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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2010 DEC 30 AM 9:41

MICROFILMED JAN  
RECORDER



# Fidelity National Title Insurance Company.

## SURVIVORSHIP AFFIDAVIT

STATE OF IN )  
 )  
COUNTY OF Lake ) SS:

Allen John Huber, being first duly sworn upon oath, deposes and says:

- That Harry Casper Huber died on November 21, 2009 at Porter, Indiana (City/State)
- That Allen John Huber and Harry Casper Huber acquired title as joint tenants with rights of survivorship to the following described real estate see attached  
3-C-11-15-151-089,600-036
- That the relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (~~her~~) death.
- That all funeral expenses in connection with the death of said decedent have been paid in full.
- That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Allen J. Huber  
Allen J. Huber Affiant Signature  
aka Allen John Huber

STATE OF IN )  
 ) SS: ACKNOWLEDGEMENT  
COUNTY OF Lake )

Before me, a Notary Public in and for said County and State, personally appeared Allen John Huber aka Allen J. Huber who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 15 day of December, 2010.

Resident of Lake County, Signature [Signature]

My Commission Expires: 7-29-18 Printed Dawn Stanley

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. [Signature]  
[Name]

This instrument prepared by Allen John Huber



**FILED**

056943

DEC 28 2010

PEGGY ROLING-KATORA  
LAKE COUNTY AUDITOR

15<sup>00</sup>  
CHECK # FN  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
FIDELITY \_\_\_\_\_

921-7388

**FIDELITY HO**

No: 920107388

## LEGAL DESCRIPTION

1735 Burgundy Street, in Oak Manor Condominium, Phase III, as indicated in a Declaration of Condominium, recorded May 8, 1974 as Document No. 250487 and amendment thereto recorded February 20, 1975 as Document No. 289219, and Second Amendment thereto recorded August 9, 1976 as Document No. 363730, in the Recorder's Office of Lake County, Indiana, together with an undivided percentage interest in and to the Common and Limited Common Areas and Facilities.

Parcel No. 45-11-15-151-089.000-036

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH



Local No. \_\_\_\_\_ State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) **Harry C. Huber** 2. Sex **M** 3. Time of Death **6:45 a.m.** 4. Date of Death (Month/Day/Year) **Nov. 21, 2009**

5. Social Security Number \_\_\_\_\_ 6a. Age - Yrs **81** 6b. Under 1 Year \_\_\_\_\_ 6c. Under 1 Month \_\_\_\_\_ 6d. Under 1 Day \_\_\_\_\_ 6e. Under 1 Hour \_\_\_\_\_ 7. Date of Birth (Month/Day/Year) **January 4, 1928** 8. Birthplace (City and State or Foreign Country) **Gary, IN**

9. Ever in U.S. Armed Forces?  Yes  No  Unknown  10. If Death Occurred in a Hospital  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) **VNA Hospice**

12. City or Town, State, and Zip Code **Valparaiso, IN 46383** 13. County of Death **Porter** 14. Marital Status At Time of Death  
 Married  Married, But Separated  Divorced  
 Widowed  Never Married  Unknown

15. Decedent's Usual Occupation **Assembly Supervision** 17. Kind of Business/Industry **Budd Company**

18a. County **Lake** 18b. City or Town **Schererville**

19. Residence - State **Indiana** 19a. Street and Number **1735 Burgundy St.** 19b. Apt No. \_\_\_\_\_ 19c. Zip Code **46375** 19d. Inside City Limits?  Yes  No

20. Decedent's Education **High School Graduate** 20. Decedent Of Hispanic Origin **No** 21. Decedent's Race **Caucasian**

22. Father's Name (First, Middle, Last) **Casper A. Huber** 23. Mother's Name (First, Middle, Last) **Mary Huber** 24. Mother's Maiden Last Name **Holderman**

25. Informant's Name **Linda D. Dublo** 25a. Relationship To Decedent **Daughter** 25b. Informant's Address (Street, Apt Number, City, State, Zip Code) **2712 Coral Drive, Hobart, IN 46342**

26. Method of Disposition  
 Burial  Cremation  Donation  Entombment  
 Removal From State  Other (Specify) \_\_\_\_\_ 25. Place of Disposition (Name of Cemetery, Crematory, Other Place) **NW Indiana Cremation Service** 26c. Location - City, Town, and State **Crown Point, IN 46307**

27. Was Coroner Contacted?  Yes  No 27. Name and Complete Address of Funeral Facility **Burns Funeral Home, 701 E. 7th St., Hobart, IN 46342** 27a. Funeral Home License Number **FH83002380**

27b. Signature of Indiana Funeral Service Licensee: *James F. Burns* 27c. License Number (Of Licensee): **FD01009461**

28. (a) Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Approximate Interval Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death)  
A. **Coronary Artery Disease** 7/14  
B. **Dementia** 7/14  
C. **Sarcoidosis** 7/14  
D. \_\_\_\_\_

28b. Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last

29. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause Given In Part I

30. Were All Appropriate Preventive Services Recommended?  Yes  No 30. Were Appropriate Preventive Services Available To Complete The Cause of Death?  Yes  No

31. Do Tobacco Use Contribute To Death?  Yes  Probable  No  Unknown 32. If Female:  
 Not Pregnant Within Past Year  Pregnant At Time of Death  Not Pregnant, But Pregnant Within 42 Days of Death  
 Not Pregnant, But Pregnant 43 Days To 1 Year Before Death  Unknown If Pregnant Within The Past Year

33. Manner of Death:  
 Natural  Homicide  Accident  Pending Investigation  
 Suicide  Could Not Be Determined

34. Date of Injury (Month/Day/Year) \_\_\_\_\_ 35. Type of Injury \_\_\_\_\_ 36. Place of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) \_\_\_\_\_ 37. Injury At Work?  Yes  No

38. Location of Injury - State \_\_\_\_\_ 38a. City or Town \_\_\_\_\_ 38b. Street & Number \_\_\_\_\_ 38c. Apt No. \_\_\_\_\_ 38d. Zip Code \_\_\_\_\_

39. Describe How Injury Occurred \_\_\_\_\_ 40. If Transportation Injury, Specify:  
 Driver/Operator  Passenger  Pedestrian  Other (Specify) \_\_\_\_\_

41. Signature of Person Certifying Cause of Death: *Kenneth A. Black* 42. Certify (Check Only One)  
 Certifying Physician  Coroner  Health Officer

43. Name, Address and Zip Code of Person Certifying Cause of Death: **Kenneth A. Black, MD 3630 Willowcreek Road, Portage, IN 46368** 44. License Number **01024841** 45. Date Certified **11-24-09**

46. Accidental Funeral Service Provider \_\_\_\_\_ 47. \*Alert \_\_\_\_\_

48. Signature of Local Health Officer: *Ray A. Bobrook MD* 49. For Registrar Only - Date Filed (Month/Day/Year) **November 25 2009**