

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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1200235

SURVIVORSHIP AFFIDAVIT

MICHEL - P. FAJMAN RECORDER

Comes now Karen J. Piegza, who being duly sworn upon her oath, deposes and says:

That Mary Jane Hill is the surviving spouse of Frank Eugene Hill, deceased, who died domiciled in Lake County, IN, on 5-11-11

That affiant and Frank Eugene Hill acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

THE SOUTH FIFTY TWO (52.0) FEET OF THE NORTH FIVE HUNDRED NINE (509.0) FEET OF BLOCK ONE (1), INDUSTRIAL CENTER SUBDIVISION IN THE TOWN OF GRIFFITH, LAKE COUNTY, INDIANA.

Parcel No.: 45-07-35-132-008. 000-006

811 N. Indiana Street, Griffith, IN 46319;

Affiant states that Mary Jane Hill and Frank Eugene Hill continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Frank Eugene Hill's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the above-described real estate to Timothy J. Glennon.

Executed this June 15, 2012.

Mary Jane Hill by Karen J. Piegza, POA

mary Jane Hill by Karen J. Piegza, PO

STATE OF INDIANA

COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 15th day of June, 2012_.

KATHERINE E. ADAMS
Lake County
My Commission Expires
Dec. 13, 2016

This document prepared by: Karen J. Piegza 207 E. Carroll Kentland, IN 47951 File No. 1200235 Notary Public / Katherine

Notary Public / Katherine E. Adams My Commission Expires: 12-13-16 My County of Residence: Lake

> "I allim, under the penalties for padjury, that I have taken reasonable care to reduct each Social Security number in this document, unless required by last." Kalherine Adams

24166

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JUN 2 5 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 13 m

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Parcel No. Local No 001	: 45-07 485	<i>- 35 - 13</i> , ED	2-008. (C R No 0000	000-006	19	•		0210		
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Nam	ne (If female)		2. Sex	3. Time 0	Of Death	4. Date O	f Death (Month/Day/Year)
FRANK EUGENE HILL	Ob. 11-1-1-1-1	La III de Aven	I Od Hada 4 Day	To Hadard Have	17.04-4	MALE		48 AM		05/11/2011 r Foreign Country)
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year			6e. Under 1 Hour	┪	Birth (Month/Day				r Foreign Country)
9. Ever in U.S. Armed Forces? 10. If Death	Months Occurred In A Hosp	Days bital:	Hours	Minutes 10a. If Death Occi		2/27/1927 here Other Than /		ERMILIO	N, IL	
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)										
11. Facility Name (If Not Institution, Give Street DYER NURSING AND REHAB!		ENTER								
12. City Or Town, State, And Zip Code		13. County Of Death				14. Marital Status At Time Of Death				
DYER, IN, 46311		LAKE				Married Married, But Separated Divorced Widowed Never Married Unknown				
15. Surviving Spouse's Name		15	a. (If Wife)Give Maide	n Last Name		16. Decedent's U	sual Occupati	ion	17. Kind (Of Business/Industry
MARY JANE HILL 18. Residence - State	18a.	CL	ARKE	18b. City Or To		ILKMAN			DAIRY	
INITHANIA		_								
INDIANA 18c. Street And Number]LAKI	<u>=</u>		DYER		18d.	Apt. No.	18e. Zip	Code	18f. Inside City Limits?
601 SHEFFIELD AVENUE								46	311	⊠ Yes □ No
19. Decedent's Education	ınic Origin	21. 1	Decedent's R	ace		1 40.	<u> </u>			
HIGH SCHOOL GRADUATE O COMPLETED		Whit	te							
22. Father's Name (First, Middle, Last)				23. Mother's Name	(First, Middle	, Last)		23a. I	Mother's Maid	den Last Name
WALTER HILL				VIVIAN HILL				DUC	K	
24. Informant's Name 24a. Relationship				24b. Mailing Addres	. .			•		
KAREN PIEGZA DAUGHTER 207 EAST CARROLL, KENTLAND, IN 47951 25. Place Of Disposition										
CH.	CHAF	PEL LAWN MI Address Of Funeral FUNERAL H	OME AND ME	RDENSCO	SCHE		, IN	19	27a. Fund	eral Home License Number:
27b. Signature Of Indiana Funeral Service Licer	nsee:			T. T. T.				(Of Licensee):	1111100	00001
LEONARD G. GREGORCZYK, BY ELECTRONIC SIGNATURE 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 Additinal Lines if Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ATHEROSCLEROTIC HEART DISEASE Pure to 100 A A Consequence Of: YEARS										
Sequentially List Conditions, If Any, Leadi Line A. Enter The Underlying Cause (Dise The Events Resulting In Death) Last	ease Or Inju <mark>ry That</mark>	Initiated C.			Due to (Or As)	A Consequence Of): A Consequence Of):				
Part II. Enter Other Significant Conditions Contri	outing to Death But I	Not Resulting In The	Underlying Cause Giv	in In Part I		An Autopsy Performant Autopsy Finding A		☐ Yes	⊠ No	#-2
31. Did Tobacco Use Contribute To Death?	32. If Fema	Je:			30. Were		. Manner Of C		ause of Dea	Yes No
Yes Probably No Unknown		ant Within Past Year	Pregnant At Time Of Death	Not Pregnant, But Pregnant V			_	Homicide Could Not Be D	_	Pending Investigation
34. Date Of Injury (Month/Day/Year)	35. Time C		THIS CERMINES	AND MAINTE BY BY	andert's Hon	e. Construction \$. Injury At Work?
38. Location Of Injury - State	38a. City O	r Town	LAKE COUNTY IS	RTIFICATE OF DEA	ATH ON FILE	WITH THE		38c. Apt. N	ło. 38	d. Zip Code
39. Describe How Injury Occurred				MAY 1.3	2011	142	. If Transports	ation Injury, Spo	acify:	
41. Claratura Of Parray Codifician Course Of F	Dooth.		E	MOIANA	50 H	41			edeethan []O	mer (Specify)
41. Signature, Of Person Certifying Cause Of Death: JAY C L PAIK, BY ELECTRONIC SIGNATURE 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:			~	THAIR THE PARTY OF		42. Certifier (Corone		Heath Officer . Date Certified
JAY C L PAIK , 800 MACARTHUR BLVD, #15, MUNSTER, IN 46321								0770A 05/12/2011		
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): MAY 13 2011										
			ENT TO CERTIFICA	TE OF DEATH (EN		RIGINAL)	مستندي و			un taken
					1000	onable care t document, ur	o redect e	ach Social	Security n	umber in

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.