

SURVIVORSHIP AFFIDAVIT

2013 045700

STATE OF INDIANA
COUNTY OF LAKE

Vantage Point Returned
28100 US 19 North, Ste. 200
Clearwater, Florida 33761
IN 8 3353

BEFORE ME, the undersigned authority, personally appeared CHRISTINE Dunning
who, after being duly sworn as required by law, deposes and says:

1. That affiant legally owns that certain real property described as follows:

APNA
45-19-247452
003.000

See Attached "Exhibit A"

2. That affiant held title to the above described property with his/her spouse and that said spouse died on
MAY 31, 2005 as evidenced by the certified copy of said spouse's death certificate presented.

Vantage Point Title
28100 US 19 N # 200, Clearwater, FL 33761
(Name of Title Insurance Agency)

3. That affiant certifies that he/she and LLOYD R. Dunning were husband and wife on the date of taking title to the above described property and remained continuously married until the date of his/her death.

4. That this affidavit is made for the express purpose of inducing Stewart Title Guaranty Company to issue a policy of title insurance on the above described property and made under the full apprehension of the law, with the intent that full faith and credit is to be given to the contents thereof by Stewart Title Guaranty Company, its agents or its attorneys.

5. A certified copy of the death certificate is on file with the title insurance agency named above.

Affiant

Christine Dunning

FILED

JUN 20 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

17.00
4484 + 81178

PP

13251

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JUN 21 AM 9:12

MICHELLE
ORDER
D. R. JAWN



STATE OF INDIANA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 23 day of MAY, ~~2005~~ ²⁰¹³ by
CHRISTINE Dunning, who is personally known to me or who has produced
DL as identification and who did take an oath.


Notary Public
KATREENA C. GUGGERTY

KATREENA C. GUGGERTY
NOTARY PUBLIC - OFFICIAL SEAL
State of Indiana, Lake County
My Commission Expires Mar. 22, 2014

My Commission Expires:
3-22-2014

County of Residence:
LAKE



Vantage Point

EXHIBIT "A"

The following described real estate in Lake County, in the State of Indiana:

Lot 5 in Egan's First Subdivision, as per plat thereof, recorded May 23, 1961 in Plat Book 34, Page 91, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 232 North Burr Street Lowell IN 46356

Tax ID: 45-19-24-452-003.000-008



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is mandatory and there will be no penalty for release.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.

Local No. **1617-05**

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER ID 16-1-193

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

INFORMANTS

FORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

ALTH
FICER

1. DECEASED—NAME (First, Middle, Last) Lloyd P. Dunning		2. SEX Male	3a. TIME OF DEATH 04:05 PM	3b. DATE OF DEATH (Month, Day, Year) May 31, 2005
4. SOCIAL SECURITY NUMBER 340-34-4030	5a. AGE—Last Birthday (Years) 63	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Month, Day, Year) September 1, 1941
7a. WAS DECEDENT A U.S. VETERAN? YES	7b. YEAR LAST SERVED IN U.S. ARMED FORCES 1960	7. BIRTHPLACE (City and State or Foreign Country) Olive Branch		
8a. FACILITY NAME (If not institution, give street and number) St. Anthony's Medical Center		8b. CITY, TOWN, OR LOCATION OF DEATH Crown Point		
9. MARITAL STATUS (Specify) Married	10. SURVIVING SPOUSE (If male, give maiden name) Christina Scaccia	11. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") Maintenance Foreman	12. KIND OF BUSINESS/INDUSTRY Sewage Plant	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Lowell	13d. STREET AND NUMBER 232 N. Burr	
13e. ZIP CODE 46356	13f. INSIDE CITY LIMITS (Yes or No) Yes	14. CITIZEN OF WHAT COUNTRY USA	15. WAS DECEDENT OF HISPANIC ORIGIN (Specify when not No, Yes) (If yes, specify Cuban, Mexican, Puerto Rican, etc.) No	16. RACE—American Indian (Specify when not Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (1-12) College (1-4) + 12		18. PARENTS' NAME (First, Middle, Last) Melvin D. Dunning		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Vivian Stephenson		20. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, ZIP Code) 232 N. Burr, Lowell, IN 46356		
21. INFORMANT'S NAME (First, Middle, Last) Christine Dunning		22. Relationship Wife		
23. METHOD OF DISPOSITION (Specify) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		24. DATE AND PLACE OF DISPOSITION (Month, Day, Year, City or Town, State) Jun 4, 2005 Lowell Memorial Cemetery		25. LOCATION—City or Town, State Lowell IN
26. EMBALMER'S NAME Molly E. Tucker		27. EMBALMER'S LICENSE NO. FD09200061		28. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. SIGNATURE OF EMBALMER/DIRECTOR Ken Sheets		30. LICENSE NUMBER (If Licensed) FD08900045		31. NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home FH83004277 604 E. Commercial Ave. Lowell, IN 46356
32. PART I. Cause of death (Specify disease or condition resulting in death) Acute myocardial infarction Coronary atherosclerosis				
33. PART II. Other significant conditions. Conditions contributing to death but not previously stated in Part I.				
34. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of observation and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place and due to the cause(s) and manner as stated.		35. MEDICAL LICENSE NO. 01048142	36. DATE SIGNED (Month, Day, Year) 6/1/05	
37. SIGNATURE AND TITLE OF CERTIFIER Debra W. Brogan				
38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type name) Dr. T. Brogan 1121 S. Indiana Ave. Crown Point, IN 46307				
39. HEALTH OFFICER'S SIGNATURE Susan W. Burt DO				
40. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Homicide		41. DATE OF INJURY (Month, Day, Year)	42. TIME OF INJURY	43. INJURY AT WORK? (Yes or no)
44. PLACE OF INJURY—At home, birth, street, factory, office, building, etc. (Specify)		45. LOCATION (Street and Number or Rural Route Number, City or Town, State) JUN 14 2005		
46. DATE PRONOUNCED DEAD (Month, Day, Year)		47. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

