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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

**COUNTY OF LAKE** 

BT1300900

SURVIVORSHIP AFFIDAVIT MICHAEL B. BROWN

2013 DEC | | AM 10: 28

DAVID BAKER, being first duly sworn upon his oath, deposes and says:

- 1. That he is of lawful age and lives and resides in the City of Crown Point, Lake County, Indiana; that he is the Personal Representative of the Estate of Jack E. Jones, Deceased, Cause No: 45D02-1307-EU-74.
- 2. That Affiant has personal knowledge that Jack E. Jones and Teresa D. Jones were husband and wife at the time of acquiring title to this property and they remained so until the Decedent's death.
- 3. That Jack E. Jones and his said spouse became owners, as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

PART OF LOT 17 IN THE GREENS OF SCHERWOOD, TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 79 PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, WHICH PART OF SAID LOT 17 IS DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 17, THENCE SOUTH 84 DECREES 39 MINUTES 55 SECONDS WEST, ALONG THE SOUTH LINE THEREOF, A DISTANCE OF 74.30 FEET; THENCE NORTH 15 DEGREES 30 MINUTES 51 SECONDS EAST, 170.0 FEET TO A POINT ON THE NORTHERLY LINE OF SAID LOT 17 THAT LIES 32.0 FEET WEST OF THE NORTHEAST CORNER THEREOF; THENCE SOUTH 88 DEGREES 43 MINUTES 16 SECONDS EAST ALONG SAID NORTHERLY LOT LINE, 32.0 FEET TO THE NORTHEAST CORNER OF SAID LOT 17; THENCE SOUTH 01 DEGREES 16 MINUTES 44 SECONDS WEST, ALONG THE EAST LINE OF SAID LOT 17, A DISTANCE OF 156.22 FEET TO THE POINT OF BEGINNING.

COMMONLY KNOWN AS: 507 Doral Dri PARCEL NO: 45-11-10-454-016.000-036

507 Doral Drive, Schererville, Indiana

- 4. That your Affiant further says that after the death of Teresa D. Jones, Jack E. Jones continued to be the owner of said real estate until his death on May 30, 2013, in Lake County, Indiana.
- 5. That the value of Teresa D. Jones' Estate, including the above-described real estate, was not subject to Federal Estate tax or Indiana Inheritance tax liability.
- 6. That this Affidavit is made to show that both Jack Jones and Teresa D. Jones are now deceased and the heirs at law of Jack E. Jones are now the gwall of the fee simple title to said real estate and Personal Representative David Baken PEGGY HOLING AUDITOR PEGGY HOLING AUDITOR

28321

Newaord

makes this Affidavit to induce the Auditor of Lake County, Indiana, to strike the name of the Decedent Teresa D. Jones from the tax rolls on said real estate.

Further your Affiant sayeth not.

) SS:

STATE OF INDIANA

**COUNTY OF LAKE** 

My Commission Expires:

this <u>and</u> day of <u>Recember</u>

PERSONAL REPRESENTATIVE OF THE ESTATE OF JACK E. JONES Subscribed and sworn to before me a Notary Public in and for County and State \_\_\_\_\_, 2013. (Wun) TARY, PUBLIC



FAX: (219) 838-1909

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

SDH06-004 State Form 10110 (R5/1-99)

## INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.	
Otato ito.	 

		THE RECORDS IN THIS SE	RIES ARE	CONFIDENTIAL PE	R IC 16-37-1-10								
PREMARENT BLACK INK    4 - SOURL. RECOURT PURSEY   6 - SOURLE SECURITY   20 - DESCRIPTION   1 - SOURCE   10 - DESCRIPTION   1 - DESCRI	TVDE/DDINIT	INIT 1. DECEASED-NAME (First, Middle, Last)						2. SEX 3a. TIME OF DEATH			3b. DATE OF DEATH (Month, Day, Yr.)		
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Spring Mills Health Campus  1 18 200 CHAPT  1 200 CHAPT  2 200 CH		9b. FACILITY NAME (If not institution	n, give stree	t and number)			9c. CITY, TOW	/N, OR LOCA	TION OF DEATH	9d. (	COUNTY OF DEATH		
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MATTIEG   Jack E. Jones   Secretary   Steel Manufacturing   136. ETREET MOLNAMER   136. CORPT   136. ETREET MOLNAMER   136. ETREET						12a. DECEDE			(Give kind of worl	k 126. K	IND OF BUSINESS/I	NDUSTRY	-
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Jack E. Jones   Software   Musband   Str. Methodo of Despotation   Security   Str. Location-Cay or Town, Sules   Str. L	INFORMANT	20a. INFORMANT'S NAME (Type/I	Print)		20b. MAILING	ADDRESS (Stre	et and Number	or Rural Rout	e Number, City or	Town, State,	Zip Code) 20c. I	Relationship	
Tan METRO OF DEPOSITION	INI OKMANI	Jack E. Jones			507 Doi	al Drive.	Scherervi	ille, IN 4	16375		Hus	sband	
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29a. CERTIFIER    Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.   HEALTH OFFICER 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) as stated.   Certifier   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) as stated.   Certifier   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) as stated.   Certifier   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) as stated.   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) as stated.   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) as stated.   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) as stated.   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) as stated.   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 due to the cause(s) as tated.   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 due to the cause(s) and due to the cause(s) and manner as stated.   Corollary Office					TUTTER	THIN	(Yes or no)			т.,	1 -	_	
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taken reasonable calle to redact each Social Security	{	Determined			ý) .		1					,	
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	3	4g. DATE PRONOUNCED DEAD (Mo	nth, Day, Ye	ear) 34h. MOTOR V									