

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 NOV -5 PM 12:59

7  
State of Indiana )  
                          ) SS:  
County of Lake )

Michael D. Brown Court  
RECORDER

SURVIVORSHIP AFFIDAVIT

I, Kimberly A. Rafferty, currently residing at 139 Clifford Howard Road, Sparta, Tennessee 38583, (previously residing at 751 West Division Road, Crown Point, Indiana 46307) being of legal age, depose and say that:

1. Currently, the real estate described below is recorded in the names of:  
Wilma M. Dowling, Shannon M. Ludwig and Charles T. Parman  
13903 Soper Street  
Cedar Lake, Indiana 46303-9216  
Parcel Number: 45-15-27-453-003.000-014  
Taxing District: 014 – Cedar Lake – Hanover  
LEGAL DESCRIPTION: LAKE SHORE ADD. L3 BL 7 K.R.
2. On August 4, 2003, Wilma M. Dowling died, thereby terminating her interest in the above-described real estate. **The above-described real estate was held jointly with her husband, Thomas J. Dowling, who was the surviving spouse.** A certified copy of the recorded Indiana Certificate of Death of Wilma M. Dowling is attached hereto as Exhibit A.
3. On May 10, 2005, Thomas J. Dowling died. A certified copy of the recorded Indiana Certificate of Death of Thomas J. Dowling is attached hereto as Exhibit B.
4. On November 23, 2005, I was appointed as the Personal Representative of the Estate of Thomas J. Dowling. A copy of the Notice of Unsupervised Administration and the Order Probating Will, Appointing Personal Representative and Ordering Unsupervised Administration filed in the Lake Superior Court is attached hereto as Exhibit C.
5. On or about November 23, 2005, pursuant to the Last Will and Testament of Thomas J. Dowling, the above-described real estate was signed over to Shannon M. Ludwig and Charles T. Parman and recorded at the Lake County Courthouse by Attorney Stephen Cohen. Wilma M. Dowling's name was inadvertently added back as an owner of this real estate during the processing of these documents.

I hereby request the name of Wilma M. Dowling be removed from any and all documents concerning the property located at 13903 Soper Street, Cedar Lake, Indiana 46303.

**FILED**

NOV 05 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

016226

2400 Sh  
Nov 5

I, Kimberly A. Rafferty, affirm under the penalties for perjury that the above and foregoing representations are true and accurate.

Kimberly A. Rafferty  
Kimberly A. Rafferty

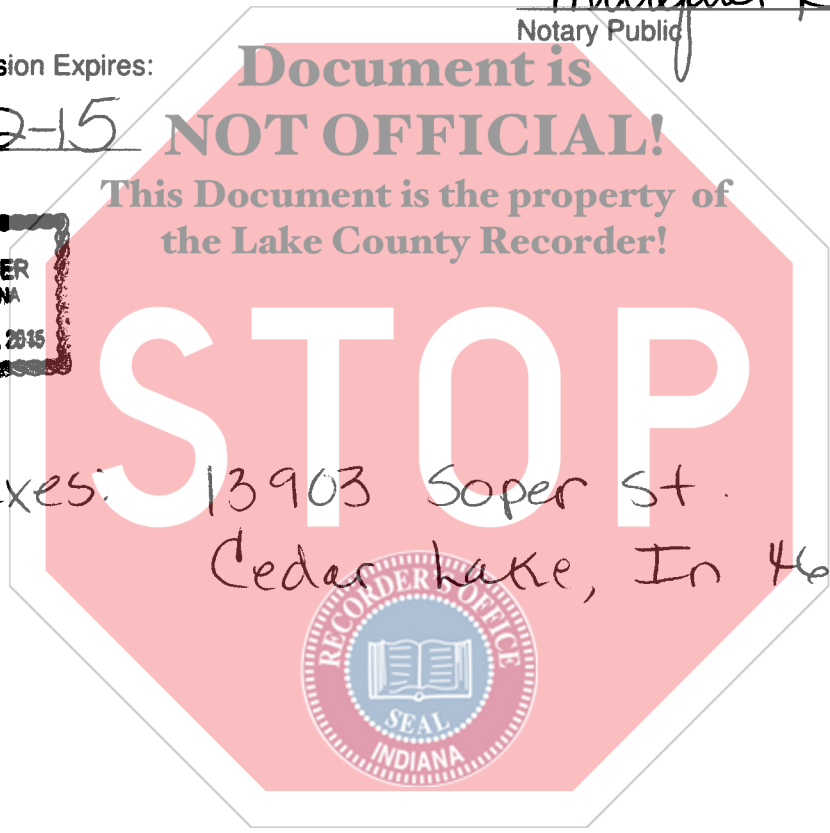
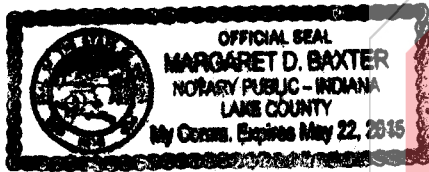
11-5-14  
Date

State of Indiana )  
County of LAKE )

Subscribed and sworn to before me this 5<sup>th</sup> day of November, 2014.

