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2013 015924

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 MAR -1 AM 9:35

MICHAEL C. BROWN  
RECORDER

Parcel #45-05-33-203-022.000-004

Mail Future Tax Statements to:  
**Mr. John N. Lowther**  
**8418 Pine Ave.**  
**Gary, IN 46403**

STATE OF INDIANA        )  
                                  )        SS:  
COUNTY OF LAKE        )

**SURVIVORSHIP AFFIDAVIT**

JOHN N. LOWTHER, being first duly sworn upon oath, deposes and says:

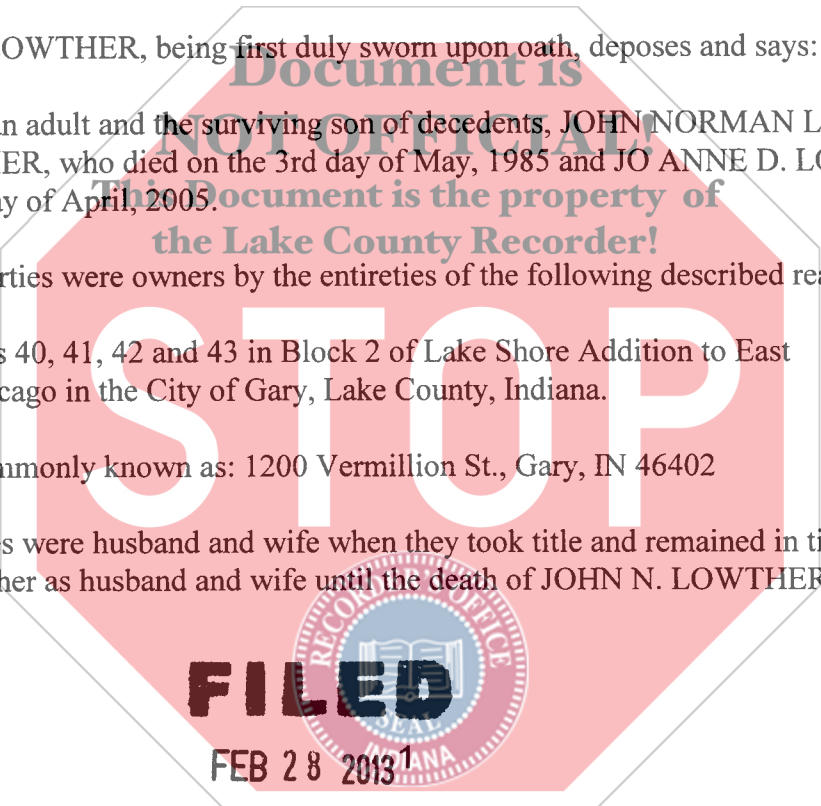
That he is an adult and the surviving son of decedents, JOHN NORMAN LOWTHER a/k/a JOHN N. LOWTHER, who died on the 3rd day of May, 1985 and JO ANNE D. LOWTHER, who died on the 14th day of April, 2005.

That the parties were owners by the entireties of the following described real estate, to-wit:

Lots 40, 41, 42 and 43 in Block 2 of Lake Shore Addition to East Chicago in the City of Gary, Lake County, Indiana.

Commonly known as: 1200 Vermillion St., Gary, IN 46402

and that said parties were husband and wife when they took title and remained in title and lived continuously together as husband and wife until the death of JOHN N. LOWTHER, on the date given above.



**FILED**

FEB 28 2013

**PEGGY HOLINGA KATONA**  
LAKE COUNTY AUDITOR

**11001**

AMOUNT \$ 17.<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK# 42959  
OVERAGE 1.<sup>00</sup>  
COPY \_\_\_\_\_  
NON-CONF \_\_\_\_\_  
DEPUTY PP

F

Affiant further states that he knows of his own knowledge that the value of the gross estate of the above decedent, JOHN NORMAN LOWTHER a/k/a JOHN N. LOWTHER, at the time of death, within the meaning of the Federal Estate Tax laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate Tax.

Affiant further states that all outstanding debts and obligations of the decedent, JOHN NORMAN LOWTHER a/k/a JOHN N. LOWTHER, including funeral expenses and expense of last illness, were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

Affiant further sayeth not.

