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THIS DOCUMENT IS BEING RE-RECORDED TO CORRECT NAME OF DECEDENT A.F.

2014 020479

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 APR 10 PM 2:56
MICHAEL B. BROWN
RECORDER

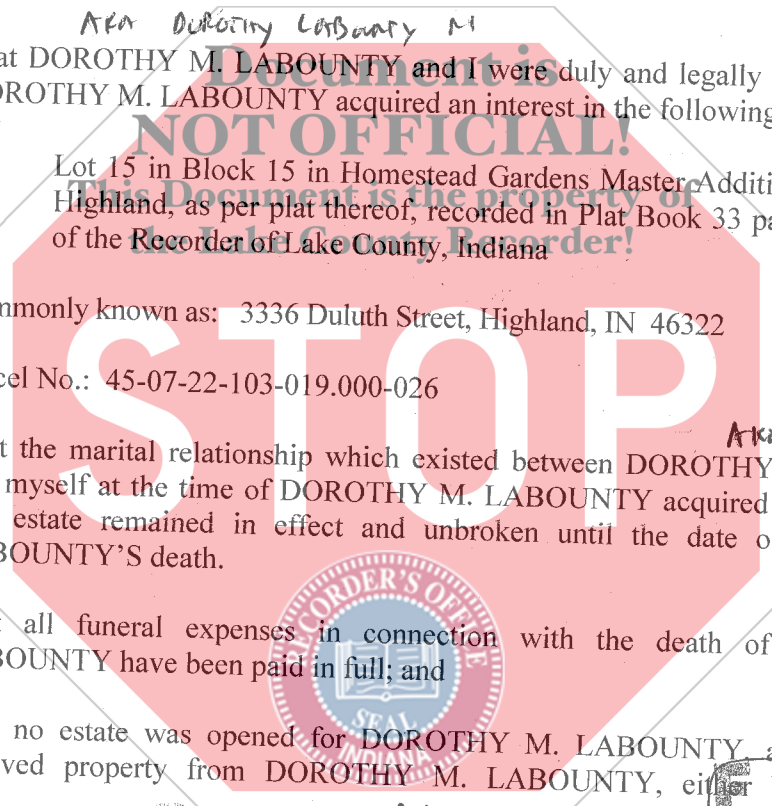
STATE OF INDIANA)
COUNT OF LAKE) SS:
)

2014 020479

SURVIVORSHIP AFFIDAVIT

I, GORDON F. LABOUNTY, this 9 day of APRIL, 2014, being first duly sworn upon oath, states as follows:

1. That I am the surviving spouse of DOROTHY M. LABOUNTY, Deceased. *AKA DOROTHY LABOUNTY AF*
2. That my spouse, DOROTHY M. LABOUNTY, passed away on the 24th day of February, 2014. (Copy of Death Certificate attached hereto.) *AKA DOROTHY LABOUNTY AF*
3. That DOROTHY M. LABOUNTY and I were duly and legally married at the time DOROTHY M. LABOUNTY acquired an interest in the following real estate: *AKA DOROTHY LABOUNTY M*
 Lot 15 in Block 15 in Homestead Gardens Master Addition, in the Town of Highland, as per plat thereof, recorded in Plat Book 33 page 38 in the Office of the Recorder of Lake County, Indiana
 Commonly known as: 3336 Duluth Street, Highland, IN 46322
 Parcel No.: 45-07-22-103-019.000-026
4. That the marital relationship which existed between DOROTHY M. LABOUNTY and myself at the time of DOROTHY M. LABOUNTY acquired an interest in said real estate remained in effect and unbroken until the date of DOROTHY M. LABOUNTY'S death. *AKA DOROTHY LABOUNTY AF*
5. That all funeral expenses in connection with the death of DOROTHY M. LABOUNTY have been paid in full; and *AKA DOROTHY LABOUNTY AF*
6. That no estate was opened for DOROTHY M. LABOUNTY, and no individual received property from DOROTHY M. LABOUNTY, either by way of joint *AKA DOROTHY LABOUNTY AF*



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2014 MAY 1 AM 10:56

FILED

MAY 01 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

22582

22005

FILED
APR 10 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$15
CK# 004059
G
160
CASH
DN
1 REF

Tenancy, Small Estates Affidavit or other summary proceeding in excess of the exemption for Indiana Inheritance Tax purposes.

- 7. That the estate of DOROTHY M. LABOUNTY ^{REA Dorothy Labounty et} did not necessitate the filling of a Federal Estate Tax Return.

FURTHER GORDON F. LABOUNTY SAYETH NOT.

