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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 023008

2013 MAR 28 PM 1:08

MICHAEL S. BROWN  
RECORDER

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

IN THE LAKE CIRCUIT COURT

IN THE MATTER OF THE ESTATE OF: )  
EVELYN C. BEVILL, Deceased )

CAUSE NO. 45C01-1205-EU-00092

AFFIDAVIT OF SURVIVORSHIP

Comes now Thomas D. Bevill, personal representative of the estate of Evelyn C. Bevill, and being first duly sworn upon his oath states as follows:

I am the personal representative of the estate of Evelyn C. Bevill, and the natural son of Evelyn C. Bevill and James T. Bevill a/k/a James Thomas Bevill, who were owners in fee simple of the following four (4) parcels of real estate located in Lake County, Indiana:

PARCEL 1:

Lot Numbered Twenty (20) in Block Seventeen (17) in Cline Gardens Addition, to the City of Hammond, as per plat thereof, recorded in Plat Book 31, page 71, in the Office of the Recorder of Lake County, Indiana.  
Commonly known as: 6630 Tennessee Avenue, Hammond, Indiana 46323  
Parcel No. 45-07-10-228-045.000-023

PARCEL 2:

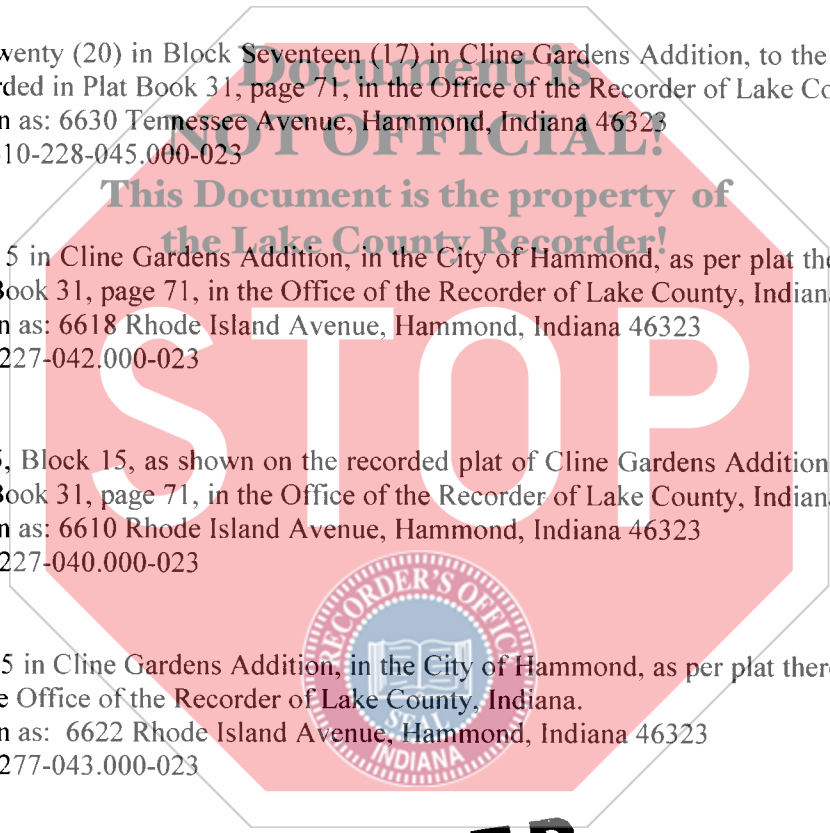
Lot 17 in Block 15 in Cline Gardens Addition, in the City of Hammond, as per plat thereof, recorded September 24, 1956 in Plat Book 31, page 71, in the Office of the Recorder of Lake County, Indiana  
Commonly known as: 6618 Rhode Island Avenue, Hammond, Indiana 46323  
Parcel: 45-07-10-227-042.000-023

PARCEL 3:

Lot Numbered 15, Block 15, as shown on the recorded plat of Cline Gardens Addition to the City of Hammond, recorded in Plat Book 31, page 71, in the Office of the Recorder of Lake County, Indiana.  
Commonly known as: 6610 Rhode Island Avenue, Hammond, Indiana 46323  
Parcel: 45-07-10-227-040.000-023

PARCEL 4:

Lot 18 in Block 15 in Cline Gardens Addition, in the City of Hammond, as per plat thereof, recorded in Plat Book 31, page 71, in the Office of the Recorder of Lake County, Indiana.  
Commonly known as: 6622 Rhode Island Avenue, Hammond, Indiana 46323  
Parcel: 45-07-10-277-043.000-023



**FILED**

MAR 28 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

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CKA 7513  
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James T. Bevill died on June 10, 2011 and at that time the foregoing properties were owned by him and Evelyn Bevill, the decedent herein, as husband and wife.

