STATE OF INCOME.

LAKE COUNTY
FILED FOR RECORD

2014 050346

2014 AUG 21 AM 11: 21

MICHAEL B. BROWN SURVIVORSHIP AFFIDAVRECORDER

STATE OF INDIANA

)SS:

COUNTY OF LAKE

On this 20^{th} day of August, 2014, before me personally appeared Ellen M. Adank, to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below the affiant's signature;
- 2. On or about December 10, 2009, Bette Clemens executed Quit-Claim Deeds transferring the real estate described below to Ellen M. Adank and Peggy Jo Everman, as tenants-in-common, and reserved a life estate in said real estate in her individual name. Said Quit-Claim Deeds were recorded in the Lake County Recorder's Office on December 23, 2009, as Document Nos. 2009-084958, 2009-084959 and 2009-084960.
- 3. Said real estate is more particularly described as follows:

Parcel 1: Lot Numbered Three (3), except the West 75 feet and all of Lot Numbered Four (4), both in Block Eleven (11), as marked and laid down on the recorded plat of the Village of Shelby, in Lake County, Indiana, as the same appears of record in Plat Book 2, page 7, in the Recorder's office of Lake County, Indiana, together with the improvements thereon situated.

Commonly known as 23327 Polk Street, Shelby, Indiana.

Parcel No. 45-24-28-331-004.000-007

Parcel 2: Lots One (1) and Two (2) Block in Eleven (11) in the Town of Shelby, Lake County, Indiana.

Commonly known as 23327 Polk Street, Shelby, Indiana.

Parcel Nos. 45-24-28-331-001.000-007 and 45-24-28-331-002.000-007

<u>Parcel 3</u>: Seventy-five feet (75') on the west end of Lot number Three (3), in Block Eleven (11), in the Village of Shelby, according to the recorded plat thereof.

Commonly known as 23327 Polk Street, Shelby, Indiana.

Parcel No. 45-24-28-331-003.000-007

FILED

AUG 2 1 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

014533

- 4. Said Bette Clemens died on February 10, 2014, without a will;
- 5. Affiant's relationship to the deceased was adult daughter;
- 6. This Survivorship Affidavit is being prepared and recorded to extinguish the life estate of Bette Clemens and to vest fee simple title in Ellen M. Adank and Peggy Jo Everman, as tenants-in-common.

Affiant's Signature Ellen M. Adank
Name Printed Ellen M. Adank
Address 9000 East 157th Avenue
Hebron IN 46341

Subscribed and sworn to before me, a Notary Public, this 20th day of August, 2014.

Benjamin T. Ballou, Notary Public

My Commission Expires: November 21, 2015 A Resident of Lake County

BENJAMIN T. BALLOU

Notery Public, State of Indiana

Lake County

My Commission Expires

November 21, 2015

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.

Benjamin T. Ballou

This Instrument Prepared by:

Benjamin T. Ballou, Attorney at Law 7 8700 Broadway

Merrillville, Indiana 46410

238124.1/18,519

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" DIANA STATE DEPARTMENT OF HEAL" CERTIFICATE OF DEATH

Tracking No. 09685

Local No O(Local No 000480			EDR No 000000369284				State No 006274			
1. Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name (If female)							Of Death (Month/Day/Yea	
BETTE L CLEMENS 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	CLEMENS 6d. Under 1 Day	6e. Under 1 Hour	7. Date o	FEMA of Birth (Mor		:28 AM B. Birthplace (Ci	ty and State	02/10/2014 or Foreign Country)	
87	Months	Days	Hours	Minutes		09/15/19))	HESSVILL	E INI		
	eath Occurred In A Ho		Tiours	10a. If Death Occur	red Somev	where Other	Than A Hospital			,	
	atient 🔲 Emergency [Department Outpatient	Dead on Arriva	Hospice Facility Other (Specify)	☐ De	cedent's Hor	ne Nursing	Home/Long-ter	m Care Fac	ility	
 Facility Name (If Not Institution, Give S T ANTHONY MEDICAL CE 		WN POINT									
2. City Or Town, State, And Zip Code	·	13. County Of Death				14. Marital Status At Time Of Death					
CROWN POINT, IN, 46307			LAKE					☐ Mamed ☐ Widowed	Married ☐ Married, But Separated ☑ Divor Widowed ☐ Never Married ☐ Unknow		
5. Surviving Spouse's Name		15a	a. (If Wife)Give Maide	en Last Name		16. Decede	nt's Usual Occup	ation	17. Kind	Of Business/Industry	
						CLERK			POSTA	AL.	
8. Residence - State	18a.	County		18b. City Or Tow					1		
NDIANA	LAK	Œ		HEBRON							
8c. Street And Number				-			18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits	
000 EAST 157TH AVENUE								46	341	☐ Yes ☒ No	
Decedent's Education	29	D. Decedent Of Hispan	nic Origin	21. De	ecedent's F	Race					
TH - 12TH GRADE; NO DIF	PLOMA N	OT HISPANIC	;	White							
22. Father's Name (First, Middle, Last)				23. Mother's Name (F	irst, Middl	e, Last)		23a.	Mother's Ma	iden Last Name	
BENJAMIN CLEMENS				HELEN SHINK	(IF			VINS	SON		
4. Informant's Name		24a. Relationship T	o Decedent	24b. Mailing Address		nd Number, (City, State, Zip Co				
LLEN ADANK		DAUGHTER		9000 EAST 15	7TH A	VENUE	HEBRON,	IN 46341			
5a. Method Of Disposition	25h PI	ace Of Disposition (N	25. Pla	ce Of Disposition ematory, Other Place)	1 25c 0	cation - City	Town And State				
Burial Cremation Donation		ace of Disposition (N	ante or contetery, or	ematory, Other Place)	250, 20	Cadon - City,	Town, And State				
Removal From State Other (Specify):	GEIS	EN CREMATI	ON CENTRE	ment	CPO	WN POI	NIT IN				
	27. Name And Complet				CITO	VIV FOI	INT, IIN		27a. Fur	neral Home License Numb	
			ND CREMATI	ON SERVICES	, 604 E	COM	IERICAL A'	√ENUE,		004077	
7b. Signature Of Indiana Funeral Service L	OWELL, IN 46 icensee:		1 01			27	c. License Numbe	er (Of Licensee):		004277	
MOLLY E. TUCKER , BY ELI	ECTRONIC SIC	NATURE	cure Of Death (Sec	e Instructions And E	ronoles)	erty	009200061			Adproximate	
28. Part I. Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory Al A Line. Add Additinal Lines If Necessa	- Diseases, Injuries, Crest, Or Ventricular Fry.					inal Events One Caue				Interval: Onset HE Td Death	
Immediate Cause (Final Disease Or Co	ondition Resulting In [Death) A.	RESPIRATORY FA	AILURE		- 1	E COUNTY	HEALIH D	EPARII	ACUTE	
		B	CUDONIC OBSTD	UCTIVE PULMONAR	`	A Consequence		12.20	41.	VEADS	
Sequentially List Conditions, If Any, Le Line A. Enter The Underlying Cause (I	ading To The Cause Disease Or Injury Tha		CHRONIC OBSTR	OCTIVE POLINIONAR		A Consequence	on: FE	 3 20	19	YEARS	
The Events Resulting In Death) Last		C	BRONCHIECTASIS	S	Due to (Or As	A Consequence	On:			YEARS	
		D.	DIASTOLIC DYSFL	JNCTION			Swam (D 150	F. 00	TEARS	
art II. Enter Other Significant Conditions Co	ntributing to Death But	Not Resulting In The I	Underlying Cause Giv	in In Part I	29. Was	An Autopsy	SekdEm@XOUN	TY HEALT!	OFFIC	ER	
YPERTENSION, DIABETES MELLITUS			CULAR DEMENTIA		30. Were	Autopsy Fin	ding Available To		ause Or De	at⊓? ☐ Yes ☐ No	
Did Tobacoo Use Contribute To Death?	32. If Fem.	ale:	Pregnant At Time Of Death	Not Pregnant, But Pregna	nt Within 42 D	ays Of Death	33. Manner Of		Accident	Pending Investigation	
Yes Probably No Unknow	Not Preg	nant, But Pregnant 43 Days To		Unknown if Pregnant With			Suicide	Could Not Be D	etermined		
4. Date Of Injury (Month/Day/Year)	35. Time	Of Injury	36. Plac	ce Of Injury (E.G., Dece	dent's Hon	ne, Construc	tion Site, Restaura	ant, Wooded Are	ea) 3	7. Injury At Work?	
B. Location Of Injury - State	38a. City C	or Town	38b S	treet & Number				38c. Apt. I	No 3	8d. Zip Code	
, ,										-4	
Describe How Injury Occurred				SEAL !			40. If Transpor	tation Injury, Sp	ecify:		
			EH.	MOLAND MILE			Driver/Operator	PasseNO	™ V A□I	DUNLESS	
 Signature, Of Person Certifying Cause ANDALL LEE HILE, BY EL 		SNATURE	· · · · · · · · · · · · · · · · · · ·				ifier (Check Only		, –	Heath Office	
3. Name, Address And Zip Code Of Person						1 M Cer	tifying Physician I	Corone se Number		Heath Officer 5. Date Certified	
ANDALL LEE HILE , 1020				01030	2344		02/11/2014				
6. Additional Funeral Service Provider:		AVL, LOVVEL	L, IN 40000				47. *Alta			02/11/2014	
Signature of Local Health Officer:					Т	49. For Re-	gistrar Only - Da	te Filed (Month	/Day/Year)		
SUSAN W. BEST, VIA ELEC	To registal offly				FEB 12 2014						
			NT TO CERTIFICA	TE OF DEATH (ENT	RY OR OF	RIGINAL)					
							;				
							i				

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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.