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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 027202

2014 MAY 14 PM 1:39

STATE OF INDIANA  
COUNTY OF LAKE

)  
) SS:  
)

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, Charles H. Deweese, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 17 AND THE WEST 1/2 OF LOT 16 IN BLOCK 3 IN LASALLE ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 14, PAGE 28, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

New Tax Key No.: 45-03-31-203-028.000-023

Grantee's Address/Commonly Known As:

1313 150<sup>th</sup> Street, Hammond, IN 46327

3. The decedent, Virginia A. Deweese (aka Virginia Ann Deweese), and myself acquired title as tenants by the entireties with right of survivorship to said real estate by deed of conveyance on the 16th day of November, 1977, and recorded in the Office of the Lake County Recorder on the 23rd day of November, 1977, as Document No. 442335.

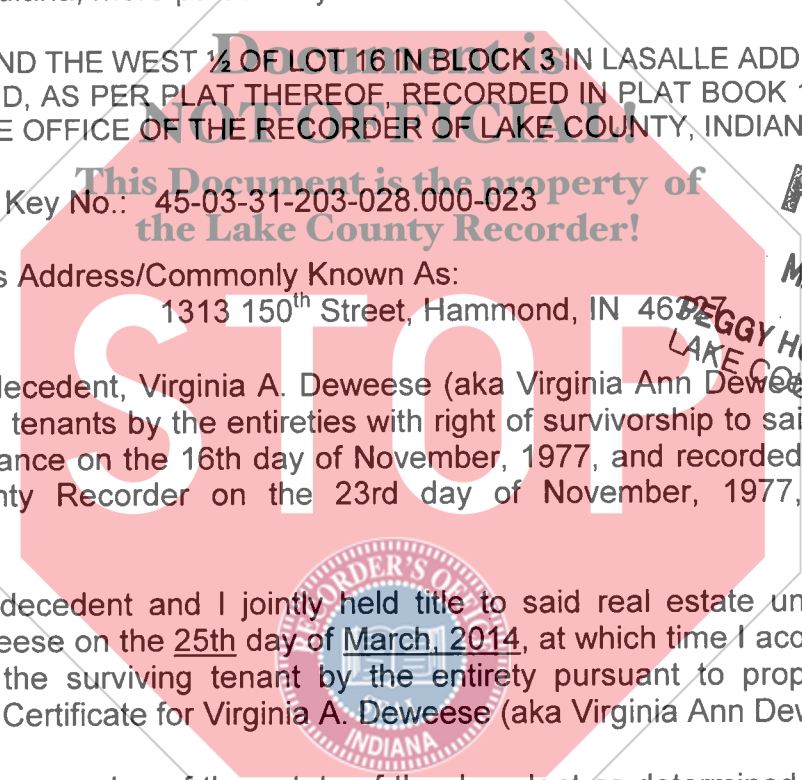
4. The decedent and I jointly held title to said real estate until the death of Virginia A. Deweese on the 25th day of March, 2014, at which time I acquired title to the real estate as the surviving tenant by the entirety pursuant to property law. See attached Death Certificate for Virginia A. Deweese (aka Virginia Ann Deweese).

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

*Charles H. Deweese*  
Charles H. Deweese, Affiant

012618

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**FILED**  
MAY 14 2014

PEGGY HOLINGA  
LAKE COUNTY CLERK

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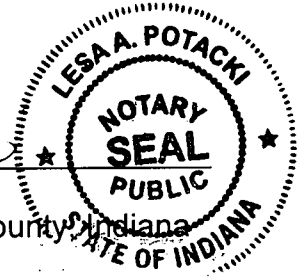
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Charles H. Dewese, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 11th day of April, 2014.

My commission expires: 02/13/2018

Signature: *Lesa A. Potacki*  
LesA A. Potacki  
Resident of: Lake County, Indiana



"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." /s/Gary P. Bonk

the Lake County Recorder!

**STOP**

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 13904

Local No 000970

EDR No 00000376811

State No 013685

1. Decedent's Legal Name (First, Middle, Last) VIRGINIA ANN DEWEESE				1a. Maiden Name (If female) HENDRIX		2. Sex FEMALE		3. Time Of Death 04:05 PM		4. Date Of Death (Month/Day/Year) 03/25/2014	
5. Social Security Number		6a. Age, Yrs 73		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) 09/30/1940		8. Birthplace (City and State or Foreign Country) GRENADA, MS									
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) ST. MARGARET MERCY HEALTHCARE CENTERS-HAMMOND											
12. City Or Town, State, And Zip Code HAMMOND, IN, 46320						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 CHARLES HUBERT DEWEESE				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence, State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18d. Apt. No.		18e. Zip Code 46327		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 1313 150TH STREET		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) BILLY SHARP				23. Mother's Name (First, Middle, Last) GERTRUDE SHARP				23a. Mother's Maiden Last Name MULLIGAN			
24. Informant's Name CHARLES HUBERT DEWEESE		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1313 150TH STREET, HAMMOND, IN 46327							
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input checked="" type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CUNNINGHAM MEMORIAL GARDENS, CUNNINGHAM, KY		25c. Location - City, Town, And State							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324						27a. Funeral Home License Number FH11100004			
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20900076									
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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. COMPLETE HEART BLOCK Due to (Or As A Consequence Of): Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last. B. ACUTE RESPIRATORY FAILURE Due to (Or As A Consequence Of): C. END STAGE RENAL DISEASE Due to (Or As A Consequence Of): D. NONALCOHOLIC STEATOHEPATITIS CIRRHOSIS											
28. 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 Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death		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 checked="" 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		NOT VALID UNLESS							
41. Signature Of Person Certifying Cause Of Death: BRUNA CARLA ARRUNATEGUI-RODRIGUEZ BY ELECTRONIC SIGNATURE											
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: BRUNA CARLA ARRUNATEGUI-RODRIGUEZ, 7400 COLUMBIA AVE, HAMMOND, IN 46324						44. License Number 01064667A		45. Date Certified 03/27/2014			
46. Additional Funeral Service Provider: MILNER AND ORR FUNERAL HOME						47. Attest: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) MAR 27 2014			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE											

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED