

SURVIVORSHIP AFFIDAVIT

DARLA M. CARROLL a/k/a DARLA MAE CARROLL, being duly sworn upon her oath, deposes and says:

1. That **HARRY CARROLL a/k/a HARRY CARROLL, JR.** and **DARLA M. CARROLL**, husband and wife, obtained title to the below described real estate by Warranty Deed recorded on **July 29, 1988** and assigned **Document Number 990072**:

PARCEL C:

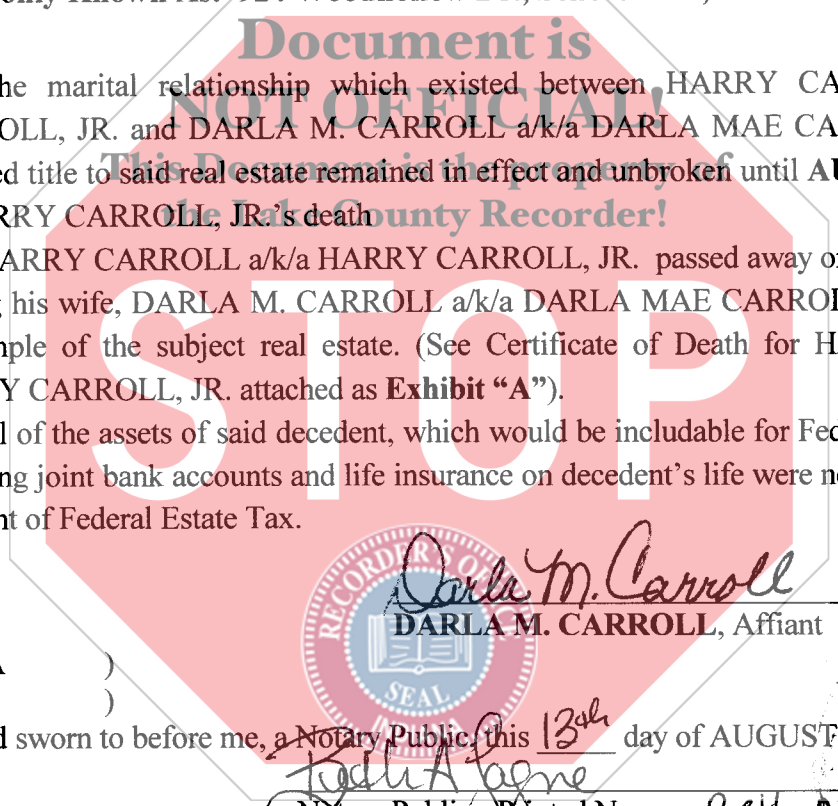
Being a part of Lot 36, Block 3 of Plum Creek Village 5th Addition to the Town of Schererville, Indiana as shown in Plat Book 62, page 43 in the Office of the Recorder of Lake County, Indiana and more particularly described as follows:

Commencing at the Northwest corner of said Lot 36; thence North 45°54'57" East, a distance of 27.18 feet; thence North 57°13'33" East, a distance of 50.87 feet to the point of beginning; thence North 57°13'33" East, a distance of 56.64 feet; thence South 20°51'44" East a distance of 195.79 feet; thence Southwesterly along a curve concave to the Southeast and having a radius of 629.53 feet, (the chord of which bears South 67°29'45" West, a distance of 36.08 feet) an distance of 36.09 feet; thence North 26°49'54" West, a distance of 186.14 feet to the point of beginning, containing 0.201 acres, more or less, all in Schererville, Lake County, Indiana.

Parcel#: 45-11-05-276-018.000-036

Commonly Known As: 924 Woodhollow Dr., Schererville, IN 46375

2. That the marital relationship which existed between **HARRY CARROLL a/k/a HARRY CARROLL, JR.** and **DARLA M. CARROLL a/k/a DARLA MAE CARROLL** at the time they acquired title to said real estate remained in effect and unbroken until **AUGUST 2, 2014**, the date of **HARRY CARROLL, JR.'s** death.
3. That **HARRY CARROLL a/k/a HARRY CARROLL, JR.** passed away on **AUGUST 2, 2014**; thus leaving his wife, **DARLA M. CARROLL a/k/a DARLA MAE CARROLL** as surviving owner in fee simple of the subject real estate. (See Certificate of Death for **HARRY CARROLL a/k/a HARRY CARROLL, JR.** attached as **Exhibit "A"**).
4. 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.



2014 AUG 14 9:19 AM
 LAKE COUNTY RECORDER
 FILED FOR RECORD
 STATE OF INDIANA
 REC'D

Darla M. Carroll

DARLA M. CARROLL, Affiant

STATE OF INDIANA)
 COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 13th day of **AUGUST, 2014**.

Beth A. Fague

 Notary Public - Printed Name **Beth A. Fague**

My Commission Expires: May 26, 2018
 County of Residence: Lake

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.

Randy H. Wyllie

 Randy H. Wyllie, Attorney

This Instrument Prepared by: Randy H. Wyllie, Atty#17621-64, 429 West Lincoln Hwy, Schererville, IN 46375.

FILED
AUG 14 2014
PEGGY HOLLINGA WATSON
LAKE COUNTY AUDITOR
 non conf
 25714
 1400
 3884



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

25470

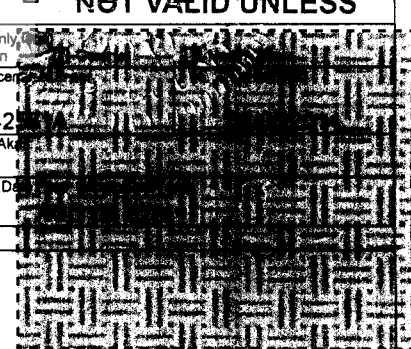
Local No 002430

EDR No 00000397871

State No 034858

1. Decedent's Legal Name (First, Middle, Last) HARRY CARROLL JR			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 04:25 PM	4. Date Of Death (Month/Day/Year) 08/02/2014	
5. Social Security Number [REDACTED]	6a. Age - Yrs 82	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) 03/31/1932		8. Birthplace (City and State or Foreign Country) ASHTABULA, OH
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 checked="" 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) 924 WOODHOLLOW DRIVE								
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375					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 DARLA MAE CARROLL			15a. (If Wife) Give Maiden Last Name BERRIER		16. Decedent's Usual Occupation TRUCK DRIVER		17. Kind Of Business/Industry STEEL MILL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE			18c. Street And Number 924 WOODHOLLOW DRIVE	18d. Apt. No.
						18e. Zip Code 46375	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) HARRY LESTER CARROLL				23. Mother's Name (First, Middle, Last) HILMA IRETA CARROLL			23a. Mother's Maiden Last Name SHORTS	
24. Informant's Name DARLA CARROLL		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 924 WOODHOLLOW DRIVE, SCHERERVILLE, IN 46375				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) REGIONAL CREMATION SERVICE		25c. Location - City, Town, And State MUNSTER, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH10700038	
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD01021590			27d. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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. <u>ALZHEIMERS DISEASE</u> 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. _____ Due to (Or As A Consequence Of): C. _____ 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. CORONARY ARTERY DISEASE								Approximate Interval: Onset To Death MORE THAN ONE YEAR
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 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) LAKE COUNTY HEALTH DEPARTMENT			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Apt. No.			38c. 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: KRISHNAKANT RAIKER, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only): <input checked="" type="checkbox"/> Certifying Physician		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KRISHNAKANT RAIKER, 9038 B COLUMBIA AVENUE, MUNSTER, IN 46321						44. License Number: 01042		
46. Additional Funeral Service Provider:						47. *Aka		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date		

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



RAISED SEAL AFFIXED