

3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 071519

2010 DEC -3 PM 1:35

STATE OF INDIANA

Notary Public  
Record

COUNTY OF Lake

**SURVIORSHIP AFFIDAVIT**

Betty A. Dix being of legal age, an duly sworn upon her/his oath  
deposes and says:

1. That Betty A. Dix is the owner in fee simple title of the following  
described real estate located in Lake County, Indiana to-wit:  
SEE ATTACHED EXHIBIT A

2. That Betty A. Dix and Walter Dix were vested in title  
as joint tenants with rights of survivorship at the time of Walter Dix death.  
Attached is a copy of the death certificate.

3. That there has not been any administration upon the estate of Walter Dix  
and that no administration is contemplated.

4. That the estate of Walter Dix was not subject to any Federal  
Estate Tax.

5. That Betty A. Dix makes this affidavit for the purpose of causing the  
proper transfer of real estate title in Lake County, Indiana.

Betty A. Dix  
(printed name) Betty A. Dix

Subscribed and sworn to me, a Notary Public in and for County and State this day of  
10/29/10 (10-29-10)

My commission expires: 7/9/16

Robert Holmes  
Notary Public

This instrument was prepared by:  
Leena Samuel

WHEN RECORDED, RETURN TO:  
FIRST AMERICAN MORTGAGE SERVICES  
1100 SUPERIOR AVENUE, SUITE 200  
CLEVELAND, OHIO 44114  
ATTN: RECORDING COORDINATORS

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.  
Leena Samuel

**FILED**  
DEC 02 2010

005160

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

1502  
# 0743022  
RM  
133

BETTY A. DIX

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 154 CERTIFICATE OF DEATH State No.

RESUBMIT THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

Form with fields for DECEASED-NAME, SEX, TIME OF DEATH, DATE OF DEATH, SOCIAL SECURITY NUMBER, AGE, DATE OF BIRTH, BIRTHPLACE, FACILITY NAME, CITY, TOWN, OR LOCATION OF DEATH, COUNTY OF DEATH, MARITAL STATUS, SURVIVING SPOUSE, DECEASED'S USUAL OCCUPATION, KIND OF BUSINESS/INDUSTRY, RESIDENCE-STATE, COUNTY, CITY, TOWN, OR LOCATION, STREET AND NUMBER, ZIP CODE, INSIDE CITY LIMITS, CITIZEN OF WHAT COUNTRY, WAS DECEASED OF HISPANIC ORIGIN?, RACE, DECEASED'S EDUCATION, FATHER'S NAME, MOTHER'S NAME, INFORMANT'S NAME, MAILING ADDRESS, Relationship, METHOD OF DISPOSITION, DATE AND PLACE OF DISPOSITION, LOCATION-City or Town, State, EMBALMER'S NAME, EMBALMER'S LICENSE NO., WAS DEATH REPORTED TO CORONER?, SIGNATURE OF FUNERAL DIRECTOR, LICENSE NUMBER, NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME, CAUSE OF DEATH, PART II. Other significant conditions, WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM?, WAS AN AUTOPSY PERFORMED?, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?, CERTIFIER, SIGNATURE AND TITLE OF CERTIFIER, MEDICAL LICENSE NO., DATE SIGNED, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, HEALTH OFFICER'S SIGNATURE, DATE FILED, MANNER OF DEATH, DATE OF INJURY, TIME OF INJURY, INJURY AT WORK, DESCRIBE HOW INJURY OCCURRED, PLACE OF INJURY, LOCATION, DATE PRONOUNCED DEAD, MOTOR VEHICLE ACCIDENT.

DECEASED

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

EXHIBIT A

SITUATED IN THE CITY OF GARY, COUNTY OF LAKE AND STATE OF INDIANA:

THE SOUTH 40 FEET OF THE NORTH 80 FEET OF LOT 1 IN BLOCK 4 IN FIRST SUBDIVISION TO OAKINGTON PARK, IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 11, PAGE 12, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Permanent Parcel Number: 45-08-28-159-017.000-00  
WALTER DIX AND BETTY A. DIX, HUSBAND AND WIFE

4006 PIERCE STREET, GARY IN 46408  
Loan Reference Number : 1064630  
First American Order No: 42721010  
Identifier:

 DIX  
42721010

IN

FIRST AMERICAN ELS  
AFFIDAVIT OF SURVIVING SPOUSE

