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LAKE COUNTY, INDIANA
CLERK OF COURSE
FILED FOR RECORD

2011 024405

2011 MAY -2 AM 10:02

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Notary Public
Lake County, Indiana

AFFIDAVIT OF SURVIVORSHIP

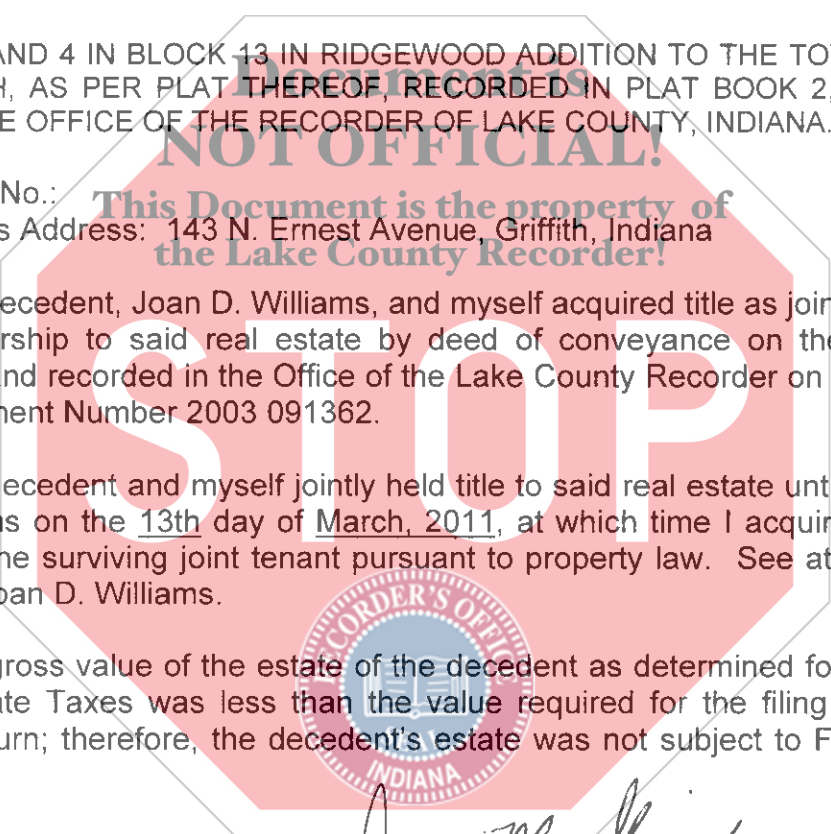
I, Jean M. Shively, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOTS 3 AND 4 IN BLOCK 13 IN RIDGEWOOD ADDITION TO THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2, PAGE 80, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Tax Key No.:
Grantee's Address: 143 N. Ernest Avenue, Griffith, Indiana

3. The decedent, Joan D. Williams, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 27th day of August, 2003, and recorded in the Office of the Lake County Recorder on September 3, 2003, as Document Number 2003 091362.
4. The decedent and myself jointly held title to said real estate until the death of Joan D. Williams on the 13th day of March, 2011, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Joan D. Williams.
5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



Jean M. Shively
Jean M. Shively, Affiant

FILED

052308

MAY 02 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

AMOUNT \$ 15.00
 CASH _____ CHARGE _____
 CHECK # 5604
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK MS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

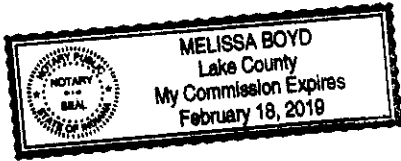
Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Jean Shively, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 22 day of April, 2011.

