AFFIDAVIT OF SURVIVORSHIP

FILED FOR RECORD

2014 049971 State of INDIANA)

2014 AUG 20 PM 12: 54 MICHAEL D. BROWN

SS: RECORDER **County of LAKE**)

I,PATRICIA A. MACARTHUR, of lawful age, being first duly sworn upon oath, depose and state as follows:

- This affiant is the surviving joint tenant of JOHN A. MACARTHUR and that this affiant 1. and JOHN A. MACARTHUR were joint tenants of the premises located at 1020 Frances Place, Dyer, Indiana until the death of said JOHN A. MACARTHUR on OCTOBER 3, 2013.
- Said decedent died testate on OCTOBER 3rd 2013, which fact of death is corroborated by 2. the Certificate of Death, duly certified by the State Registrar of Vital Statistics, which certificate is attached hereto and by this reference made a part of this Affidavit.
- This affiant and decedent acquired LOT 4 in Schilling's 9th Addition to the Town of Dyer, as per plat thereof, recorded Decmber 27, 1988 in Plat Book 65, page 29, and amended by Certificate of Correction recorded April 9, 1990 as Document #094166 and amended by Certificate of Correction recorded April 25, 1990 as Document #096975 in the Office of the Recorder of Lake County. Parcel #45-11-18-376-010.000-034, Commonly known as 1020 Frances Place, Dyer, IN.
- That by reason of the death of said decedent and the status of the parties on the date of said deed and the continuation of such status until the death of the decedent, the estate in joint tenancy or tenancy by the entireties in the above real property was terminated on OCTOBER 3, 2014 and this affiant is now the owner of said real property interest.
- This affidavit is made for the purpose of furnishing a recordable document showing the termination of the estate and the ownership of said property interest in affiant.

014493

Dated this 2nd of August, 2014.

Before me appeared Patricia A. MacArthur and being first duly sworn by me upon his/her oath says that the facts alleged in the AMOUNT \$ foregoing instrument are true.

CASH -CHECK #-

Dated this 2nd of August, 2014.

OVERAGE

COPY -NON-COM

CLERK.

OFFICIAL SEAL MELVA KUPIAINEN Notary Public - State of Illinois My Commission Expires Aug 3, 2018

PEGGY HOLINGA KATONA PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003	253	EDR No 00000346749			State No 045449					
Decedent's Legal Name (First, Middle, Last)				lame (If female)		2. Sex		Of Death	4. Date 0	Of Death (Month/Day/Year
JOHN A MÁCARTHÙR						MAL		27 PM		10/03/2013
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Yea	r 6c. Under 1 N	fonth 6d. Under 1 Day	y 6e. Under 1 Hour	7. Date	of Birth (Mon	th/Day/Year) 8.	Birthplace (C	ity and State	or Foreign Country)
9. Ever in U.S. Armed Forces? 10. If Death	Months Occurred In A Ho	Days	Hours	Minutes 10a. If Death Occ	curred Som	11/30/19		KLAHON	MA CITY,	OK
Yes □ No □ Unknown □ Inpatier		•	atient Dead on Arri	☐ Hospice Facili	ity 🛛 🗆	ecedent's Hor		Home/Long-te	rm Care Facil	lity
11. Facility Name (If Not Institution, Give Street		- Dopartinon Capi	andri 🗀 bead on Am	Other (Specify	()			····		
1020 FRANCES PLACE 12. City Or Town, State, And Zip Code				13. County	Of Death			14. Marital S	tatus At Time	Of Death
iz. Ony of Youn, only, and zip oodo			☐ Married ☐ Married, But			lut Separated Divorce				
DYER, IN, 46311 15. Surviving Spouse's Name 15a. (If Wife)G			15a. (If Wife)Give Ma	LAKE				Widowed □ Never Married □ Unknown tion 17. Kind Of Business/Industry		
			, ,					EED	DDG4.	201071110
18. Residence - State	188	a. County		18b. City Or T	own	IELEVIS	SION ENGIN	EEK	IBROAL	DCASTING
NDIANA	LAI	VE.		DYER						
18c. Street And Number	LA	<u>NE</u>		DILK	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		18d. Apt. No.	18e. Zi	p Code	18f. Inside City Limits*
020 FRANCES PLACE								46	6311	☑ Yes ☐ No
19. Decedent's Education		20. Decedent Of h	Hispanic Origin	21.	Decedent's	Race			3311	
HIGH SCHOOL GRADUATE OF COMPLETED		NOT HISPAI	NIC	Whi	ite					
22. Father's Name (First, Middle, Last)				23. Mother's Name	23. Mother's Name (First, Middle, Last)			23a. Mother's Maiden Last Name		
ARTHUR JOHN TACK				ETHEL ELIZABETH TACK				PALSTRING		
24. Informant's Name	24a. Relationship To Decedent		24b. Mailing Addre	24b. Mailing Address (Street And Number, City, State, Zip Code)						
ATRICIA MACARTHUR DAUGHTER				1020 FRANC	CES PL	ACE, DY	ER, IN 4631	1		
25a. Method Of Disposition		Place Of Dispositio	n (Name Of Cemetery,	Place Of Disposition Crematory, Other Place	e) 25c. L	ocation - City,	Town, And State	-		
☑ Burial ☐ Cremation ☐ Donation ☐ Ent ☐ Removal From State	ombment		Dear	100 0 10 4	3					
Other (Specify):		AR PARK		menu	CAL	UMET PA	ARK, IL		-1 23 -E	
	Name And Compl	ete Address Of Fu	neral Facility	PETC	TA	TI			2/a. Fur	neral Home License Numbe
		L HOME, 10	0000 CALUMET	LAVE, MUNST	ER, IN			(0/1		700038
27b. Signature Of Indiana Funeral Service Licer KEVIN W. KISH,BY ELECTRO	NIC SIGN	TURE D	ocument	t is the p	rope		201021590	RUE CO	PY OF	
28. Part I. Enter The Chain Of Events - Di	iseases Injuries	Or Complication	Cause Of Death (S	See Instructions And sed The Death, Do No	d Example of Enter Te				VALIS IS EPARTMI	는 Approximate ENT Interval: Onset
Such As Cardiac Arrest, Respiratory Arres A Line. Add Additinal Lines If Necessary.	t, Or Ventricular	Fibrillation Witho	out Showing The Etiolo	ogy. Do Not Abbreviat	e. Enter O	nly One Caus	e On	Calabian Calabian Consequence (Consequence Consequence	The transcription	o Death
Immediate Cause (Final Disease Or Condi	ition Re <mark>sulting In</mark>	Death)	A. END STAGE RE	ENAL DISEASE			IOCT	0 8 201	3	_
			В.		Dae to (Or	As A Consequence	01):			
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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal