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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 006446

2014 FEB -3 AM 11:22

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Betty L. Bales, being first duly sworn upon oath, deposes and says:

1. That Turner Eugene Bales died on August 26, 1999 at 2703 Duluth Street, Highland, IN 46322.

2. That Turner Eugene Bales and Betty L. Bales were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 14 IN BLOCK 2 IN HIGHLAND ESTATES, BEING A RESUBDIVISION OF BLOCKS 1, 2, 3 & 4, FRANK HAMMOND'S ADDITION AND BLOCKS 1, 2, 3, 4 AND 5 HIGHLAND TERRACE FIRST ADDITION, ALL IN THE TOWN OF HIGHLAND, LAKE COUNTY, INDIANA AS PER PLAT THEREOF RECORDED IN PLAT BOOK 27, PAGE 84 IN THE OFFICE OF THE RECORDED OF LAKE COUNTY, INDIANA.

Commonly known as: 2703 Duluth Street, Highland, IN 46322

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Betty Lou Bales
Betty L. Bales

FILED
FEB 03 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

010552

$15.00
M.E
CASH

STATE OF INDIANA)
) SS: **ACKNOWLEDGEMENT**
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared

_____

who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 3rd day of February, 2014.

Resident of Porter County, Indiana.

Signature Barbara K Smich

My Commission Expires: 12-16-16

Printed Barbara K Smich

BARBARA K. SMICH
Porter County
My Commission Expires
December 16, 2016

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.

Catherine L. Molnar Boncela

This instrument prepared by Catherine Molnar-Boncela, Esq., 433 W. 84th Drive, Merrillville, IN 46410

* **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

Local No. 1971-99 State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
TURNER	EUGENE	BALES	MALE	2:30 PM	AUGUST 26, 1999

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	74			DECEMBER 22, 1924	DECATUR, IL.

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions.)
YES	1946	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
THE COMMUNITY HOSPITAL	MUNSTER	LAKE

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
MARRIED	BETTY HOWARD	CRANE OPERATOR	INLAND STEEL

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
INDIANA	LAKE	HIGHLAND	2703 DULUTH ST.

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5 +)
46322	☒ Yes ☐ No	☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	WHITE	11	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
JACOB ROY BALES	DELLA IRENE JOHNSON

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
BETTY BALES	2703 DULUTH ST. HIGHLAND, IN. 46322	WIFE

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	AUGUST 30, 1999 CHAPEL LAWN MEMORIAL GARDENS	SCHERERVILLE, INDIANA

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO	23. WAS DEATH REPORTED TO CORONER?
SCOTT J. PREWITT	FD01006861	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FD01006015	FAGEN-MILLER FUNERAL HOMES FH83003035 2828 HIGHWAY AVE. HIGHLAND, IN. 46322

CAUSE OF DEATH

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiac Arrest — DUE TO (OR AS A CONSEQUENCE OF)

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

b. Coronary Artery Disease — DUE TO (OR AS A CONSEQUENCE OF)

c. Chronic Obstructive Pulmonary Disease — DUE TO (OR AS A CONSEQUENCE OF)

d.

Approximate Interval Between Onset and Death

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
NO	NO	NO

CERTIFIER

29a. CERTIFIER (Check only one)

☒ 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.

☐ 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.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
Joseph A. DeJoan MD	01046269	AUGUST 27, 1999

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print)

JOSEPH DEJOAN, M.D. 7905 CALUMET AVENUE MUNSTER, INDIANA 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE [signature] M.D.

32. DATE FILED (Month, Day, Year) AUG 27 1999

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
			LAKE COUNTY HEALTH DEPT.

34e. 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)

AUG 27 1999

34g. DATE PRONOUNCED DEAD (Month, Day, Year)

34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

[signature] M.D.
LAKE COUNTY HEALTH COMMISSIONER

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1