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STATE OF INDIANA

COUNTY OF LAKE

BT1300900

2013 090767

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 DEC 11 AM 10:28

**SURVIVORSHIP AFFIDAVIT**

MICHAEL B. BROWN  
RECORDER

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 DEGREES 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.

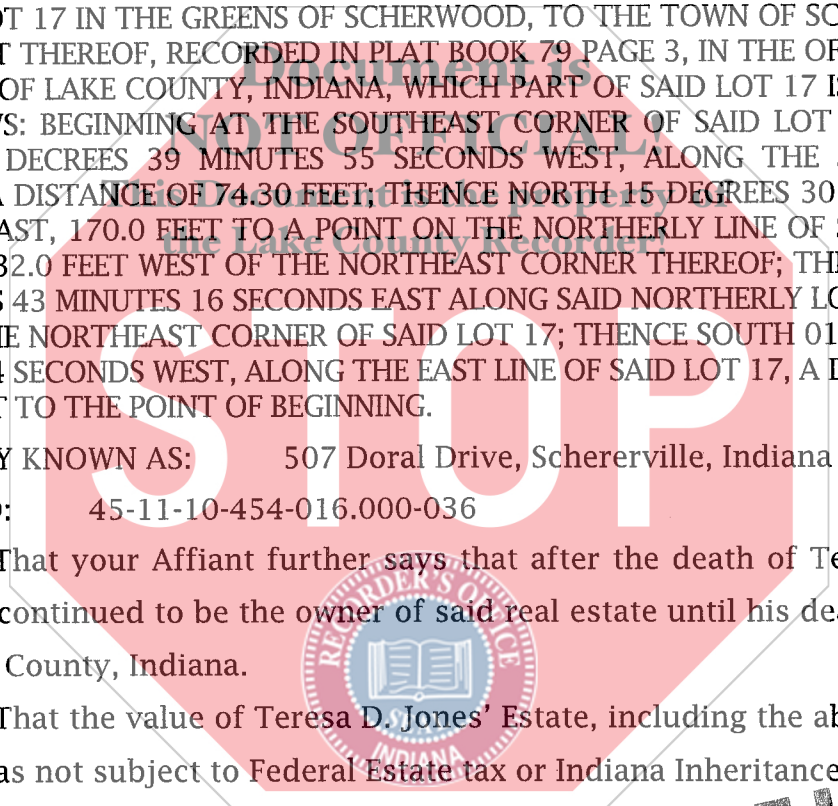
COMMONLY KNOWN AS: 507 Doral Drive, Schererville, Indiana

PARCEL NO: 45-11-10-454-016.000-036

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 E. Jones and Teresa D. Jones are now deceased and the heirs at law of Jack E. Jones are now the owners of the fee simple title to said real estate and Personal Representative David Baker



**FILED**

DEC 09 2013

PEGGY HOLINGA BAKONA  
LAKE COUNTY AUDITOR

28321

Not cert \$ 16.00  
CT  
SP

CHICAGO TITLE AND TRUST COMPANY

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.

*David Baker*

DAVID BAKER,  
PERSONAL REPRESENTATIVE  
OF THE ESTATE OF JACK E. JONES

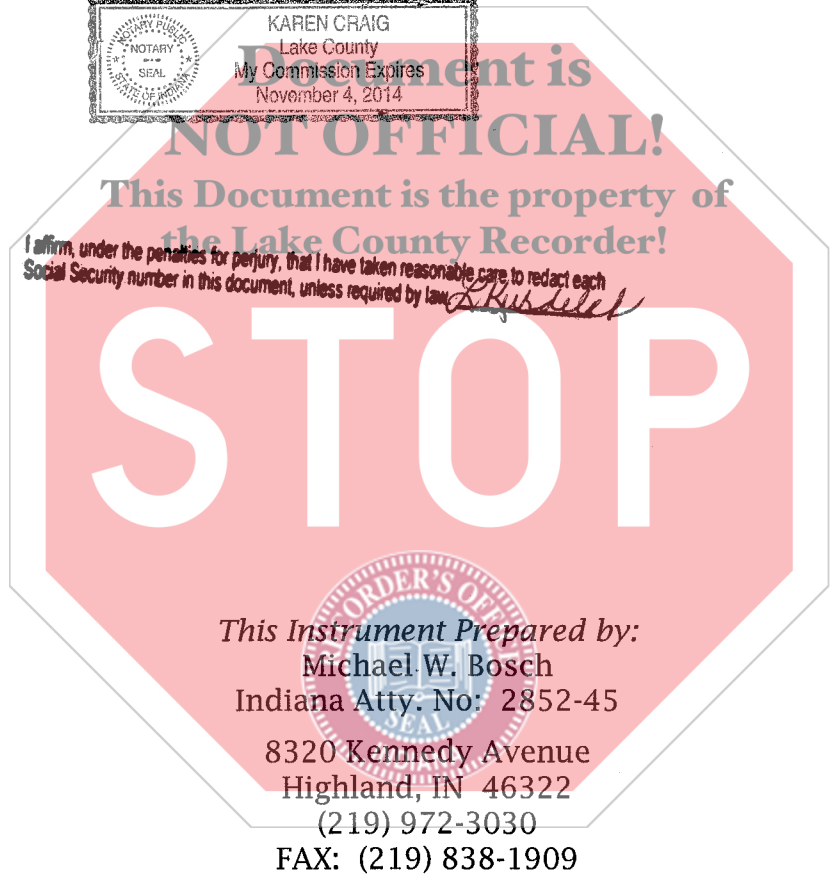
STATE OF INDIANA        )  
                                      ) SS:  
COUNTY OF LAKE        )

