3

2014 003291

STATE OF MAN LAKE COURT FILED FOR RECOKS

2014 JAH 16 PM 2:58

MICHAEL S. BROWN RECORDER

STATE OF INDIANA) SS:

SURVIVORSHIP AFFIDAVIT

On this 16^{th} day of January, 2014, before me personally appeared DARLENE MARVEL, who being duly sworn upon her oath states:

- 1. Affiant resides at the address given below the affiant's signature;
- 2. Affiant is the surviving joint owner of the real estate described below;
- 3. Said premises are described below as follows:

The West 175 feet of the South 15.25 acres of the East ½ of the Northwest ¼ of Section 5, Township 33 North, Range 8 West of the Second Principal Meridian, excepting therefrom the South 40 feet of the above-described real estate; in Lake County, Indiana; and including a part of the East Half of the Fractional Northwest Quarter of Section 5, Township 33 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana, being more particularly described as follows: Commencing at the Southeast corner of the East Half of the Fractional Northwest Quarter of said Section 5, said point being 37.90 feet South of the center of payement of 153rd Avenue; thence North 00°23°34" West along the East Line of said Fractional Northwest Quarter a distance of 501.95 feet to the North line of the South 15.25 acres of the East Half of said Fractional Northwest Quarter; thence North 88°58'51" West along said North line a distance of 1148.50 feet to the True Point of Beginning, thence continue North 88°58'51" West along said North line a distance of 175.05 feet more or less to the West line of the East Half of the Fractional Northwest Quarter of said Section 5; thence North 00°19'59" West a distance of 31.00 feet to an existing fence line; thence south 89°19'37" East along said fence line a distance of 175.03 feet; thence South 00°19'59" West a distance of 32.06 feet to the place of beginning.

Commonly known as 2718 W. 153rd Avenue, Crown Point, Indiana 46307.

Parcel No. 45-20-05-100-005.000-007

4. Said premises were formerly owned as joint tenants or as tenants by the entireties by Roger F. Marvel and Barlene Marvel, husband and wife;

FILED

JAN 1 6 2014

1938

20282

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

as

alkla Roger Marvel

- 5. Said Roger F. Marvel died on September 11, 2011, leaving a Will;
- 6. Where this Affidavit relates to a tenancy by the entireties, that the parties were never divorced;
 - 7. Affiant's relationship to the deceased was spouse.

Affiant's Signature Darlene Marvel
Name Printed Darlene Marvel
Address 2718 W. 153rd Avenue
Crown Point, IN 46307

Subscribed and sworn to before me, a Notary Public, this 16th day of January, 2014.

Benjamin T. Ballou, Notary Public

Cumicing

My Commission Expires: November 21, 2015

NOT OFFICIAL

My Country November 21, 2015

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.

Benjamin T. Ballou

This instrument prepared by:

Benjamin T. Ballou Attorney at Law 8700 Broadway

Merrillville, Indiana 46410

219238.1 18,417

9

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	Local No 002785					EDR No 000000218810				State No 040025					
Decedent's Legal	Name (First, M	liddle, Last))			1a. Maiden Na	me (If female	e)		2. Sex	3.	Time Of De	ath	4. Date Of	Death (Month/Day/Year)
5. Social Security N		ge - Yrs	6b. Under 1	Year 6c. Ur	nder 1 Month	6d. Under 1 Day	6e. Unde	er 1 Hour	7. Date	of Birth (Mor		11:40 A			9/11/2011 Foreign Country)
			Months	Days		Hours	Minutes					1	, ,		,
9. Ever in U.S. Arm		77 10. If Dea	th Occurred In A			Hours	10a. If D				Than A Hospit	tal	ring, ii	-	
Yes No [ncy Departme	nt Outpatient	Dead on Arriva		ice Facility r (Specity)	D	ecedent's Hor	ne Nur	sing Home	/Long-term	Care Facility	
11. Facility Name (ST ANTHON)	Y MEDICA	L CEN	TER OF C	ROWN P	OINT										
12. City Or Town, S	State, And Zip Ci	ode					13	. County C	of Death				_	us At Time O Married, But	f Death Separated Divorced
CROWN POI		307			15.	. (If Wife)Give Maid		KE_		16 Deced	ent's Usual Oc		Vidowed	☐ Never	Married Unknown Business/Industry
15. Surviving Spous	se s Name				158	i. (ii wile)Give Maid	en Last Name	е		16. Decede	ents Osuar Oc	cupation	,		SALE BAIT
18. Residence - Sta				18a. County	TU	ICKER	18b. (City Or Tow		SELF-E	MPLOYE	<u> </u>		TACKLE	
			1.												
18c. Street And Nur			AKE	CROWN POINT 18d.				18d. Apt. No	No. 18e. Zip Code 18f.			18f. Inside City Limits?			
2718 WEST 1	153RD AV	ENUE											463	07	Yes 🛛 No
19. Decedent's Edu			_	20. Deced	ent Of Hispa	nic Origin		21. D	ecedent's	Race				01	
9TH - 12TH G	GRADE: N	O DIPL	OMA	NOT HISPANIC				White							
22. Father's Name (•			23. Mothe	r's Name (i		fle, Last)		120	23a. M	other's Maide	en Last Name
CHARLES MA	ARVEL							MARVI					RAAS	SCH_	
24. Informant's Name				24a. Relationship To Decedent			24b. Mailing Address (Street And Number, City, State								
DARLENE MA	ARVEL			WIF			2718 V ace Of Dispo		53RD	AVENUE	<u>, CROW</u>	N POIN	NT, IN 4	6307	
25a. Method Of Disp ■ Burial □ Crem ■ Removal From S □ Other (Specify):	nation 🔲 Dona State	ition 🔲 En	tombment			ame Of Cemetery, C	rematory, Otl	her Place)			Town, And St	ate			
26. Was Coroner Co		27.	Name And Co	mplete Addres	s Of Funeral	Facility		CII	t I					27a. Funer	al Home License Number:
Yes 🛭 No		PR	RUZIN & L	ITTLE FU	NERAL	SERVICE, 8	11 E FR/	ANCISO	CAN D	R, CROV	NN POIN	T, IN 4	6307	FH8300	1261
27b. Signature Of In THOMAS G.	ndiana Funeral : PRUZIN	Service Lice	ensee:		7				<i>J</i> A <i>I</i>	27	c. License Nu 00100989	ımber (Of L			
28. Part I. Enter	The Chain Of	Events - D	Diseases, Injur	ies, Or Comp	lications - T	hat Directly Cause howing The Etiolog	d The Death	n. Do Not E	nter Ter	minal Events	7 01			,	Approximate Interval: Onset To Death
A Line. Add Add	ditinal Lines If N	Necessary.			CITC	Lanc G	- Cull	y 1		P CICH-					
Immediate Cause	se (Final Diseas	se Or Cond	dition Resulting	g In Death)	A. ,	ACUTE MYOCAR	DIAL INFAF	RCTION	Due to (Or A	As A Consequence	Of)				10 DAYS
Sequentially List Conditions, If Any, Leading To The Cause Line A. Enter The Underlying Cause (Disease Or Injury That					i i	ЕМРҮЕМА			Due to (Or A	As A Consequence	Of):				7 MONTHS
The Events Resu	uiting in Death) Last			C.	RESPIRATORY F	AILURE		Due to (Or /	As A Consequence	Of):				3 DAYS
						DICITIS AND VER		STEOMY							UNKNOWN
Part II. Enter Other S			-					SSES.		s An Autopsy	Performed?		Yes	☑ No	2
31. Did Tobacco Us	JLAR ARRHYT	HMIAS, D	IABETES ME						30. We	e Autopsy Fil	33. Manne			use of Death	Yes No
Yes Proba				ot Pregnant Within	_	Pregnant At Time Of Death o 1 year Before Death	Not Pregr					Homic	ide 🔲 A		Pending Investigation
34. Date Of Injury ((Month/Day/Yea	r)		ot Pregnant, But Pre Time Of Injury	rynani 43 Days T						ction Site, Res				Injury At Work?
						ES.									Yes No
38. Location Of Inju	ury - State		38a.	City Or Town		386.	Street & Num	ber	4	the or other sounds the light high high	ne west reconstruction	3	8c. Apt. No). 38d	. Zip Code
39. Describe How I	Injury Occurred							-1/-		CERTIFIES			E AND L		
						E	/A/P	A LIL			EAUH DEM		ADD TO	HE ME	er (Specify)
41. Signature, Of F RANDALL LE				SIGNAT	URE	*	WIND AN	inni	The second second	42. Ce	rtifier (Check ortifying Physici	Only One)	Coroner	. 🗆 +	leath Officer
43. Name, Address										/		icense 20			Date Certified
RANDALL LEE HILE , 1020 COMMERCIAL AVE, LOWELL, IN 46356											010	30234			09/12/2011
46. Additional Fune												*Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE										49. For Re	gistrar Only	_	d (Month/D P 14 2		
JUSAN W. B	JEST, VIA	LLEUI	NONIC SI			NT TO CERTIFICA	ATE OF DE	ATH (ENT	RYORG	RIGINAL)		- 51	14 2	U11_	J

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.