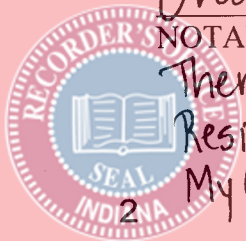
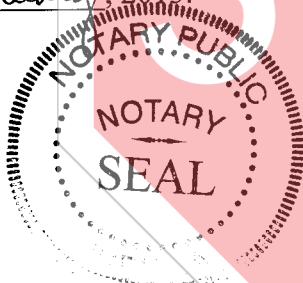
*John N. Lowther*  
\_\_\_\_\_  
JOHN N. LOWTHER, Affiant

STATE OF INDIANA )  
COUNTY OF LAKE )

**Document 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 JOHN N. LOWTHER, who acknowledged the execution of this instrument this 25<sup>th</sup> day of February, 2013.

(SEAL)



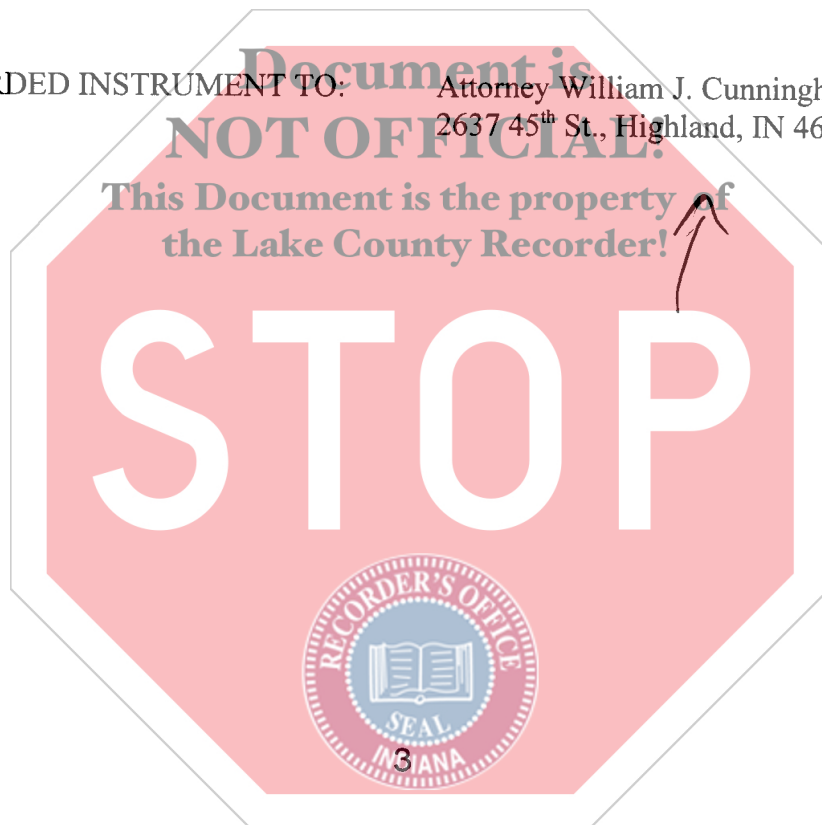
*Theresa L. Clements*  
\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE  
Theresa L. Clements  
Resident of Lake County, IN  
My Commission Expires: 07-07-16

THIS INSTRUMENT PREPARED BY:  
WILLIAM J. CUNNINGHAM, ATTORNEY AT LAW  
HILBRICH CUNNINGHAM DOBOSZ VINOVIK & SANDOVAL, LLP  
2637--45TH ST., HIGHLAND, IN 46322  
PH: (219) 924-2427 FAX: (219) 924-2481

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.

William J. Cunningham, Attorney at Law

RETURN RECORDED INSTRUMENT TO: Attorney William J. Cunningham  
2637 45<sup>th</sup> St., Highland, IN 46322



I affirm under penalties for perjury that I have redacted each Social Security Number in this document.

Local No. 238

THE STATE OF INDIANA

DECEASED

PLAINLY WITH UNFADING INK THIS IS A PERMANENT RECORD

Below for State Office Use

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FROM :

FRX NO. :

Feb. 12 2013 09:13PM P2

**CORONER'S CERTIFICATE OF DEATH**

Local No. 238

State No. 1374

Attorney William J. Cunningham

Date MAY 3, 1985

1. NAME OF DECEASED <b>JOHN NORMAN LOWTHER</b>		2. SEX <b>MALE</b>		3. DATE OF BIRTH <b>MAY 3, 1985</b>	
4. RACE <b>WHITE</b>		5. DATE OF DEATH <b>5/6/85</b>		6. PLACE OF DEATH <b>LAKE</b>	
7. MARITAL STATUS <b>MARRIED</b>		8. MARRIAGE DATE <b>5/7/19/1927</b>		9. HUSBAND'S NAME <b>JOANNE GLINSTRA</b>	
10. ADDRESS <b>1200 VERMILLION ST.</b>		11. CITY/TOWN <b>LAKE</b>		12. COUNTY <b>INDIANA</b>	
13. OCCUPATION <b>INDUSTRIAL ENGINEER</b>		14. EMPLOYER <b>J &amp; L STEEL CO.</b>		15. SOCIAL SECURITY NUMBER <b>[REDACTED]</b>	
16. STREET AND NUMBER <b>1200 VERMILLION ST.</b>		17. CITY/TOWN <b>LAKE</b>		18. COUNTY <b>INDIANA</b>	
19. IS DECEASED OF SPANISH DESCENT? <b>NO</b>		20. IS DECEASED ON A MAID? <b>NO</b>		21. IS DECEASED ON A MILITARY SERVICE? <b>NO</b>	
22. FATHER'S NAME <b>DONNIE L. LOWTHER</b>		23. MOTHER'S NAME <b>RUTH THOMAS</b>		24. RELATIONSHIP <b>WIFE</b>	
25. DECEASED'S NAME <b>Joanne Lowther (Wife)</b>		26. ADDRESS <b>1200 Vermillion St., Gary, Indiana</b>		27. CITY/TOWN <b>GARY</b>	
28. BIRTH DATE <b>MAY 6, 1985</b>		29. BIRTH PLACE <b>CAJUMET PARK CEMETERY, MERRILLVILLE, IN.</b>		30. BIRTH STATE <b>INDIANA</b>	
31. SIGNATURE <i>[Signature]</i>		32. DATE <b>5/6/85</b>		33. HOUR OF DEATH <b>9:42 A.M.</b>	
34. SIGNATURE <i>[Signature]</i>		35. DATE <b>MAY 7 1985</b>		36. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
37. SIGNATURE <i>[Signature]</i>		38. DATE <b>MAY 7 1985</b>		39. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
40. SIGNATURE <i>[Signature]</i>		41. DATE <b>MAY 7 1985</b>		42. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
43. SIGNATURE <i>[Signature]</i>		44. DATE <b>MAY 7 1985</b>		45. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
46. SIGNATURE <i>[Signature]</i>		47. DATE <b>MAY 7 1985</b>		48. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
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73. SIGNATURE <i>[Signature]</i>		74. DATE <b>MAY 7 1985</b>		75. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
76. SIGNATURE <i>[Signature]</i>		77. DATE <b>MAY 7 1985</b>		78. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
79. SIGNATURE <i>[Signature]</i>		80. DATE <b>MAY 7 1985</b>		81. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
82. SIGNATURE <i>[Signature]</i>		83. DATE <b>MAY 7 1985</b>		84. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
85. SIGNATURE <i>[Signature]</i>		86. DATE <b>MAY 7 1985</b>		87. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
88. SIGNATURE <i>[Signature]</i>		89. DATE <b>MAY 7 1985</b>		90. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
91. SIGNATURE <i>[Signature]</i>		92. DATE <b>MAY 7 1985</b>		93. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
94. SIGNATURE <i>[Signature]</i>		95. DATE <b>MAY 7 1985</b>		96. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
97. SIGNATURE <i>[Signature]</i>		98. DATE <b>MAY 7 1985</b>		99. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	
100. SIGNATURE <i>[Signature]</i>		101. DATE <b>MAY 7 1985</b>		102. HEALTH OFFICER'S SIGNATURE <b>DANIEL D. THOMAS, M.D.</b>	



Disposition Permits Issued  No

Provisional Certificate  Yes  No

EXHIBIT "A"