 1 Year Months	<u>6c. Under 1 N</u> Days	Month 6d Under 1 Day Hours	6e. Under 1 Hour Minutes		(Month/Day/Year) 23, 1939	1	8. Birthplace (City And State Or Foreign Country) GARY, INDIANA		
9. Ever In U.S. Armed Forces?	? 10. If Dea	ath Occurred In A Ho	ospital;		10a. If Death Occurre	d Somewhere Othe	r Than A Hospital:	L ☐ Hospice Facility	y Decedent's H	ome Nursing Home/Long-	
Yes No Unknown			Department Outpatie	nt Dead On Arrival	Term Care Facility	Other (Specify)					
11. Facility Name (If Not Institution  COMMUNITY HOSPI		and Number)									
12. City Or Town, State, And 2	Zip Code				13. County C	of Death		14. Marital	I Status At Time Of	Death	
MUNSTER, INDIANA	46321				LAKE			☐ Widowe	ed 🔲 Never Marri		
			15a. (If Wife)Give Maide HARTFIELD	a. (if Wife)Give Malden Last Name 16. Decedent's Ust.  ARTFIELD BANKING			17. Kind Of Business/Industry FINANCIAL				
18. Residence - State			18a. County	1	18b. City Or Tow	/n					
INDIANA		l	LAKE		ST. JOHN						
18c. Street And Number  9991 PRAIRIE K	NOLL COL	JRT			1		18d. Apt. No	ŀ	e. Zip Code <b>6373</b>	18f. Inside City Limits	
19. Decedent's Education			20. Decedent Of	Hispanic Origin	21. [	Decedent's Race		L			
Bachelor's degree (e	.g., BA, AB, E	3S)		nish/Hispanic/Latir	1						
22. Father's Name (First, Midd	dle, Last)		- <del>1</del>		23. Mother's Name (				23a. Mother's Mi ROPER	aiden Last Name	
DWIGHT C. MUIR  24. Informant's Name 24a. Relationship to Decedent				nship To Decedent	24b. Mailing Address	Street And Numb			NA 40070		
BONNIE MUIR			WIFE	Door	9991 PRAIRIE	- 10	JKI ST.	JOHN, INDIA	MNA 46373		
25a. Method Of Disposition.		25b. Pla	ace Of Disposition (N	25. F ame Of Cemetery, Cremator	Place Of Disposition ry, Other Place)		City, Town, And Stat	e			
☐ Donation ☐ Entombment ☐ Other (Specify):	☑ Burial ☐ Cren ☐ Removal From	nation	VOOD CEMET	0	FFIC	HAMMONE	, INDIANA				
26. Was Coroner Contacted?  ☐ Yes ☑ No		Name And Complete IPER FUNERA	AL HOME	9039 KLEINMAN R	TOAD THIGH	LAND, INDIAI	NAV 46322		27a. Fur FH103	neral Home License Number: 300021	
27b. Signature Of Indiana Fur	neral Service Licens	see:	7 th	Lak/Co	ounty Re	corde	27c. L	icense Number (C	Of Licensee)		
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