

31

2014 049846

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 AUG 20 AM 11:01

MICHAEL D. BROWN
RECORDER

3

AFFIDAVIT OF SURVIVORSHIP

Lou Ella Spain, of adult age, being first duly sworn, upon deposes and says:

That Lou Ella Spain, is the Wife of Austin L. Spain, deceased, who died on March 13, 2014 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Matthew D. Armato and Cheryl J. Armato recorded June 12, 2001 as Document No. 2001-45274 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Lou Ella Spain, surviving spouse of the decedent.

And further affiant sayeth not this 7 day of Aug, 2014.

Lou Ella Spain
Lou Ella Spain

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 7 day of Aug, 2014.

WITNESS my hand and Notarial Seal.

My Commission Expires: 7-20-22

Laura Brasovan
Signature of Notary Public

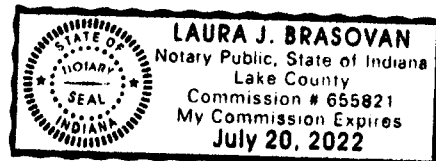
LAURA J. BRASOVAN

Printed Name of Notary Public

Lake County, IN
Notary Public County and State of Residence

This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
1230 Garfield Street, Hobart, IN 46342



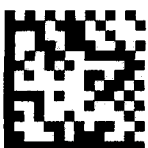
File No.: 14-23126

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. Laura Brasovan (Type or Print Name)

FILED

AUG 14 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



1971595-1005

HOLD FOR MERIDIAN TITLE CORP

25698

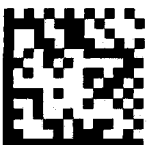
15
MT
PN

LEGAL DESCRIPTION

The South 115.7 feet of Lot Numbered 2 in Block 11 in Jake Kramer, Jr. Addition to Hobart as per plat thereof recorded in Plat Book 11, page 22 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
27-18-0070-0005

45-13-05-178-012.000-018





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 17089

Local No 000841

EDR No 000000374795

State No 011969

1. Decedent's Legal Name (First, Middle, Last) AUSTIN L SPAIN				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 06:05 PM	4. Date Of Death (Month/Day/Year) 03/13/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 85	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) 10/23/1928		8. Birthplace (City and State or Foreign Country) NEWBERN, TN
9. If Death Occurred In A Hospital? <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) 1230 GARFIELD									
12. City Or Town, State, And Zip Code HOBERT, IN, 4632					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 LOU ELLA SPAIN			15a. (If Wife) Give Maiden Last Name FULTZ			16. Decedent's Usual Occupation BOILERMAKER		17. Kind Of Business/Industry STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBERT		18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 1230 GARFIELD		19. Decedent's Education 8TH GRADE OR LESS	20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) FORD SPAIN	23. Mother's Name (First, Middle, Last) NEZZIE ALICE SPAIN	
22. Father's Name (First, Middle, Last) FORD SPAIN		23. Mother's Name (First, Middle, Last) NEZZIE ALICE SPAIN		23a. Mother's Maiden Last Name WALLACE		24. Informant's Name LOU ELLA SPAIN		24a. Relationship To Decedent WIFE	
24. Informant's Name LOU ELLA SPAIN		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1230 GARFIELD, HOBERT, IN 46342					
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBERT CHAPEL, 600 W OLD RIDGE RD, HOBERT, IN 46342					27a. Funeral Home License Number: FH83003069		
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD01006463		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. LUNG CANCER 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. _____ C. _____ D. _____					
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.		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	
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 Available To Complete 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 checked="" 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	
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"/> Other			
41. Signature Of Person Certifying Cause Of Death: MILTON STANLEY GASPARIS, BY ELECTRONIC SIGNATURE						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: MILTON STANLEY GASPARIS, 1400 SOUTH LAKE PARK AVE, STE. 301, HOBERT, IN 46342						44. License Number 01037515A	45. Date Certified 03/17/2014		
46. Additional Funeral Service Provider:						47. *Ages:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only Date Filed (Month/Day/Year): MAR 18 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

RAISED SEAL AFFIXED