My commission expires: 02/18/2019

Signature: Melissa Boyd

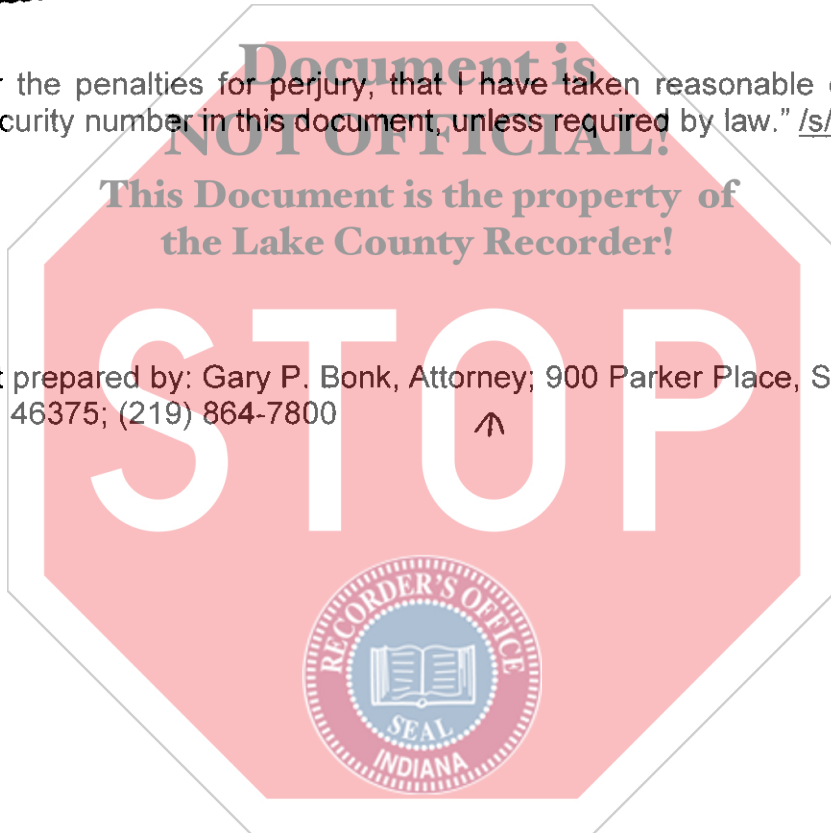
Resident of: Lake County, Indiana



"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." /s/Gary P. Bonk

**This Document is the property of
the Lake County Recorder!**

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A,
Scherville, IN 46375; (219) 864-7800





**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 000818

EDR No 000000188739

State No 011283

1. Decedent's Legal Name (First, Middle, Last) JOAN D WILLIAMS			1a. Maiden Name (If female) MORRIS		2. Sex FEMALE	3. Time Of Death 03:00 PM	4. Date Of Death (Month/Day/Year) 03/13/2011	
5. Social Security Number 313-30-5484	6a. Age - Yrs 78	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 08/04/1932		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL SOUTHLAKE MERRVILLE								
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation MEDICAL CLERK		17. Kind Of Business/Industry STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH				
18c. Street And Number 143 NORTH ERNEST STREET					18d. Apt. No.	18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) THOMAS MORRIS			23. Mother's Name (First, Middle, Last) LYDA MORRIS			23a. Mother's Maiden Last Name MACLEOD		
24. Informant's Name JANICE L WILLIAMS		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1107 EAST MILLER STREET, GRIFFITH, IN 46319				
25. Place Of Disposition								
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS			25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375					27a. Funeral Home License Number: FH19900051	
27b. Signature Of Indiana Funeral Service Licensee: DAVID R PETERSON, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601585		
28. Part I. 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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CARDIOPULMONARY ARREST</u> Due to (Or As A Consequence Of): 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 B. <u>ALZHEIMERS DISEASE</u> Due to (Or As A Consequence Of): C. <u>HYPERTENSION</u> Due to (Or As A Consequence Of): D. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I								Approximate Interval: Onset To Death
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown						32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature, Of Person Certifying Cause Of Death: SURENDRA SHAH, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SURENDRA SHAH, 5825 BROADWAY SUITE A, MERRILLVILLE, IN 46410						44. License Number 01032180A		45. Date Certified 03/15/2011
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 15 2011		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								