Upon the death of James T. Bevill, the decedent herein, Evelyn Bevill acquired title to the real estate as the surviving joint owner pursuant to Indiana law.

Evelyn C. Bevill died on May 15, 2012 and Thomas D. Bevill was appointed personal representative of her estate on May 31, 2012.

The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

The estate of James T. Bevill was not subject to Indiana Inheritance Taxes. The estate of Evelyn C. Bevill was subject to Indiana Inheritance Tax assessed and the taxes have been paid to the Treasurer of Lake County pursuant to law.

The purpose of this affidavit is to remove the name of James T. Bevill a/k/a James Thomas Bevill from the title to the foregoing parcels of real estate so that they may be distributed by the estate of Evelyn C. Bevill as the property of that estate in the due course of estate administration.



Thomas D. Bevill, Personal Representative

State of Indiana )  
                          ) SS:  
County of Lake )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Thomas D. Bevill and acknowledged the execution of this instrument this 30<sup>th</sup> day of March, 2013.

**Document is NOT OFFICIAL!**  
**This Document is the property of the Lake County Recorder!**

Notary Public

I affirm that I have taken reasonable care to redact each Social Security number in the attached document.



This instrument prepared by: Patrick A. Schuster, Attorney at Law, 1201 N. Main St., Crown Point, IN 46307; Atty. I.D. No. 1651-45



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

Local No 001781

EDR No 000000203448

State No 025624

1. Decedent's Legal Name (First, Middle, Last) <b>JAMES THOMAS BEVILL</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:35 AM</b>		4. Date Of Death (Month/Day/Year) <b>06/10/2011</b>	
5. Social Security Number		6a. Age - Yrs <b>84</b>		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) <b>11/14/1926</b>		8. Birthplace (City and State or Foreign Country) <b>MCKENZIE, TN</b>									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" 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) <b>6622 RHODE ISLAND AVENUE</b>											
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46323</b>						13. County Of Death <b>LAKE</b>			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 <b>EVELYN BEVILL</b>				15a. (If Wife) Give Maiden Last Name <b>DEWBERRY</b>				16. Decedent's Usual Occupation <b>CAR INSPECTOR</b>			17. Kind Of Business/Industry <b>CSXT RAIL ROAD</b>
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>		18d. Apt. No.		18e. Zip Code <b>46323</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>6622 RHODE ISLAND AVENUE</b>				19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>JAMES W BEVILL</b>				23. Mother's Name (First, Middle, Last) <b>IRENE BEVILL</b>				23a. Mother's Maiden Last Name <b>ANDERSON</b>			
24. Informant's Name <b>EVELYN BEVILL</b>				24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>6622 RHODE ISLAND AVENUE, HAMMOND, IN 46323</b>					
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) <b>ELMWOOD CEMETERY</b>				25c. Location - City, Town, And State <b>HAMMOND, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323</b>						27a. Funeral Home License Number: <b>FH10600033</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JOSE G. CORONA, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>FD08601373</b>							
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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> A. <b>CARDIOVASCULAR COLLAPSE</b> Due to (Or As A Consequence Of): <b>Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last</b> B. <b>ATHEROSCLEROTIC HEART DISEASE</b> Due to (Or As A Consequence Of): C. <b>ACUTE RENAL FAILURE</b> 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)											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 49 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)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38c. Apt. No.				38d. Zip Code			
39. Describe How Injury Occurred				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: <b>MANSUETO H. SILVERMAN, BY ELECTRONIC SIGNATURE</b>			
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				44. License Number <b>01035700A</b>				45. Date Certified <b>06/10/2011</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>MANSUETO H. SILVERMAN, 3641 RIDGE ROAD, HIGH LAND, IN 46322</b>				47. *Akas:				48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>			
49. For Registrar Only - Date Filed (Month/Day/Year): <b>JUN 13 2011</b>				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