Margaret D. Baxter  
Notary Public

My Commission Expires:  
5-22-15



daxes: 13903 Soper St.  
Cedar Lake, In 46303

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY CERTIFICATE OF DEATH

PORTER COUNTY HEALTH DEPARTMENT 155 Indiana Ave Suite 104 Valparaiso IN 46383

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Wilma M. Dowling		2. SEX Female	3a. TIME OF DEATH 6:10PM	3b. DATE OF DEATH (Month, Day, Yr) August 4, 2003	
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 76	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) April 10, 1927	
7. BIRTHPLACE (City and State or Foreign Country) Hammond, IN	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NA		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input checked="" type="checkbox"/> Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)			
9b. FACILITY NAME (If not institution, give street and number) 751 W. Division Rd.		9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point	9d. COUNTY OF DEATH Porter		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Tom Dowling	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Family Residence	
13a. RESIDENCE—STATE IN	13b. COUNTY Porter	13c. CITY, TOWN, OR LOCATION Crown Point	13d. STREET AND NUMBER 751 W. Division Rd.		
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 DECEDENT 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 (0-12) 12		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)			
18. FATHER'S NAME (First, Middle, Last) Walter Von Borstel		19. MOTHER'S NAME (First, Middle, Maiden Surname) Alyce Weyhmueller			
20a. INFORMANT'S NAME (Type/Print) Tom Dowling		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 751 W. Division Rd Crown Point, IN	20c. Relationship Husband		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) August 8, 2003 Memory Lane Cemetery		21c. LOCATION—City or Town, State Scherverville, IN	
22a. EMBALMER'S NAME Raymond E. White, Jr.		22b. EMBALMER'S LICENSE NO. FD08700086	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William E. [Signature]</i>		24b. LICENSE NUMBER (of Licensee) FD01007697	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burdan Funeral Home FH830002461 12901 Wicker Ave Cedar Lake, IN 46303		
28. PART I. Enter the diseases, 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. Uterine Cancer DUE TO (OR AS A CONSEQUENCE OF) b. DUE TO (OR AS A CONSEQUENCE OF) c. DUE TO (OR AS A CONSEQUENCE OF) d.  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last				Approximate Interval Between Onset and Death	
PART II Other significant conditions: Breast Cancer		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or 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) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>R. Drasga</i>		29c. MEDICAL LICENSE NO. #01031484	29d. DATE SIGNED (Month, Day, Year) 08/06/03		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) RAY DRASGA 1205 S MAIN ST. CROWN POINT 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Henry A. Babeska MD</i>				32. DATE FILED (Month, Day, Year) August 11, 2003	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

This document not valid unless stamped on reverse side and embossed with raised seal of Porter County

PORTER COUNTY  
CERTIFICATE OF DEATH

PORTER COUNTY  
HEALTH DEPARTMENT  
155 Indiana Ave Suite 104  
Valparaiso IN 46383

