

2014 049955

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 AUG 20 PM 12:29

MICHAEL D. BROWN  
RECORDER

SURVIVING JOINT TENANCY AFFIDAVIT

MONICA L. LOWERY, hereby referred to as the affiant, states under oath that the affiant was acquainted with ANTHONY T. LOWERY, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 38 IN ROCKWELL SUBDIVISION - PHASE 2, AN ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 97 PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel Number: 45-11-07-328-024.000-034

Commonly known as: 1095 FLAGSTONE DRIVE  
DYER, INDIANA 46311

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on December 31, 2013, per attached Death Certificate, leaving no Last Will and Testament;

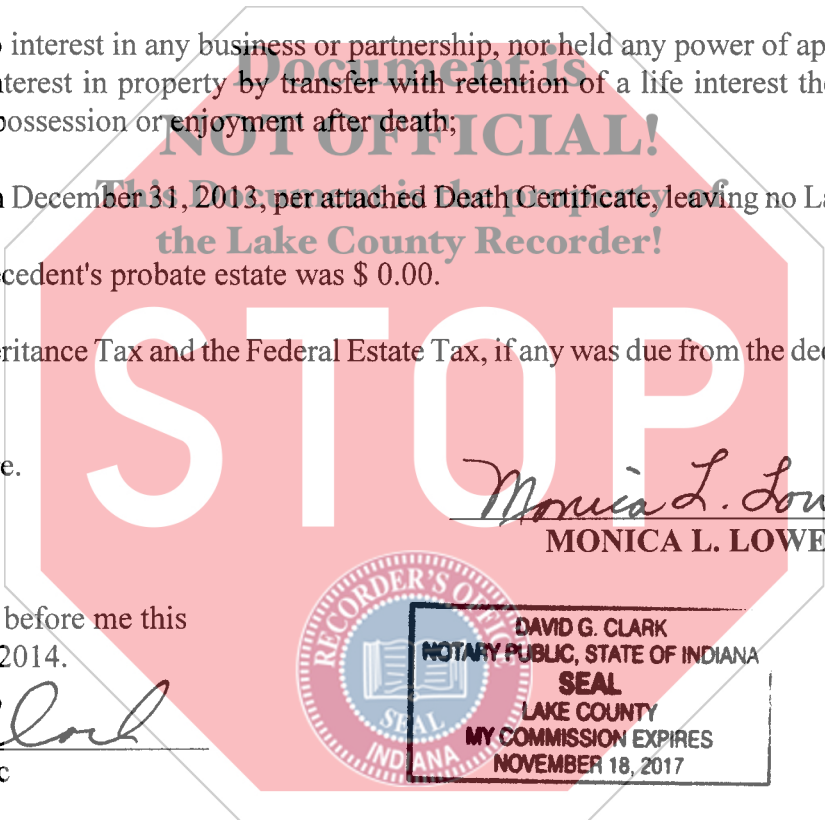
That the total value of decedent's probate estate was \$ 0.00.

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

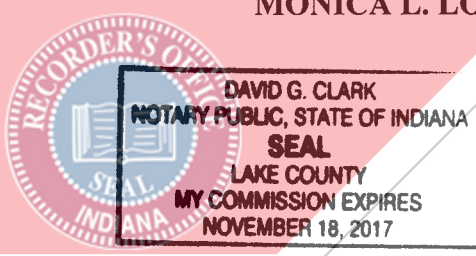
The affiant states no more.

Subscribed and sworn to before me this  
4th day of August, 2014.

*David G. Clark*  
Notary Public



*Monica L. Lowery*  
MONICA L. LOWERY



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.

*David G. Clark*  
DAVID G. CLARK, Attorney

This instrument prepared by: David G. Clark, Atty., 8840 Calumet Avenue, Ste. 205, Munster, IN 46321

LA\ESTATE PLANNING\Lowery, Monica (IN)\SURVIVING JOINT TENANT AFFIDAVIT-INDIANA.wpd

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: *[Signature]*

# 140K  
6177 non conf  
EB  
03514

**FILED**

AUG 13 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 05203



Local No 004251

EDR No 00000361879

State No 059979

1. Decedent's Legal Name (First, Middle, Last) <b>ANTHONY T LOWERY</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>05:28 PM</b>		4. Date Of Death (Month/Day/Year) <b>12/31/2013</b>			
5. Social Security Number		6a. Age - Yrs <b>72</b>		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) <b>09/09/1941</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>											
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) <b>1095 FLAGSTONE DRIVE</b>													
12. City Or Town, State, And Zip Code <b>DYER, IN, 46311</b>						13. County Of Death <b>LAKE</b>			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 <b>MONICA LOWERY</b>				15a. (If Wife) Give Maiden Last Name <b>KULINOWSKI</b>				16. Decedent's Usual Occupation <b>DETECTIVE</b>		17. Kind Of Business/Industry <b>CHICAGO POLICE DEPARTMENT</b>			
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>DYER</b>			18c. Street And Number <b>1095 FLAGSTONE DRIVE</b>		18d. Apt. No.		
18e. Zip Code <b>46311</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
19. Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>ANTHONY LOWERY</b>						23. Mother's Name (First, Middle, Last) <b>ROSE LOWERY</b>			23a. Mother's Maiden Last Name <b>JANNOTTA</b>				
24. Informant's Name <b>MONICA LOWERY</b>				24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1095 FLAGSTONE DRIVE, DYER, IN 46311</b>							
25. Place Of Disposition													
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) <b>ELMWOOD CHAPEL CREMATORY</b>				25c. Location - City, Town, And State <b>CEDAR LAKE, IN</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373</b>						27a. Funeral Home License Number: <b>FH19900052</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD09200077</b>							
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)										Approximate Interval: Onset To Death			
A. <u>CARDIAC ARREST</u>										HOURS			
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										YEARS			
B. <u>AORTIC STENOSIS</u>													
Due to (Or As A Consequence Of):													
C. <u>PNEUMONIA WITH EFFUSION</u>										WEEKS			
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 Finding 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 checked="" 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"/> Pregnant Within 42 Days 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 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: <b>MICHELE J OSTROWSKI, BY ELECTRONIC SIGNATURE</b>													
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: <b>MICHELE J OSTROWSKI, 11355 W 97TH LN, ST. JOHN, IN 46373</b>						44. License Number <b>01059162A</b>			45. Date Certified <b>01/03/2014</b>				
46. Additional Funeral Service Provider:													
47. *Axis:													
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>JAN 03 2014</b>							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													



RAISED SEAL AFFIXED