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STATE OF INDIANA
LAKE COUNTY
CLERK OF SUPERIOR COURT

2012 057884

2012 AUG 27 AM 9:06

J. J. HOLLIS
CLERK

RETURN TO: JARED R. TAUBER, ESQ.
TAUBER LAW OFFICES
1415 EAGLE RIDGE DRIVE
SCHERERVILLE, IN 46375

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

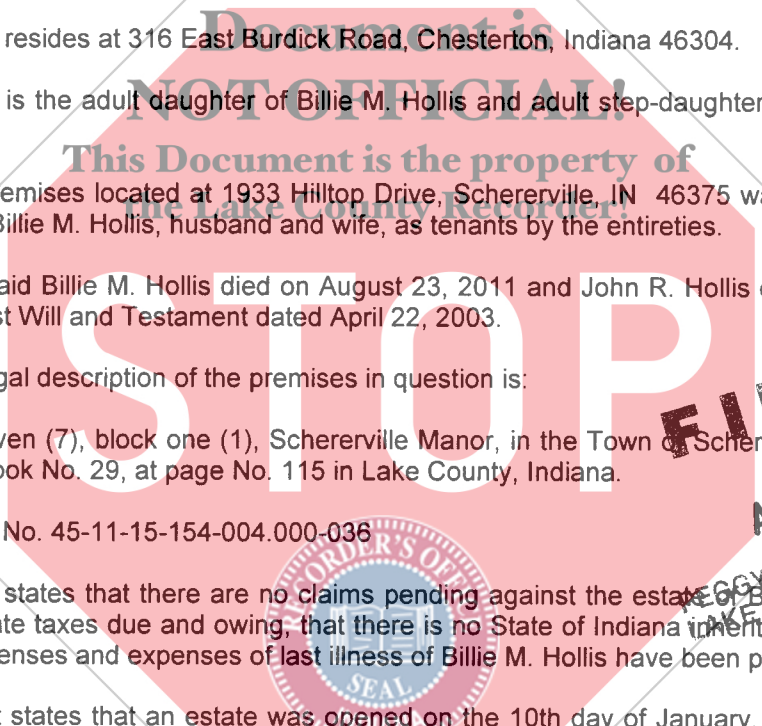
On this 16th day of August, 2012, before me personally appeared **DEBRA A. JONES**, to me personally known, who being duly sworn upon her oath did say that:

1. Affiant resides at 316 East Burdick Road, Chesterton, Indiana 46304.
2. Affiant is the adult daughter of Billie M. Hollis and adult step-daughter of John R. Hollis, both deceased.
3. The premises located at 1933 Hilltop Drive, Schererville, IN 46375 was formerly owned by John R. Hollis and Billie M. Hollis, husband and wife, as tenants by the entireties.
4. That said Billie M. Hollis died on August 23, 2011 and John R. Hollis died on December 16, 2011, leaving a Last Will and Testament dated April 22, 2003.
5. The legal description of the premises in question is:

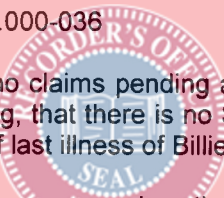
Lot seven (7), block one (1), Schererville Manor, in the Town of Schererville, as shown in Plat Book No. 29, at page No. 115 in Lake County, Indiana.

Parcel No. 45-11-15-154-004.000-036
6. Affiant states that there are no claims pending against the estate of Billie M. Hollis, that there is no federal estate taxes due and owing, that there is no State of Indiana inheritance taxes owing, and that all funeral expenses and expenses of last illness of Billie M. Hollis have been paid.
7. Affiant states that an estate was opened on the 10th day of January, 2012, in the Lake Circuit Court sitting in Crown Point, Indiana, under Cause No. 45C01-1201-ES-00012 concerning the death of her step-father, John R. Hollis, that there are no pending claims against the estate, and that the funeral expenses and all expenses of illness have been paid.
8. That as a result of the death of John R. Hollis, there was State of Indiana inheritance taxes due, all of which have been paid.
9. Affiant further states that John R. Hollis and Billy M. Hollis were never divorced and continued to be married until the death of Billy M. Hollis and that John R. Hollis did not remarry after her death.

FNT-H(10Hkw) 920123310



FILED 25654
AUG 24 2012



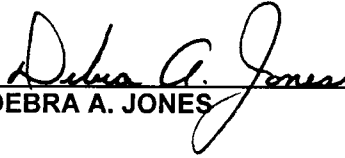
REGGY HOLLIS & ASSOCIATES
LAKE COUNTY ATTORNEY

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FN
Cm

FIDELITY NATIONAL
TITLE COMPANY

10. Affiant's relationship to the decedents is that of adult daughter/step-daughter.

Further, Affiant sayeth not.

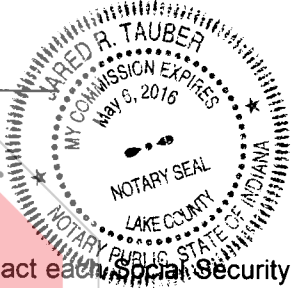

DEBRA A. JONES

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

BEFORE ME, the undersigned, a Notary Public, in and for said County and State, personally appeared **DEBRA A. JONES**, and acknowledged the execution of said Survivorship Affidavit to be her voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 16th day of August, 2012.


