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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 049343

2014 AUG 18 AM 9:20

MICHAEL B. BROWN
RECORDER

Case # 920141495

SURVIVORSHIP AFFIDAVIT

Comes now Betty J Flowers, who being duly sworn upon her oath, deposes and says:

That, Betty J Flowers is the surviving spouse of Richard T Flowers, deceased who died domiciled in Lake County, Indiana, on June 25, 2007.

That Betty J Flowers and Richard T Flowers acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Apartment A-49 in Building 10, Phase IV in Four Seasons Lakeside Condominiums Horizontal Property Regime, as created by Second Amendment Declaration, recorded July 8, 1976 as Documnet No. 358499 and by Supplemental Declaration recorded October 27, 1977 as Documnet No. 40088, and on April 7, 1978 as Document No. 461816 and on September 22, 1978 as Documnet No. 491993, in the Recorder's Office of lake County, Indiana, and the undivied interest in the Common Elements Appertaining thereto.

Tax Identification Number: 45-17-09-428-049.000-044

Affiant states that Betty J Flowers and Richard T Flowers continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Richard T Flowers's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Betty J Flowers.

Executed: July 2014

Signature

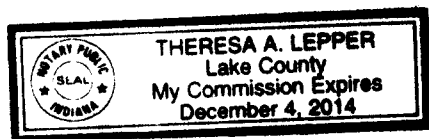
Betty J Flowers

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 24th day of July, 2014.

Witness my hand and Notarial Seal on this 24th day of July, 2014.



Theresa A. Lepper
Notary Public Theresa A. Lepper
Resident of Lake County
My Commission expires: 12/4/2014

Prepared by: Betty J Flowers

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Theresa A Lepper

Return to:
875 LaPlaya Street
#278
San Francisco, California 94121

FIDELITY NATIONAL
TITLE COMPANY

92014-1495

25804

FILED

AUG 15 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

13
FN
SS

SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.

Local No. 1588-01

925385

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First, Middle, Last) Richard T. Flowers		2. SEX Male	3a. TIME OF DEATH 8:12 pm	3b. DATE OF DEATH (Month, Day, Yr.) June 25, 2007	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE - Last Birthday (Years) 89	5b. UNDER 1 YEAR Months: Days	5c. UNDER 1 DAY Hours: Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) December 13, 1917	
7. BIRTHPLACE (City and State or Foreign Country) Cleveland Ohio	8a. WAS DECEASED A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES	PLACE OF DEATH (Check only one - See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)		
9a. FACILITY NAME (If not institution, give street and number) St. Anthony Medical Center		9b. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9c. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Betty J. Pomeroy	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Engineer	12b. KIND OF BUSINESS/INDUSTRY Koppers Construction		
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Crown Point	13d. STREET AND NUMBER 2535 E. Lakeshore Drive		
13e. ZIP CODE 46307	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEASED OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (9-12) 12 College (1-4 or 6+) 4		18. FATHER'S NAME (First, Middle, Last) Thomas Flowers			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Eleanor McIntire		20a. INFORMANT'S NAME (Type/Print) Betty J. Flowers			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2535 E. Lakeshore Drive, Crown Point, IN		20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) June 28, 2007 N.W. Ind. Cremation Services		21c. LOCATION - City or Town, State Crown Point, Indiana	
22. EMBALMER'S NAME N/A		23. EMBALMER'S LICENSE NO. N/A		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24. SIGNATURE OF FUNERAL DIRECTOR <i>James E. Burns</i>		24a. LICENSE NUMBER (of Licensee) FD01009461	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BURNS FUNERAL HOME FHB3002445 10101 Broadway, Crown Point, Indiana		
26. PART I Enter the disease, 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. <i>Ventricular arrhythmia</i> b. <i>End stage congestive heart failure</i> c. <i>Pneumonia</i> d. <i>Renal insufficiency</i> Approximate Interval Between Onset and Death <i>15 minute</i> <i>3 weeks</i>					
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I <i>Pneumonia</i> <i>Poisonous</i>					
27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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) as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Elizabeth Przeniczny M.D.</i>		29c. MEDICAL LICENSE NO. 01033089		29d. DATE SIGNED (Month, Day, Year) 6-26-2007	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED THIS DEATH CERTIFICATE (ITEM 28f) (Type/Print) DR. ELIZABETH PRZENICZNY 5265 COMMERCE DR. SUITE D. CROWN POINT, IN 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best, D.O.</i>		32. DATE PREPARED (Month, Day, Year) June 27, 2007			
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
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)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year) June 25, 2007		34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.			