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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2011 024406

2011 MAY -2 AM 10:03

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

LAKE COUNTY CLERK  
TROY, INDIANA

AFFIDAVIT OF SURVIVORSHIP

I, Luanne Gregory, 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 surviving owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 3, except the East 170 feet thereof and Lot 5, except the South 240 feet thereof, and the West 35 feet of the East 170 feet of the North 70 feet of Lot 3, all in Block 3 in Hobart Park Addition to Hobart, as per plat thereof, recorded in Plat Book 12 page 30 in the Office of the Recorder of Lake County, Indiana; and that part of the Northwest 1/4 of the Northeast 1/4 of Section 31, Township 36 North, Range 7 West of the 2<sup>nd</sup> Principal Meridian, in the City of Hobart, Lake County, Indiana, bounded on the East by the West line of said Lot 3; on the North by the North line of said Lot 3, extended West to Washington Street; on the South by the South line of said Lot 3, extended West to the East line of said Lot 5; on the West by the East line of Washington Street and the East line of said Lot 5; except the following described parcel: Beginning at a point on the East line of Washington Street, 240 feet North of 2<sup>nd</sup> Street; thence East and parallel to the North line of 2<sup>nd</sup> Street 100 feet; thence North and parallel to the East line of Washington Street 50 feet; thence West and parallel to the North line of 2<sup>nd</sup> Street 100 feet to the East line of Washington Street; thence South 50 feet to the place of beginning.

Tax Key No.: 45-09-31-202-005.000-018

Grantee Address/Commonly known as:

AMOUNT \$ 15.00 151 S. Washington Street  
 CASH \_\_\_\_\_ CHARGE \_\_\_\_\_ Hobart, In 46342  
 CHECK # 5604  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-COM \_\_\_\_\_  
 CLERK FB

052509

**FILED**

**MAY 02 2011**

**PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR**

3. The decedent, Marvin Gregory, and myself acquired title as joint tenants with rights of survivorship to said real estate by deed of conveyance filed on the 14th day of June, 1968, and recorded in the Office of the Lake County Recorder as Document No. 753586.
4. That the decedent (along with me, Luanne Gregory) jointly held title to said real estate until the death of Marvin Gregory on the 30th day of November, 2010, at which time the surviving joint tenants acquired title to said real estate pursuant to property law. See attached Death Certificate for Marvin Gregory.
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 filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

*Luanne Gregory, Affiant*  
 \_\_\_\_\_  
 Luanne Gregory, Affiant

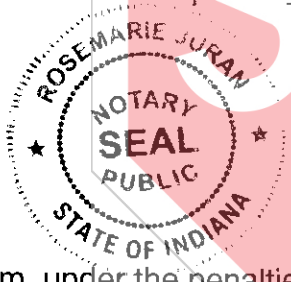
STATE OF INDIANA )  
 ) SS:  
 COUNTY OF LAKE )

**Document is NOT OFFICIAL!**

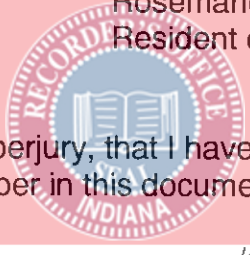
**This Document is the property of the Lake County Recorder!**

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Luanne Gregory, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 11th day of April, 2011.

My Commission Expires: 09/06/2014



Signature: *Rosemarie Juran*  
 \_\_\_\_\_  
 Rosemarie Juran  
 Resident of Lake County, IN



"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 instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, Indiana 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No H20140

EDR No 000000166732

DTP 1

State No

1. Decedent's Legal Name (First, Middle, Last) <b>MARVIN D GREGORY</b>				1a. Maiden Last Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>09:36 AM</b>		4. Date Of Death (Month/Day/Year) <b>11/30/2010</b>	
5. Social Security Number <b>311-36-2541</b>		6a. Age - Yrs <b>73</b>		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) <b>03/05/1937</b>		8. Birthplace (City and State or Foreign Country) <b>UNAVAILABLE, INDIANA</b>									
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 checked="" type="checkbox"/> Inpatient <input 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) <b>ST MARY MEDICAL CENTER INC</b>											
12. City Or Town, State, And Zip Code <b>HOBART, INDIANA, 46342</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name <b>LUANNE GREGORY</b>				15a. (If Wife) Give Maiden Last Name <b>PELOT</b>				16. Decedent's Usual Occupation <b>AUTO PARTS SALESMAN</b>			17. Kind Of Business/Industry <b>RETAIL</b>
16. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HOBART</b>					
18c. Street And Number <b>151 SOUTH WASHINGTON STREET</b>						18d. Apt. No.		18e. Zip Code <b>46342</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>Not Hispanic</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>ORRIS GREGORY</b>				23. Mother's Name (First, Middle, Last) <b>MABEL PEARL GREGORY</b>				23a. Mother's Maiden Last Name <b>COLBERT</b>			
24. Informant's Name <b>LUANNE GREGORY</b>			24a. Relationship To Decedent <b>WIFE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>151 SOUTH WASHINGTON STREET, HOBART, INDIANA, 46342</b>					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>KELLY CARROLL CREMATION SERVICES</b>				25c. Location - City, Town, And State <b>GARY INDIANA</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME, HOBART CHAPEL 600 W OLD RIDGE RD, HOBART, INDIANA, 46342</b>						27a. Funeral Home License Number: <b>FH83003069</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01006463</b>					
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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death):</b> A. <b>Lung Cancer</b> Due To (Or As A Consequence Of): B. <b>months</b> C. <b>emphysema</b> D. <b>emphysema</b> Approximate Interval Onset To Death: <b>months</b>											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I: <b>emphysema</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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				33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
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 <b>Raja Devanathan</b>						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: <b>RAJA DEVANATHAN MD, 7875 GRAND BLVD, HOBART, IN, 46342</b>						44. License Number <b>01410141</b>		45. Date Certified			
46. Additional Funeral Service Provider:						47. *Alias:					
48. Signature of Local Health Officer: <b>Susan J Best MD</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>December 6, 2010</b>					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)