Jared R. Tauber, Notary Public

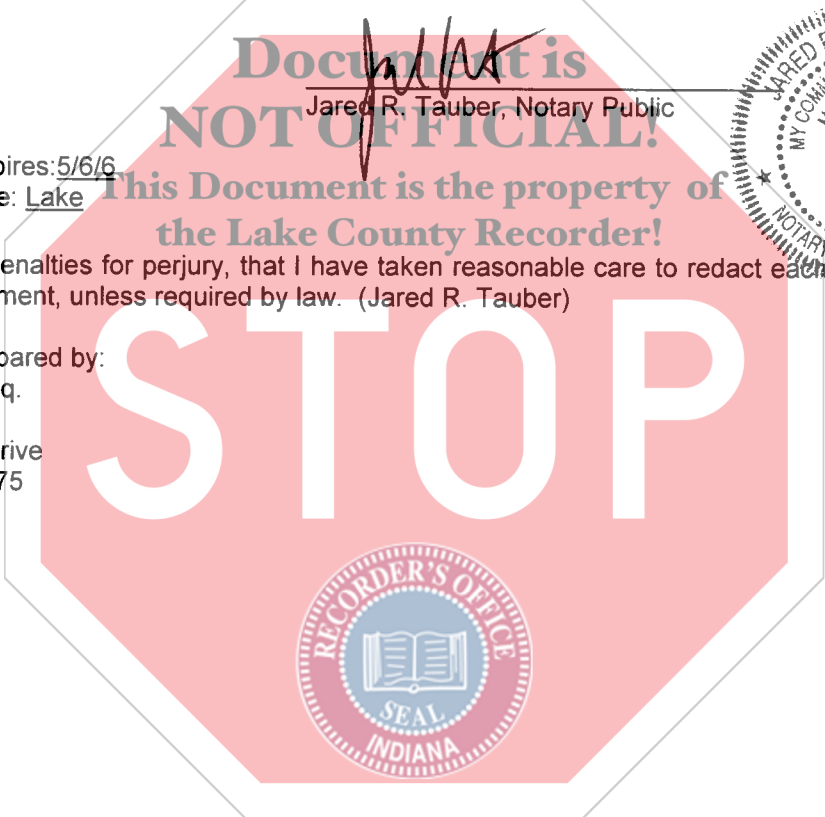


My Commission Expires: 5/6/16
County of Residence: Lake

This Document is the property of the Lake County Recorder!

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. (Jared R. Tauber)

This Instrument Prepared by:
Jared R. Tauber, Esq.
Tauber Law Offices
1415 Eagle Ridge Drive
Scherville, IN 46375
(219) 865-6666





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

Local No 002592

EDR No 00000215975

State No 037497

1. Decedent's Legal Name (First, Middle, Last) BILLIE M HOLLIS				1a. Maiden Name (If female) CONDOR		2. Sex FEMALE	3. Time Of Death 01:15 PM	4. Date Of Death (Month/Day/Year) 08/23/2011	
5. Social Security Number		6a. Age - Yrs 79	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) 04/21/1932		8. Birthplace (City and State or Foreign Country) HAMMOND, 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 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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER									
12. City Or Town, State, And Zip Code DYER, IN, 46311					13. County Of Death LAKE			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 JOHN R HOLLIS			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation PACKER		17. Kind Of Business/Industry BALL GLASS	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town SCHERERVILLE			
18c. Street And Number 1933 HILL TOP DRIVE					18d. Apt. No.	18e. Zip Code 46375	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) CHARLES D CONDOR				23. Mother's Name (First, Middle, Last) MERTIE M CONDOR			23a. Mother's Maiden Last Name FOREMAN		
24. Informant's Name JOHN HOLLIS			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1933 WEST HILL TOP DRIVE SOUTH, SCHERERVILLE, IN 46375				
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) MEMORY LANE CEMETERY			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 LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH88800070		
27b. Signature Of Indiana Funeral Service Licensee: ELI VUJKO, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01008300			
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>CARDIOGENIC SHOCK</u> Due to (Or As A Consequence Of)									
B. <u>ACUTE MYOCARDIAL INFARCTION</u> Due to (Or As A Consequence Of)									
C. <u>CORONARY ATHEROSCLEROTIC HEART DISEASE</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									
PANHYPOPITUITARISM, HYPERTENSION, CONGESTIVE HEART FAILURE									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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 checked="" 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) 08/16/2011		35. Time Of Injury 06:00 PM		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) HOME			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State INDIANA		38a. City Or Town SCHERERVILLE		38b. Street & Number 1933 HILLTOP DRIVE DRIVE		38c. Apt. No.	38d. Zip Code 46375		
39. Describe How Injury Occurred PATIENT FELL AT HOME FRACTURING HER RIGHT HIP						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: CONRADO P CASTOR, 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: CONRADO P CASTOR, 911 A FRAN LIN PARKWAY, MUNSTER, IN 46321						44. License Number 01027402A		45. Date Certified 08/26/2011	
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): AUG 29 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									