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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 089018

2013 DEC -4 AM 9:05

MICHAEL B. BROWN
RECORDER

Case # 920133988

SURVIVORSHIP AFFIDAVIT



Comes now Barbara Sue Fowler, who being duly sworn upon her oath, deposes and says:

That, Barbara Sue Fowler is the daughter of Estelle Ferrell Wigsmoen aka, Estelle Wigsmoen deceased who died domiciled in Lake County, Indiana, on January 7, 2012.

That Barbara Sue Fowler and Estelle Ferrell Wigsmoen aka Estelle Wigsmoen acquired title to certain real estate as joints tenants with full rights of survivorship, said real estate being described as follows:

The North 2-1/2 feet of Lot 5 and all of Lot 4 in Block 1 in Michigan Avenue Addition to Hammond, as per plat thereof, recorded in Plat Book 18 page 22, in the Office of the Recorder of Lake County, Indiana.

Property Address: 5339 Kent Avenue, Hammond IN 46320 Parcel No: 45-03-31-404-003.000-023



Affiant states that Barbara Sue Fowler and Estelle Ferrell Wigsmoen aka Estelle Wigsmoen held title continuously from the date they took title to the above-described real estate, until the date of Estelle Ferrell Wigsmoen aka'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 Barbara Sue Fowler.

Executed: November 15, 2013

Signature Barbara Sue Fowler
Barbara Sue Fowler

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 15th day of November, 2013.

Witness my hand and Notarial Seal on this 15th day of November, 2013.



Notary Public Dawn Stanley
Resident of LAKE County
My Commission expires: 7/29/2018

Prepared by: Timothy R Kuiper
Austgen, Kuiper & Associates, PC, 130 N. Main St., Crown Point, IN 46307

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. Dawn Stanley

Return to: Barbara Sue Fowler
7204 Olcott Ave
Hammond, IN 46323

FILED

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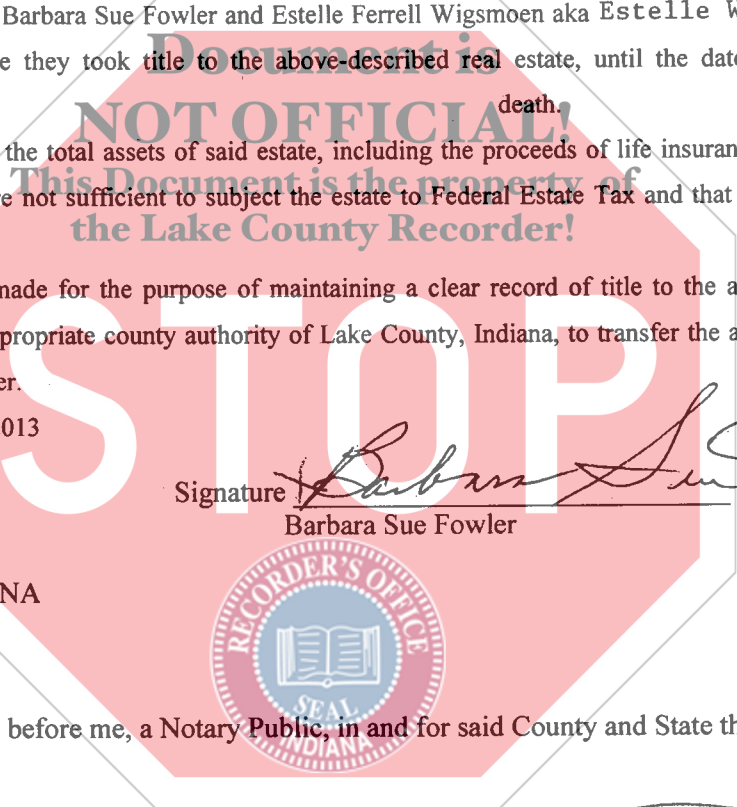
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

006704

13th
FN
RW

FIDELITY NATIONAL
TITLE COMPANY

92013-3988





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

Local No **000122**

EDR No **000000238483**

State No **001783**

1. Decedent's Legal Name (First, Middle, Last) ESTELLE WIGSMOEN				1a. Maiden Name (If female) HARPER		2. Sex FEMALE	3. Time Of Death 02:00 PM	4. Date Of Death (Month/Day/Year) 01/07/2012	
5. Social Security Number	6a. Age - Yrs 92	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) 01/06/1920	8. Birthplace (City and State or Foreign Country) NAUVOO, AL		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND					
18c. Street And Number 5339 KENT						18d. Apt. No.	18e. Zip Code 46320	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) MCKINLEY HARPER			23. Mother's Name (First, Middle, Last) SADIE HARPER			23a. Mother's Maiden Last Name ALLISON			
24. Informant's Name BARBARA FOWLER		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) P.O. BOX 2088, HAMMOND, IN 46320					
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) WOODLAWN CREMATORY			25c. Location - City, Town, And State FOREST PARK, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322					27a. Funeral Home License Number: FH10300021		
27b. Signature Of Indiana Funeral Service Licensee: LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08800305			
28. Part I. Enter The <u>Chain Of Events</u> - 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.									
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. <u>SEPTIC SHOCK</u>			Due to (Or As A Consequence Of):			
			B. <u>BOWEL OBSTRUCTION</u>			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						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
ACUTE RENAL FAILURE						30. Were Autopsy Finding 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 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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Comp. Nbr. 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) LAKE COUNTY HEALTH DEPARTMENT			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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						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: LEONARD JOSEPH BUCCELLATO, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <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: LEONARD JOSEPH BUCCELLATO, 761 45TH STREET, 108, MUNSTER, IN 46321						44. License Number 01058760A		45. Date Certified 01/17/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 18 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									