Gordon F. Labounty
GORDON F. LABOUNTY
Surviving Spouse of Dorothy M. LaBounty

STATE OF ^{DELAWARE} INDIANA)
COUNT OF ^{COOK} LAKE) SS:

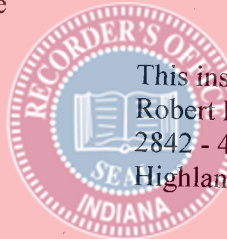
9 day of APRIL, 2014.
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this

My commission expires: 8/1/2015
Notary Public

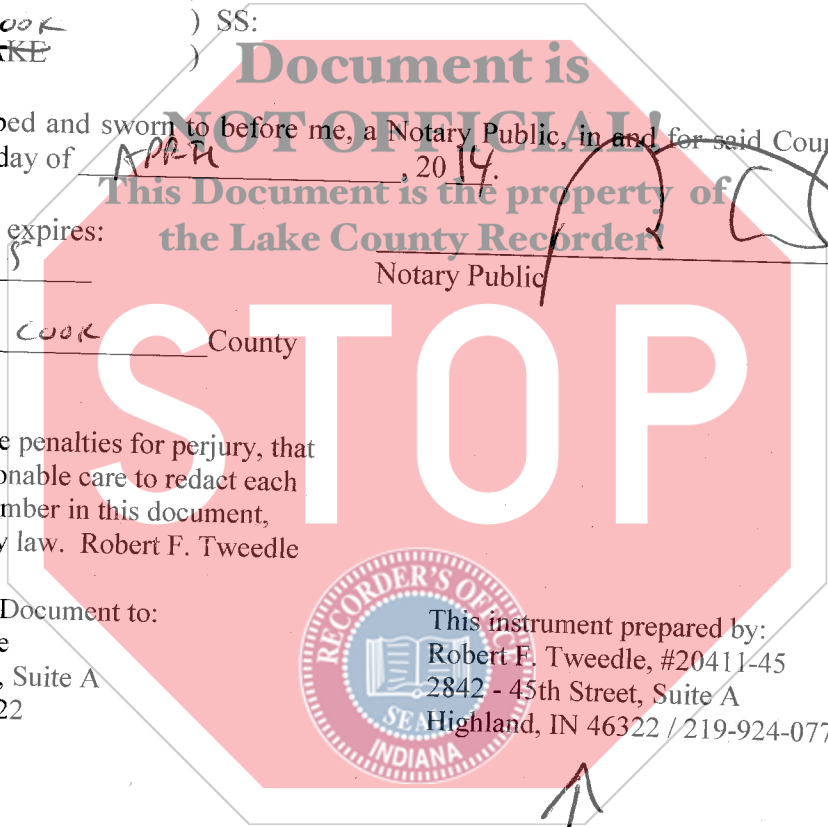
Resident of COOK County

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. Robert F. Tweedle

Return Recorded Document to:
Robert F. Tweedle
2842 - 45th Street, Suite A
Highland, IN 46322



This instrument prepared by:
Robert F. Tweedle, #20411-45
2842 - 45th Street, Suite A
Highland, IN 46322 / 219-924-0770





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 11384

Local No 000667

EDR No 00000371843

State No

1. Decedent's Legal Name (First, Middle, Last) DOROTHY M LABOUNTY				1a. Maiden Name (if female) RUFER		2. Sex FEMALE		3. Time Of Death 23:32		4. Date Of Death (Month/Day/Year) 02/24/2014		
5. Social Security Number 000-00-0000		6a. Age - Yrs 80		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) 01/25/1934				8. Birthplace (City and State of Foreign Country) UNAVAILABLE, WI								
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 checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name GORDON F LABOUNTY				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME		
18a. Residence - State INDIANA			18b. County LAKE			18c. City Or Town HIGHLAND			18d. Apt. No.		18e. Zip Code 46322	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED												
20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White								
22. Father's Name (First, Middle, Last) RAYMOND RUFER				23. Mother's Name (First, Middle, Last) JULIA RUFER				23a. Mother's Maiden Last Name BUBBE				
24. Informant's Name GORDON F LABOUNTY				24a. Relationship To Decedent HUSBAND				24b. Mailing Address (Street And Number, City, State, Zip Code) 3336 DULUTH STREET, HIGHLAND, IN 46322				
25. Place Of Disposition												
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS				25c. Location - City, Town, And State SCHERERVILLE, IN				
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): FD088800305						
28. Part I. Enter The Chain Of Events - 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. SQUAMOUS CELL LUNG CANCER Due to (Or As A Consequence Of): ONE YEAR												
B. _____ 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												
BRAIN METASTASIS												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant Or 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"/> Could Not 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) MAR 03 2014				
38. Location Of Injury - State				38a. City Or Town				38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred												
LAKE COUNTY HEALTH OFFICER <i>Susan W. Best, MD</i>												
41. Signature, Of Person Certifying Cause Of Death: ROWLAND MBAOMA, BY ELECTRONIC SIGNATURE						42. Certifier (Check One) <input checked="" type="checkbox"/> Certifying Physician						
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ROWLAND MBAOMA, 7905 CALUMET AVE, MUNSTER, IN 46321						44. _____ 45. _____						
46. Additional Funeral Service Provider:						47. _____						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only						

