

2013 053988

2013 JUL 24 AM 9:12

MICHAEL B. BROWN  
RECORDER

Case # FR1305086

**SURVIVORSHIP AFFIDAVIT**

Comes now Gilda L. Sanders, who being duly sworn upon his/her oath, deposes and says:

That, Gilda Sanders is the surviving spouse of Lonnie Sanders, deceased who died domiciled in LAKE County, Indiana, on 04/30/2010.

That Lonnie Sanders and Gilda Sanders acquired title to certain real estate as Husband and Wife, said real estate being described as follows:

See Attached:

Property No. 45-07-20-177-023.000-027

Property Address: 1855 Alta Vista Av, Munster IN 46321

Affiant states that Lonnie Sanders and Gilda Sanders continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Lonnie Sanders's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Gilda Sanders.

Executed: July 16, 2013

Signature



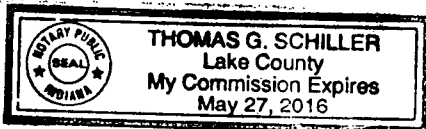
Gilda L. Sanders

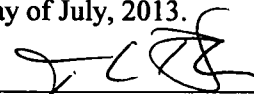
STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 16 day of July, 2013.

Witness my hand and Notarial Seal on this 16 day of July, 2013.



  
Notary Public Thomas G. Schiller  
Resident of Lake County  
My Commission expires: 5/27/2016

Prepared by: Gilda Sanders

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

FIDELITY - HIGHLAND / REGION

REGION TITLE / FIDELITY

FR1305086

**FILED**

24454

JUL 22 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

15 -  
FW  
R

Title No. RT1305086  
Agent Order/File No. RT1305086

**LEGAL DESCRIPTION**  
**EXHIBIT "A"**

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF LAKE, STATE OF INDIANA,  
AND IS DESCRIBED AS FOLLOWS:

Lot 14 in Block 7 in Wicker Park Subdivision to the Town of Munster, as per plat thereof, recorded in Plat Book  
20 page 40, in the Office of the Recorder of Lake County, Indiana.





## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 1401-10

State No. \_\_\_\_\_

1/ Decedent's Legal Name (First, Middle, Last) <b>Lonnie Sanders</b>				1a. Maiden Last Name (if Female)		2. Sex <b>Male</b>	3. Time Of Death <b>5:48 PM</b>	4. Date Of Death (Month/Day/Year) <b>April 30, 2010</b>		
5. Social Security Number	9a. Age Yrs <b>65</b>	9b. Under 1 Year Months	9c. Under 1 Month Days	9d. Under 1 Day Hours	9e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) <b>October 25, 1944</b>		8. Birthplace (City And State Or Foreign Country) <b>Inkster, MI</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 checked="" 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 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>Community Hospital</b>										
12. City Or Town, State, And Zip Code <b>Munster, IN, 46321</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>Gilda Sanders</b>			15a. (If Wife) Give Maiden Last Name <b>CURRY</b>			16. Decedent's Usual Occupation <b>Administrator</b>		17. Kind Of Business/Industry <b>Hospital</b>		
18. Residence - State <b>IN</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>Munster</b>						
18c. Street And Number <b>1855 Alta Vista</b>			18d. Apt. No.		18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education <b>Bachelor's degree (e.g., BA, AB, BS)</b>			20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>African-American</b>				
22. Father's Name (First, Middle, Last) <b>Lonnie Sanders</b>			23. Mother's Name (First, Middle, Last) <b>Minnie Sanders</b>			23a. Mother's Maiden Last Name <b>Oliver</b>				
24. Informant's Name <b>Gilda Sanders</b>		24a. Relationship To Decedent <b>Spouse</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1855 Alta Vista, Munster, IN 46321</b>						
25. Place Of Disposition										
25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" 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>Regional Cremation Service</b>			25c. Location - City, Town, And State <b>Munster, Indiana</b>				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Kish Funeral Home 10000 Calumet Avenue Munster, IN 46321</b>					27a. Funeral Home License Number: <b>FH10700038</b>			
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee) <b>FD01021590</b>				
<b>CAUSE OF DEATH (See Instructions And Examples)</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.								Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>cardiac Arrest</u> Due To (Or As A Consequence Of): _____										
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. _____ Due To (Or As A Consequence Of): _____										
C. _____ Due To (Or As A Consequence Of): _____										
D. _____ Due To (Or As A Consequence Of): _____										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <u>CAO, HTN, R.A.</u>						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 checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death <input 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		35. 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		38b. Street & Number			38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred										
41. Signature Of Person Certifying Cause Of Death: 						40. If Transportation Injury, Specify: THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH TO BE ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Dr. Xi Li 7905 Calumet Ave. Munster, IN 46321</b>						44. License Number <b>MAY 052010 276A</b>		45. Date Certified <b>5/4/10</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 5 2010</b>				