

2012 057994

2012 AUG 27 AM 10:23

RECEIVED  
LAKE COUNTY ASSESSOR  
HANKADAMS  
AUG 27 2012

RECORDER  
MAN

3

**Return Tax Bills to:**  
Margaret C. Boyle  
2017 Superior Avenue  
Whiting, IN 46394

**SURVIVORSHIP AFFIDAVIT**

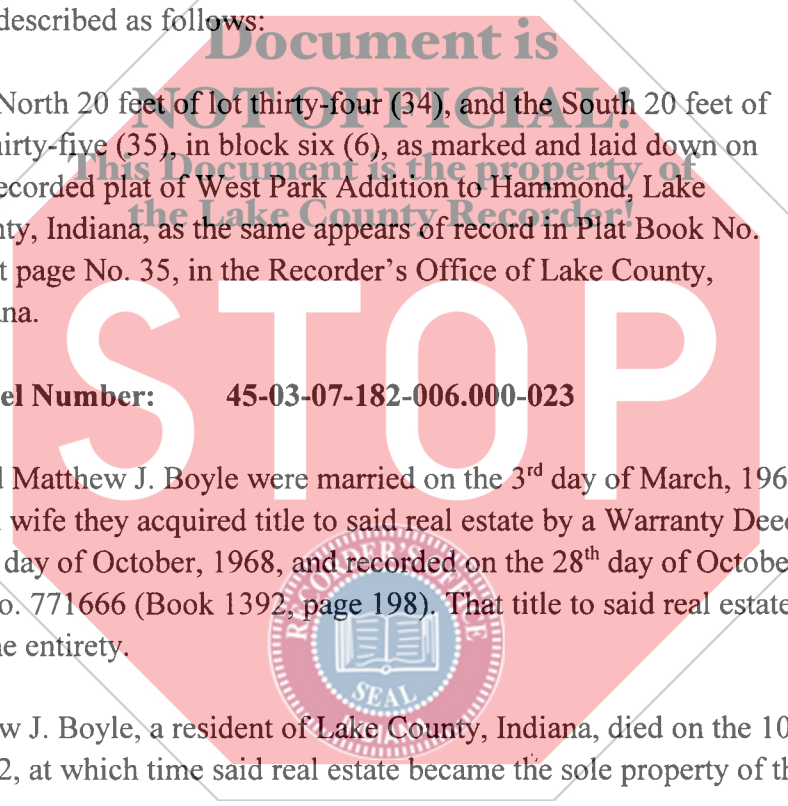
I, **Margaret C. Boyle**, being duly sworn upon her oath, says:

- 1. She is the owner in fee simple of the real estate located in Lake County, State of Indiana, commonly known as **2017 Superior Avenue, Whiting, Indiana 46394**, and more particularly described as follows:

The North 20 feet of lot thirty-four (34), and the South 20 feet of lot thirty-five (35), in block six (6), as marked and laid down on the recorded plat of West Park Addition to Hammond, Lake County, Indiana, as the same appears of record in Plat Book No. 12, at page No. 35, in the Recorder's Office of Lake County, Indiana.

**Parcel Number: 45-03-07-182-006.000-023**

- 2. That she and Matthew J. Boyle were married on the 3<sup>rd</sup> day of March, 1962. That as husband and wife they acquired title to said real estate by a Warranty Deed of conveyance dated the 4<sup>th</sup> day of October, 1968, and recorded on the 28<sup>th</sup> day of October, 1968, as document No. 771666 (Book 1392, page 198). That title to said real estate was held as tenants by the entirety.
- 3. That Matthew J. Boyle, a resident of Lake County, Indiana, died on the 10<sup>th</sup> day of August, 2012, at which time said real estate became the sole property of the affiant.
- 4. That the decedent's gross probate estate, less liens and encumbrances, does not exceed the amount allotted under 29-1-8-1 and that no estate is pending in any Indiana court, no



**FILED**

AUG 27 2012

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

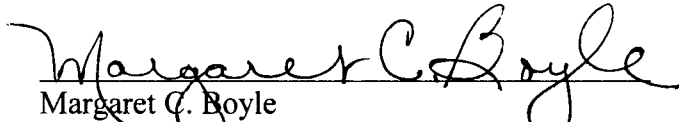
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16-  
#1770  
✓NONE.  
J

Federal Estate Tax and no Indiana Inheritance Tax regarding the estate of Matthew J. Boyle is due or payable.

