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STATE OF IADIANA LAKE COUNTY FILED FOR RECORD

STATE OF INDIANA
)
SS: 2011 042348

2011 AUG -8 AM 9: 23

MICHARECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Henrietta D. Gearhart, being duly sworn upon her oath and states as follows:

- 1. That she is competent, at least 21 years of age and has personal knowledge of the facts contained herein.
- 2. That at the time of his death, Clyde G. Gearhart (a/k/a Clyde Gearhart) was the owner in fee simple of the following described real estate located at 4745 Whitcomb Street, Gary, Lake County, Indiana and more particularly described as follows:

Outlot "A" in Douglas Manor Addition to Lake County, Indiana, as recorded in Plat Book 32, page 14, in the Office of the Recorder of Lake County, Indiana

Commonly known as 4745 Whitcomb St., Gary, Lake County, Indiana;

Parcel No.: 45-08-31-251-007.000-001

3. That Clyde G. Gearhart and Henrietta D. Gearhart were husband and wife and acquired title as tenants by the entirety to said real estate.

4. That the marital relationship which existed between Clyde G. Gearhart and Henrietta D. Gearhart continued unbroken from the time they acquired title to said real estate until the death of Clyde G. Gearhart on May 31, 2011.

5. That the gross value of the estate of Clyde G. Gearhart was determined for purpose of Federal Estate Taxes was less than the value required for the filing and his estate was not subject to Federal Estate Tax.

6. That the estate of Clyde G. Gearhart was not subject to Indiana Inheritance Taxes.

Henrietta D. Gearhart

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Henrietta D. Gearhart and acknowledged the execution of the foregoing document. Witness my hand and seal this _/ day of _______, 2011.

AUG 0 4 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Resident of Lake County

My Commission Expires:

I affirm, under the penalties for perjury, that I have taken reasonable care to redact such Social Security number in this

document, unless required by law.

028088

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CK# 29 2129 CA

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00172	23	EDF		<u>)002017</u>	<u> 24 </u>		State	No UZ	4691	te Of Death (Month/Day/Year
ecedent's Legal Name (First, Middle, Last)			1a. Maiden Nam	e (il female)		2. Sex		ime Of Death		
YDE G GEARHART			Cd. Hadas & Day	6e. Under 1 Hour	T 7 Date	MAL of Birth (Mon		06:10 AN	ce (City and Sta	05/31/2011 te or Foreign Country)
ocial Security Number 6a. Age - Yrs 6b.	Under 1 Year	6c. Under 1 Month	6d. Under i Day	 	1. Delle					
310-22-7063 82 Mon		Days	Hours	Minutes 10a. If Death Occ	irred Some	09/03/19 where Other			HILL, KY	
_	urred in A Hospita		Dead on Arrival	☐ Hospice Facilit	у 🗖 Б	ecedent's Hor	ne 🔲 Niui	sing Home/Lo	ong-term Care F	acility
es No Unknown Inpatient Carallety Name (If Not Institution, Give Street and				C Other (Opecin)					<u></u> .	
MARY MEDICAL CENTER INC	<u> </u>			13. County	Ot Death	 		14. Ma	rital Status At Ti	me Of Death
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BART, IN, 46342				LAKE		16 Docode	nt's Usual Oc			lever Married Unknown
Surviving Spouse's Name		15a	i. (If Wife)Give Maide	n Last Name		in. Decede	ints Osuai Oc	СБРЕПОП	""	,,,,,
NRIETTA GEARHART		wi	TVLIET			CARPE	ITER		CON	STRUCTION
Residence - State	18a. C	County		18b. City Or To)Wf1					
DIANA	LAKE			GARY			18d. Apt. N	. 1	8e. Zip Code	18f. Inside City Limits
Street Aad Number							180. Apt. N	o. "	oe. Zip Code	Yes No
5 WHITCOMB STREET									46408	23 163 12 110
Decedent's Education		Decedent Of Hispan	nic Origin	21.	Decedent's	Race				
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Father's Name (First, Middle, Last)	<u>1117</u>			23. Mother's Name	(First, Mid	dle, Last)		•	23a. Mother's	Maiden Last Name
NJAMIN GEARHART				ALMEDA GE					HOLBRO	ок
nformant's Name	·-·-	24a. Relationship 1	To Decedent	24b. Mailing Addre			City, State, Z	p Code)		
NRIETTA GEARHART	ŀ	WIFE		4745 WHITC	COMB S	STREET,	GARY, I	N 46408		
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.