

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 025379

2014 MAY -7 AM 9: 55

AFFIDAVIT OF SURVIVORSHIP

MICHAEL B. BROWN
RECORDER

ON THIS 22nd DAY OF APRIL, 2014, personally appeared Doretta Fowler, the affiant, who being duly sworn her upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is joint owner of the premises located at 7350 Jackson Street, Hammond, Indiana, and described below;
3. Said premises were formerly owned as joint tenants by Harold L. Fowler and Doretta Fowler.
4. Said Harold L. Fowler died testate on the 26th day of December, 2008.
5. The legal description of the said premises in question is:

A part of lot 10 in Frank J. Wachewicz Lawn Garden Addition to Hammond, as per plat thereof, recorded in Plat Book 15, page 16, in the Office of the Recorder of Lake County, Indiana, described as follows: Beginning on the East line of said Lot 10, 49.28 feet South of the Northeast corner thereof; thence West parallel with the North line of said lot, 124.11 feet more or less to the East line of a 20 foot alley; thence South along the East line of said alley 49 feet more or less, to the North line of 174th Street (formerly, 22nd Street,); thence East along the North line of said Street 124.12 feet to the East line of said Lot 10, thence North along the East line of said Lot 10, 49 feet more or less to the place of beginning.

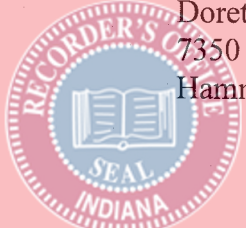
Parcel No. 45-06-13-203-028.000-023

6. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
7. Affiant's relationship to the deceased was spouse and the parties were not divorced.

Doretta Fowler

Doretta Fowler, Affiant
7350 Jackson Street
Hammond, IN 46324

STATE OF INDIANA) SS:
COUNTY OF LAKE)



SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 22nd day of April, 2014.

LISA HENSHILWOOD
Notary Public
SEAL
State of Indiana
My Commission Expires February 27, 2022

My Commission expires:

2-27-2022

Lisa Henshilwood

Resident of Lake County.

This instrument prepared by:
BARBARA M. SHAVER, ESQ.
9013 Indianapolis Blvd.
Highland, IN 46322
219/838-9200

NOTARY PUBLIC

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.

Barbara M Shaver

Return To: Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322

Send Tax Bills To: 7350 Jackson Street, Hammond, IN 46324

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FILED

MAY 06 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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ck. 5939
BN

[Handwritten mark]

1. Decedent's Legal Name (First, Middle, Last) KAROL LEE FOWLER				1a. Maiden Last Name (if Female)		2. Sex M	3. Time Of Death 6:16 PM	4. Date Of Death (Month/Day/Year) DECEMBER 26, 2008	
5. Social Security Number [REDACTED]	6a. Age Yrs 77	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) JANUARY 9, 1931		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA	
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 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 checked="" type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) REGENCY HOSPITAL									
12. City Or Town, State, And Zip Code EAST CHICAGO, IN 46324					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 DORETTA FOWLER			15a. (If Wife) Give Maiden Last Name KROLL			16. Decedent's Usual Occupation SWITCHMAN		17. Kind Of Business/Industry RAIL ROAD	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND					
18c. Street And Number 7350 JACKSON AVENUE			18d. Apt. No.		18e. Zip Code 46324		18f. Inhab. City/County <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education High school graduate or GED completed			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Elza Fowler			23. Mother's Name (First, Middle, Last) Rose Fowler			24. "MOTHER" Maiden Last Name Darling			
24. Mother's Name DORETTA FOWLER			24b. Relationship To Decedent WIFE		24c. Mailing Address (Street And Number, City, State, Zip Code) 7350 JACKSON AVENUE, HAMMOND INDIANA 46324				
25. Place Of Disposition									
25a. Method Of Disposition <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) MEMORY LANE CEMETERY			25c. Location - City, Town, And State SCHERERVILLE, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Home SOLAN PRUZIN FUNERAL HOME 7109 CALUMET AVENUE, HAMMOND INDIANA 46324					27a. Funeral Home License Number FH63002893		
27b. Signature Of Indiana Funeral Service Licensee <i>[Signature]</i>						27c. License Number (Of Licensee) FD29600100			
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. Approximate Interval: Onset To Death									
Immediate Cause (Final Disease Or Condition Resulting In Death) A Coronary Artery Disease Due To (Or As A Consequence Of) B End Stage Renal Disease Due To (Or As A Consequence Of) C Congestive Heart Failure Due To (Or As A Consequence Of) D									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Adequate To Confirm The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input 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"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If 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)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City, Or Town		38b. Street & Number		38c. Apt. No.		38d. ZIP Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death <i>Joseph C. Legaspi</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death JOSEPH LEGASPI, M.D. 9307 CALUMET AVENUE, MUNSTER INDIANA 46321						44. License Number #07059155A		45. Date Certified DEC. 29, 2008	
46. Additional Funeral Service Provider						47. "Alias"			
48. Signature Of Local Health Officer <i>Paula Bonheur Robinson MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year) 12/30/08			

State Form 10110 (R78-07) ATTENTION ESTATE: The Social Security # is being reported to the state agency in order to pursue its liability responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 14-2-7.15

1/9/05

VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT