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2010 MAR 11 AM 10:58

MICHELLE CAMAN RECORDER

STATE OF INDIANA	)
	) SS:
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COUNTY OF LAKE

## SURVIVORSHIP AFFIDAVIT

On this 11th day of March, 2010, before me personally appeared Thomas R. Philpot, who being duly sworn upon his oath states:

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

Lot 84, White Oak Estates of Highland Block 3, an addition to the Town of Highland as per plat recorded in Plat Book 83, Page 80, in the Office of the Recorder of Lake County, Indiana.

the Lake County Recorder!

Commonly known as 2148 Teakwood Lane, Highland, Indiana 46322.

Parcel No. 45-07-32-257-018.000-026

- 4. Said premises were formerly owned as joint tenants with rights of survivorship and not as tenants in common by Kathy Philpot, Richard Philpot, Fred Philpot, and Tom Philpot;
- 5. Said Kathy Philpot died on September 29, 2009, leaving a Will, which is probated in the Lake Circuit Court as Estate No. 45C01-1003-EU-56;
  - 6. Affiant's relationship to the deceased was adult son.

000762

MAR 11 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

1500

16071

gpr

Affiant's Signature\_ Name Printed\_ Thomas R. Philpot 10145 Idlewild Lane  $Address_{\_}$ Highland, IN 46322

Subscribed and sworn to before me, a Notary Public, this 11th day of March, 2010.

Benjamin T. Ballou, Notary Public

A Resident of Lake County

My Commission Expires: November 21, 2015

Document is

This Document is the property of 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

65883.1 17,717

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No340	Local No. 340 2-05 State No										
Decedent's Legal Name (First, Middle, Last)	1a Maiden Last Name (If Female)					2. Sex 3 Time Of Death 4 Date Of Death (Month/Day/Year)					
KATHRYN "KATHY" G. I					F 2:27 er 1 Hour 7 Date Of Birth (Month/Day/Year) 8					. 29, 2009	
5 Social Security Number 6a Age - Yrs 6b U 311-28-1778 79 Montr	nder 1 Year	6c Under 1 Month  Days	6d Under 1 Day	6e Under 1 Hour Minutes						Foreign Country) , INDIANA	
	urred in A Hospital.  10a If Death Occurred Somewhere Other Than A Hospital										
☐ Yes ☑ No Unknown ☐ ☑ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrival ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify)  11 Facility Name (If Not Institution, Give Street And Number)											
COMMUNITY HOSPITAL											
12 City Or Town, State. And Zip Code	. 1	_		13. County Of Death 14 Marital Status At Time Of Death							
MUNSTER, INDIANA 46321  15 Surviving Spouse's Name  15a (If Wife)Give Maiden Last Name							₩ Widowed	Married Married, But Separated Divorced  Widowed Never Marned Unknown  17 Kind Of Business/Industry			
	Total (II Wile) Sive Mulder 2001 Name				HOMEMAKER				OWN HOME		
18 Residence – State	18a County			18b City Or Town							
INDIANA		LAKE	HI	HIGHLAND							
18c Street And Number 2148 TEAKWOOD LANE						180.	Apt. No	18e Zi		18f Inside City Limits?  ☑ Yes ☐ No	
19 Decedent's Education		Decedent Of Hispania	c Origin	21 Dec	edent's Race			40.	322		
HIGH SCHOOL GRADUATE					WHIT	Έ					
22 Father's Name (First, Middle, Last)				23 Mother's Name (Firs	t, Middle, Last)			23a	3a Mother's Maiden Last Name		
FRED SAVIANO				HELEN		IANO			BLOSKY		
24 Informant's Name THOMAS R. PHILPOT		24a Relationship To	Decedent	246. Mailing Address (SI 10145 IDL)				AND TI	N 46322	<u>-</u>	
THORAS K. THEREOF		304	25. P	lace Of Disposition	EMILED	TIM.				<u> </u>	
25a Method Of Disposition	25b Place Of I	Disposition (Name Of C			25c Location -	City, Town, A	nd State				
St Burial Cremation Donalion Enfombment Removal From State Other (Specify)  ST. JOHN CEMETERY HAMMOND, INDIANA											
		his Dog		PRUZIN FUN		OME OI	f			al Home License Number	
PYes No 14 KENNEDY AVE. SCHERERVILLE, IN 46375  27b Signature Of Indiana Funeyal Service Licensee  TH 10200037											
John S. Prum					or Electrisco)	FD 1007231					
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Capilac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Caused The Above IS A TRUE AND COMPLETENSE.											
A Line. Add Additional Lines in Necessary.				le tas		Cause A	TS CERTUIL PY OF THE	ES THE ABOV	OF DEATH O	N FILE WITH THE	
Immediate Cause (Final Disease Or Condition R					Due To (Or As A Co	onsequence do	KE COUNT	ALTH DET	PARTMENT	- Jear	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated				Due To (Or As A Consequence Of)				OCT	OCT 0.0 2000		
The Events Resulting In Death) Last		c -			onsequence Of)	OCT 02 2009					
Part II Enter Other Significant Conditions Contributing To	Death But Not Re	D sulting In The Underlyi	ng Cause Given In F	Part I	29 Was An Au	topsy Perform	ed?	□Yes □ N	10		
			TUR	DER'S O	Were Autop	sy Findings A	vailable To Co	omplete The Cau	se Of Death?	☐ Yes ☐ No	
31 Did Tobacco Use Contribute To Death?	32 If Female						Manner Of D				
Yes Probably No Unknown  34 Date Of Injury (Month/Day/Year)	☐ Not Pregnant, E	But Pregnant 43 Days To 1	Year Bolore Death	Not Pregnant. But Pregnant Wit Unknown If Pregnant Within The	Past Year	□ s	uicide 🛚 Could	Not Be Determined			
34 Date Of Injury (Month/Day/Tear)	35 Time ONnj	ury	E 30 P	ace Of Injury (E.G., Deceder	nt's Home, Con	struction Site,	Restaurant, V	Vooded Area)		Injury At Work?	
38 Location Of Injury - State	38a. City Or To	wn	38b 8	Street & Number				38c. Apt 1		Zip Code	
			-	William .							
39 Describe How Injury Occurred								tation Injury, Spe r □ Passenger [	cify.  Pedestrian Do	ther (Specify)	
41 Signature, Of Person Certifying Cause of Death	1	7 . /	<del>-</del>		42.	Certifier (Che	ck Only One)				
Certifying Physician						Contified					
43 Name, Address And Zip Code Of Person Certifying Cause Of Death											
46 Additional Funeral Service Provider	ע איי כי	TWOOLN H	wr., SC	1EKEKVILLE,	IN 46	03/5	02000 47 *Akas	1872	109/	30/09	
48 Signature of Local Health Officer:	<u>-</u>				49	For Registra	r Only – Date	Filed (Month/Da	y/Year)		
48 Signature of Local Health Officer	Sut	1.0.				n.	\			29	
						UU	ali	<u>u</u> 2	<u>,20</u>		
State Form 10110 (R7/9-07) ATTENTION ESTATE The Social Security	ity ≝ is being requested	d by this state agency in ord	er to pursue its statutory	responsibility Disclosure is volunta	ry and there will be	no penalty for ref	usal THE RECO	RDS IN THIS SERIE	S ARE CONFIDENTI	AL PER IC 16-3 7-1-10	