



## 2010 071519

2010 DEC -3 PM 1:35

STATE OF INDIANA

COUNTY OF Lake

Mills (1977) Mills Mills (1977)

<b>SURVIO</b>	RSHIP	<b>AFFID</b>	AVIT

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.
(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)
My commission expires: $7/9/16$ Abul Hime  Notary Public

This instrument was prepared by: Leena Samuel

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.

Leeng Samue 1.

005160

WHEN RECORDED, RETURN TO: FIRST AMERICAN MORTGAGE SERVICES 1100 SUPERIOR AVENUE, SUITE 200 C. F. F. LAND, OHIO 44114 ATAN: RECORDING COORDINATORS

DEC 0 2 2010

PEGGY HOLINGA KATONA

LAKE COUNTY AUDITOR

1502 Rom 33

## BETTY A. DIX

being reduested rursue its statute	STATE: The Social Securit f by this state agency in ord bry responsibility. Disclosi are will be no genaty for re	der to INDIANA	STATE DEPA	ARTMENT	OF HEA	LTH			
Local No.	15.4	SERIES ARE CONFIDENTIA	CERTIFICAT L PER IC 16-1-19-3	E OF DEAT	H	State N	lo		
TYPE/PRINT IN	1. DECEASED-NAME (First, Walter L. Dix ,	Middle, Last)		2. sex Male		TIME OF DEATH	July 03, 1		
PERMANENT	4. *SOCIAL SECURITY NUMBER	Sa. AGE-Last Birthday (Years)		UNDER 1 DAY 6. DA1	TE OF BIRTH (Mo. (			y and State or Foreign Country)	
BLACK INK	260-84-4003	47	<u> </u>	July 07, 1950 Hurtsboro, Alabama			labama		
	8a, WAS DECEDENT A U.S. VETERAN?			9a. PLACE	<del></del>	k only one. See instr			
!	No		HOSPITAL: Inpatient X: ER/Outp	atient DOA	, <del></del> -	tursing Home  Residence	Other (Specify)		
DECEDENT	9b. FACILITY NAME (If not instit	heion, one street and number)	) 7. 5.004	_	TOWN, OR LOCATI		9d. COUNTY	OF DEATH	
	St Catherine Hospital				East Chicago			Lake	
	10. MARITAL STATUS	11. SURVIVING SPOUSE	:	121. DECEDENT'S USUAL	<u> </u>	e kind of work		SINESS/INDUSTRY	
	(Specify) Married	(If wife, give maden name) Betty Smith		done during most of working life. Do not use retired) Furnace Helper  136. CITY, TOWN, OR LOCATION  138. STREET AND N			Inland Steel		
	13a. RESIDENCE-STATE	Lake	Gary	A)1014		Pierce Street			
	Indiana Lake  13e. ZIP CODE 13f. INSIDE CITY LIMITS 14. CITIZEN OF No X Yes WHAT COUN		15. WAS DECEDENT OF HISPANIC ORIGIN? TRY? X No Yes (If yes, specify Cuban,		16. RACE-American Indian, Black, White, etc.		17. DECEDENT'S EDUCATION (Specify only inghest grade completed)		
	13g. ON A FA	RM?	Mexican, Puerto Ric	aan, erc.)	(Specify)		Elementary/Secondary (0-12) College (1-4 or 5+		
	1	_ Yes U.S.A.	:		Black		12	į	
PARENTS	18. FATHER'S NAME (First, Mid	idle, Last)		19. MOT	HER'S NAME (First,	Middle, Maiden Sum	arne)		
	Walter Lee Upshaw			Arizo	nia Dix				
INFORMANT	20a. INFORMANTS NAME(Typ	ne/Print)	20b. MAILING A	ODRESS (Street and Numb	er or Rural Route Nu	mber, City or Town,	State, Zip Code)	20c. Relationship	
	Betty A. Dix		4006 Pierc	e Street Gary, Ind	liana 46408			Wife	
	21a. METHOD OF DISPOSITIO	N _ Entombrient		OF DISPOSITION (Name of	cemetery, crematory	, or 21c.	LOCATION-City	or Town, State	
	X Burnal Cremation	Removal from State	other place) Ju	•		Co	one DAI		
	Donation Dither (Spe	ecify)	Oak Hill Cemet			i	ıry, IN		
DISPOSITION	22a. EMBALMER'S NAME		, 22b. EMBALMERS	LICENSE NO.	23. WAS 0	EATH REPORTED	ro coroner?		
" \	Amos Retic	•	; FDO 10151	77	₽No	₹ Yes			
`	24s, SIGNATURE OF FUNERA	DIRECTOR		NSE NUMBER icensee)	25. NAME, ADDRE	SS, AND LICENSE	NUMBER OF FUNE	ERAL HOME	
	January FDO 10162:				Smith Bizzell & Warner Funeral Home, FH19600034 4209 Grant St, Gary, IN, 46408				
	.26. PART I. Enter the diarrest, sho	iseases, infuries, or complications ick, or heart failure. List only one of	that caused the death. Do not enter ause on each line.	r nonspecific terms, such as	cardiac or respirator			Approximate Interval Setween Onset and Death	
	IMMEDIATE CAUSE (Fine) • Laceration of brain with skull fracture							Unknown	
•	disease or condition resulting in death)		DUE TO (OR AS A CONSEQU	JENCE OF):	11.00.0				
CAUSE OF DEATH			o gunshot wou oue to (or as a conseq	nd to head					
DEATR	conditions, if any, which gave rise to the immediate cause,	د . د		,					
	stating the underlying cause last		DUE TO (OR AS A CONSEQ	UENCE OF):				<del></del>	
	CLOT II. Other confirms confi	d.	eath but not previously stated in Par	11. 27. WAS DEC	CEDENT	28a, WAS AN AU	TOPSY 28	b. WERE AUTOPSY FINDINGS	
	PART II. Outer Satisficate Lordin	tens - Continue can our q to o	· · · · · · · · · · · · · · · · · · ·		NT OR 90 DAYS	PERFORME (Yes or No)	D?	AVAILABLE PRIOR TO COMPLETION OF CAUSE	
				(Yes or I	-	Yes		OF DEATH7 (Yes or No) Yes	
	29a, CERTIFIER	CERTIFYING PHYSICIAN	To the best of my knowledge, dea				ited.		
	29a. CERTIFIER CERTIFYING PHYSICIAN To the best or my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.  (Check only One) HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and place, and place, and place. The cause(s) as stated.								
	Deputy	/	of examination and/or investigation	i, in my opinion, death occur				manner as stated.	
CERTIFIER	29b. SIGNATURE AND TITLE	OF CERTIFIER	_ <del>_</del>		290	: MECKGAL LICENS	,	d. DATE SIGNED (Month, Day, Year)	
CERTIFIER	Buch	XVI On				N/A		<u> 17, 1998</u>	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type-Print)								
	<u> </u>	yon, Deputy C	oroner, 2293	<u>North Main</u>	<u>Street,</u>	<u>Crown</u> £	$\frac{\text{oint}}{1}$	ndiana 46307  DATE FRED (Month Day, Year)	
HEALTH	31. HEALTH OFFICER'S SICH	ONTURE -	4/h				Ì.,	7-91-00	
OFFICER	1 KU1- Z	mach	Lanka	Nels				120 18	
	33. MANNER OF DEATH	34a. DatE OF IN (Month, Day,	1 71	34c, INJURY AT WOR (Yes or no)	RK 34d. DE	SCRIBE HOW INJUI	TY OCCURRED		
		oding July 3,	1998 Unknow	n No	(	Gunshot v	wound		
	Accident	1							
	Suicide Cou		NJURY-At home, farm, street, fact	•		et and Number or Ru		Lity or Town, State)	
	Dete	ermined building, etc	* **	j·-		exander		•	
		Sidew				icago, I	ndiana		
	34g. DATE PRONOUNCED I	DEAD'Month, Day, Year) 3-	IN. MOTOR VEHICLE ACCIDENT	ityes or no; it yes specif	ly driver, passenger, ,	POLYGRAN HEEK, MIC.			

July 3, 1998

No.

## 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