Subscribed and sworn to before me a Notary Public in and for County and State  
this 2nd day of December, 2013.

My Commission Expires:

*Karen Craig*

, NOTARY, PUBLIC  
Resident of Lake County



\* 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.

# INDIANA STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

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

Local No. 203-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK	1. DECEASED-NAME (First, Middle, Last) <b>Teresa D. Jones</b>				2. SEX <b>Female</b>		3a. TIME OF DEATH <b>3:05 PM</b>		3b. DATE OF DEATH (Month, Day, Yr.) <b>January 25, 2007</b>							
	4. SOCIAL SECURITY NUMBER <del>308-412-0830</del>		5a. AGE-Last Birthday (Years) <b>91</b>		5b. UNDER 1 YEAR Months: _____ Days: _____		5c. UNDER 1 DAY Hours: _____ Minutes: _____		6. DATE OF BIRTH (Mo, Day, Yr.) <b>October 9, 1915</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Jasonville, Indiana</b>					
DECEDENT	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence											
	9b. FACILITY NAME (If not institution, give street and number) <b>Spring Mills Health Campus</b>					9c. CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville, IN</b>			9d. COUNTY OF DEATH <b>Lake</b>							
PARENTS	10. MARITAL STATUS (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>Jack E. Jones</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Secretary</b>			12b. KIND OF BUSINESS/INDUSTRY <b>Steel Manufacturing</b>								
	13a. RESIDENCE-STATE <b>Indiana</b>		13b. COUNTY <b>Lake</b>		13c. CITY, TOWN, OR LOCATION <b>Schererville</b>			13d. STREET AND NUMBER <b>507 Doral Drive</b>								
INFORMANT	13a. ZIP CODE <b>46375</b>		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? <b>USA</b>		15. AS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE-American Indian, Black, White, etc. (Specify) <b>White</b>		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+)					
	18. FATHER'S NAME (First, Middle, Last) <b>Mike Duhoh</b>					19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Mary Duron</b>										
DISPOSITION	20a. INFORMANT'S NAME (Type/Print) <b>Jack E. Jones</b>				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>507 Doral Drive, Schererville, IN 46375</b>				20c. Relationship <b>Husband</b>							
	21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>January 30, 2007 Memory Lane Memorial Park</b>				21c. LOCATION-City or Town, State <b>Schererville, IN</b>								
CAUSE OF DEATH	22a. EMBALMER'S NAME <b>Tara L. Wright</b>				22b. EMBALMER'S LICENSE NO <b>FD20400058</b>				23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes							
	24a. SIGNATURE OF FUNERAL DIRECTOR <i>Lemuel [Signature]</i>				24b. LICENSE NUMBER (of Licensee) <b>FD08800305</b>				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Virgil Huber Funeral Home 7051 Kennedy Avenue Hammond, IN 46323 FH10300032</b>							
CERTIFIER	26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. <b>Dementia Senile</b>										THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT <b>JUN 26 2013</b> <i>Susan W. Best, D.O.</i> LAKE COUNTY HEALTH OFFICER					
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. _____															
HEALTH OFFICER	PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.										27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>No</b>		28. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>No</b>		29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>No</b>	
	29a. 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 examination 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.															
CERTIFIER	29b. SIGNATURE AND TITLE OF CERTIFIER <i>Paul L. Good, MD</i>						29c. MEDICAL LICENSE NO <b>01027057</b>			29d. DATE SIGNED (Month, Day, Year) <b>1/29/07</b>						
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>9000 Wicker Ave St. John Indiana 46377</b>															
HEALTH OFFICER	31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>										32. DATE FILED (Month, Day, Year) <b>January 29, 2007</b>					
	33. MANNER OF DEATH <input 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		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED							
		34a. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.																
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT												