

STATE OF INDIANA

COUNTY OF LAKE

) 2013 050381

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2013 JUL 11 AM 11: 14

MICHAEL B. BROWN, RECORDER,

AFFIDAVIT OF SURVIVORSHIP

Comes now Joel D. Edgington, Sr., and upon being duly sworn does attest and say:

- 1. That the affiant is the spouse of Roberta M. Edgington, deceased.
- 2. That Joel D. Edgington, Sr. and Roberta M. Edgington, acquired the following property as Husband and Wife during the term of their marriage.

Lots Numbered Thirty (30) and Thirty-one (31) as marked and laid down on the recorded plat of the Town of Palmer, in Lake County, Indiana, as the same appears of record in Plat Book 1, Page 72, in the Recorder's Office of Lake County, Indiana; and

Part of the Northwest quarter of the Northwest quarter, Section Twenty-one (21), Township Thirty-four (34) North, Range Seven (7) West of the 2nd P.M., described as: Commencing at the Southeast corner of Lot 31, as marked and laid down on the recorded plat of the original Town of Palmer, thence East to the right of way of the Chicago & Erie Railway Company, thence North-westerly along said right of way to the Northeast corner of said lot 30, as marked and laid down on the recorded plat of the original town of Palmer, thence South to the place of beginning, containing two (2) acres, more or less, in Lake County, Indiana.

Commonly known as: 12525 Ripley Pl., Crown Point, IN

Parcel Nos.: 45-17-21-103-001.000-047 45-17-21-103-002.000-047

45-17-21-103-003.000-047

- 3. That Joel D. Edgington, Sr. and Roberta M. Edgington remained married until the death of Roberta M. Edgington on the 20th day of October, 2009.
- 4. That Joel D. Edgington, Sr. became the fee simple owner of the property at the death of Roberta M. Edgington.

I affirm under the mena tes for perjury that the foregoing statements are true.

JUL 1 1 2013

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Joel D. Edgington, Sr.

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STATE OF INDIANA)SS: COUNTY OF LAKE

Subscribed and sworn to before me this _94_ day of _

My Commission Expires: 08/09/2020 Christopher L. Ray, Resident of Lake County

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

Christopher L.

This Instrument Prepared by the Law Offices of Patricia A. Rees 5341 Central Avenue, Portage, IN 46368 & 600 West Old Ridge Road, Hobart, IN 46342

Phone: (219) 947-1692, Fax: (219) 763-9749

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This Document is the property of the Lake County Recorder!

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 0041	Local No 004101				EDR No 000000114931				State No 056112					
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)					Time Of Death		4. Date Of Death (Month/Day/Year)				
ROBERTA EDGINGTON 5. Social Security Number 6a. Age - Yrs 6b.			RETTIG 6d. Under 1 Day	6e. Under 1 Hour	7 Date	FEMALE		09:00 PM		10/20/2009 y and State or Foreign Country)				
	nths		Hours	Minutes		·	, ,			,	,,			
000 00 0000	curred in A Hosp	Days pital:	nours	10a. If Death Occur	red Some	11/19/1 where Other			RY, IN					
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)														
11. Facility Name (If Not Institution, Give Street and 12525 RIPLEY PLACE	l Number)													
12. City Or Town, State, And Zip Code				13. County Of Death					14. Marital Status At Time Of Death ☐ Married ☐ Married, But Separated ☐ Divorced					
CROWN POINT, IN, 46307			LAKE						☐ Widowed ☐ Never Married ☐ Unknown					
			(II THIIC)CITC HIGIGO	Last Hamo		TO. Deced	ones oscar oc	capation		17. 74114	Or Dualiness/massay			
JOEL EDGINGTON 18. Residence - State 18a. County				SECRETARY CO-						CO-OP	EXTENSION			
INDIANA	LAKE	=		CROWN PC	NAIT									
18c. Street And Number	(LAN			CHOVIVE	/((V)		18d. Apt. No) .	18e. Zip	Code	18f. Inside City Limits?			
12525 RIPLEY PLACE									46	307	⊠ Yes □ No			
19. Decedent's Education		Decedent Of Hispan	nic Origin	21. D	ecedents	Race			1 40.	307				
HIGH SCHOOL GRADUATE OR (COMPLETED		T HISPANIC		White	,									
22. Father's Name (First, Middle, Last)				23. Mother's Name (I	irst, Midd	fle, Last)			23a. N	Mother's Main	den Last Name			
WILBUR RETTIG				MARGARET I	RETTI	NG			DOV	ICHI				
24. Informant's Name 24a. Relationship To Decedent 24b. Mailing Address (Street And Number, City, State, Zip Code)														
OEL EDGINGTON HUSBAND 12525 RIPLEY PLACE, CROWN POINT, IN 46307														
25a. Method Of Disposition		ce Of Disposition (Na		e Of Disposition matory, Other Place)	25c. L	ocation - City	, Town, And St	ate						
⊠ Burial ☐ Cremation ☐ Donation ☐ Entomble ☐ Removal From State	ment			4	•									
Other (Specify): 26. Was Coroner Contacted? 27. Nam		ARY'S CEME		<u>ment</u>	CRO	WN PO	INT, IN							
□ Yes ⊠ No GEISE	•	AL HOME INC	· · · · · · · · · · · · · · · · · · ·	OINT, 109 NOI	RTH/E	AST ST	REET, CR	NOS	١	2/a. Fund	eral Home License Number:			
27b. Signature Of Indiana Funeral Service Licensee	: /	mit a		is the n	Г	2	c. License Nu	mber (C	Licensee)	F	00000			
LARRY ALLEN GEISEN , SIGNAT			use Of Death (See								Approximate			
28. Part I. Enter The <u>Chain Of Events</u> - Disea: Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additinal Lines If Necessary.	ses, Injuries, Or Ventricular Fib	r Complications - Th prillation Without Sho	nat Directly Caused owing The Etiology.	The Death, Do Not E Do Not Abbreviate.	nter Ten Enter On	minal Exemply ly One Caus	SOUNTY H	EALT	H DEPA	 	Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition	Resulting In De	eath) A. <u>I</u>	METASTATIC LUNG	CANCER		s A Consequence	IUN	2.7	2013	(1 ₁ / ₁	< 6 MONTHS			
0		istad On B.			Due to (On	A Consequence	0	,						
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease	13(80 01) -			Due to (Or	s A Consequence	Susan "	2	Sit	100-					
The Events Resulting In Death) Last		C	Due to (Or As A Cons			LAKE COUNTY HEALTH OF			FICER					
		D				LAR	E COOK							
Part II. Enter Other <u>Significant Conditions Contributin</u>	g to Death But N	ot Resulting In The U	Inderlying Cause Givin	In Part I		An Autopsy		T- 0-	☐ Yes	⊠-No `				
31. Did Tobacoo Use Contribute To Death?	32. If Femal	e:			So. vven	e Autopsy Fil	nding Available	4		ause Of Dea	th? Yes No			
Yes Probably No 🗵 Unknown		nt Within Past Year P		Not Pregnant, But Pregna Unknown If Pregnant Witi			Natural	Hor			Pending Investigation			
34. Date Of Injury (Month/Day/Year)	35. Time O			Of Injury (E.G., Dece							. Injury At Work?			
00 1											Yes No			
38. Location Of Injury - State	38a. City Or	Town	38b. Str	eet & Number					38c. Apt. N	o. 386	d. Zip Code			
39. Describe How Injury Occurred			THE PARTY	EAL S			40. If Trans	sportation	n Injury, Spe	cify:				
44 Sizzabura 045			Eddy IN	DIANA			Driver/Opera	stor LF	assenger Pe	ocestrian []Oti	ner (Specify)			
41. Signature, Of Person Certifying Cause Of Death LYLE R MANN, SIGNATURE ON	FILE			Timinut .			rtifier (Check C rtifying Physicia) Coroner	. 🗆	Heath Officer			
43. Name, Address And Zip Code Of Person Certifyi	ng Cause Of De	ath;						icense N	lumber		Date Certified			
LYLE R MANN , 4321 FIR ST, EA		01031582 47. *Akas:				2	10/23/2009							
							.]							
48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE						49. For Re	gistrar Only		-	•				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY O							OCT 23 2009							

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.