5. The statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Margaret C. Boyle**, whose mailing address for real estate tax purposes is 2017 Superior Avenue, Whiting, Indiana 46394.

Further your affiant sayeth not.

  
Margaret C. Boyle  
2017 Superior Avenue, Whiting, IN 46394

STATE OF INDIANA     )  
                                  ) SS.  
COUNTY OF LAKE     )

Before me, a Notary Public in and for said county and state, personally appeared Margaret C. Boyle, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing Survivorship Affidavit are true.

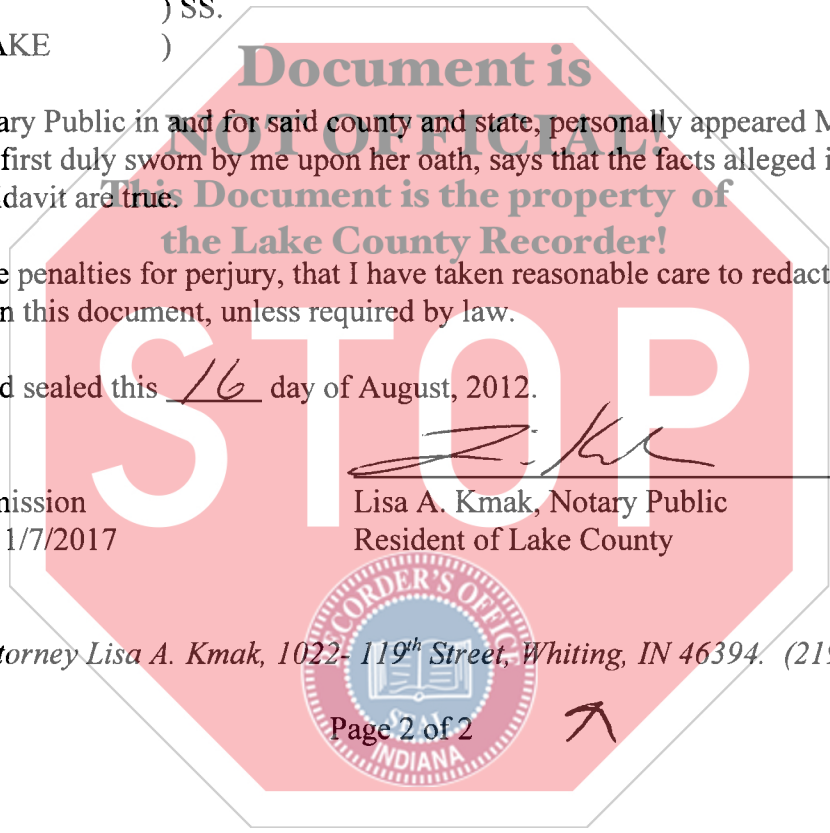
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

Signed and sealed this 16 day of August, 2012.

My Commission  
Expires: 11/7/2017

  
\_\_\_\_\_  
Lisa A. Kmak, Notary Public  
Resident of Lake County

Prepared by: *Attorney Lisa A. Kmak, 1022- 119<sup>th</sup> Street, Whiting, IN 46394. (219) 659-1355.*





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002492

EDR No 00000274365

State No 035433

1. Decedent's Legal Name (First, Middle, Last) MATTHEW J BOYLE
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 09:45 AM
4. Date Of Death (Month/Day/Year) 08/10/2012
5. Social Security Number
6a. Age - Yrs 73
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 07/03/1939
8. Birthplace (City and State or Foreign Country) WHITING, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital:
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name MARGARET C BOYLE
15a. (If Wife) Give Maiden Last Name BANKS
16. Decedent's Usual Occupation PIPEFITTER-WELDER
17. Kind Of Business/Industry LEVER BROS COMPANY
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town WHITING
18c. Street And Number 2017 SUPERIOR AVENUE
18d. Apt. No.
18e. Zip Code 46394
18f. Inside City Limits?
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) DENIS BOYLE
23. Mother's Name (First, Middle, Last) BRIDGET BOYLE
23a. Mother's Maiden Last Name GALLAGHER
24. Informant's Name MRS MARGARET C BOYLE
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 2017 SUPERIOR AVENUE, WHITING, IN 46394
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ST JOHN CEMETERY
25c. Location - City, Town, And State HAMMOND, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394
27a. Funeral Home License Number: FH83007267
27b. Signature Of Indiana Funeral Service Licensee: MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD01019456
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. METASTATIC LUNG CANCER
B.
C.
D.
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311
44. License Number 01052342A
45. Date Certified 08/13/2012
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 13 2012