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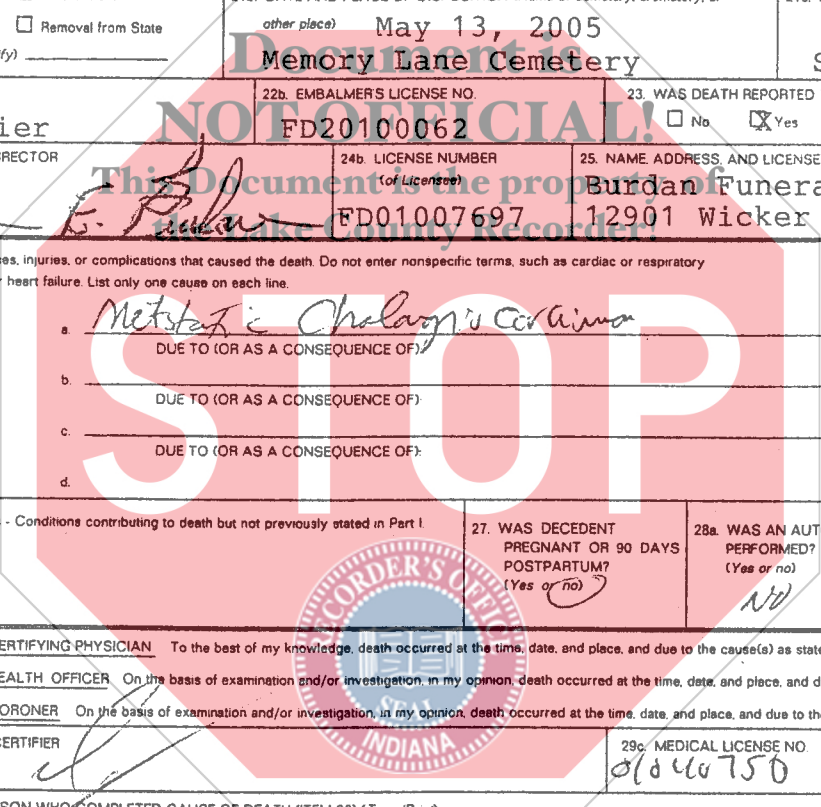
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>Thomas J. Dowling</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>8:40A M</b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>May 10, 2005</b>	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) <b>78</b>	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	
6. DATE OF BIRTH (Mo, Day, Yr.) <b>July 2, 1926</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Hammond, IN</b>			
8a. WAS DECEDENT A U.S. VETERAN? <b>Yes</b>	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1946</b>	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) _____ <input checked="" type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>751 West Division Road</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Crown Point</b>	9d. COUNTY OF DEATH <b>Porter</b>		
10. MARITAL STATUS (Specify) <b>Widower</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Deceased</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Terminal Superintendent</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Railroad</b>	
13a. RESIDENCE—STATE <b>IN</b>	13b. COUNTY <b>Porter</b>	13c. CITY, TOWN, OR LOCATION <b>Crown Point</b>		13d. STREET AND NUMBER <b>751 West Division Road</b>	
13e. ZIP CODE <b>46307</b>	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? <b>USA</b>	15. WAS DECEDENT 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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12): <b>12</b> College (1-4 or 5+): <b>NA</b>		18. FATHER'S NAME (First, Middle, Last) <b>Thomas P. Dowling</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Catherine Dora Biscan</b>		20a. INFORMANT'S NAME (Type/Print) <b>Kim Rafferty</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>751 West Division Rd Crown Point IN</b>		20c. Relationship <b>Daughter</b>			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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) <b>May 13, 2005 Memory Lane Cemetery</b>		21c. LOCATION—City or Town, State <b>Schererville, IN</b>	
22a. EMBALMER'S NAME <b>Jason Frazier</b>		22b. EMBALMER'S LICENSE NO. <b>FD20100062</b>	23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>William F. Burbanck</i>		24b. LICENSE NUMBER (of Licensee) <b>FD01007697</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Burdan Funeral Home FH83002461 12901 Wicker Ave Cedar Lake IN</b>		
26. PART I Enter the diseases, 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) <b>a. Metastatic Cholangiocarcinoma</b> DUE TO (OR AS A CONSEQUENCE OF): _____  Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last  b. _____ DUE TO (OR AS A CONSEQUENCE OF): _____  c. _____ DUE TO (OR AS A CONSEQUENCE OF): _____  d. _____		26. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I			
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <b>no</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>no</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>no</b>		
29a. CERTIFIER (Check only one) <input 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) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			
29c. MEDICAL LICENSE NO. <b>01040750</b>		29d. DATE SIGNED (Month, Day, Year) <b>5-10-05</b>			
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Chasson Jono 929 Ridge Road Suite 5 Muncie IN 46321</b>					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) <b>May 12, 2005</b>	
33. MANNER OF DEATH <input 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)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



# Filed in Clerk's Office

STATE OF INDIANA )  
COUNTY OF LAKE )  
IN THE MATTER OF THE )  
UNSUPERVISED ESTATE OF )  
Thomas J Dowling  
Deceased

NOV 18 2005

IN THE LAKE CIRCUIT/SUPERIOR COURT  
PROBATE DIVISION  
CASE NUMBER  
45D02 0511 EU 65

*Thomas R. Philpot*  
CLERK LAKE SUPERIOR COURT

## NOTICE OF UNSUPERVISED ADMINISTRATION

Notice is hereby given that Kimberly Rafferty, on the 23<sup>rd</sup> day of November, 20 05, was appointed as the personal representative of the estate of Thomas J Dowling, who died on the 10<sup>th</sup> day of May, 20 05, [leaving a will] ~~[not leaving a will]~~. The estate will be administered without court supervision.

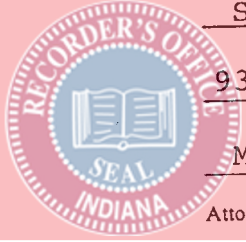
As an heir, devisee, or legatee of the estate (a "distributee"), you will be advised of the following information:

- (1) The personal representative has the authority to take actions concerning the estate without first consulting you.
- (2) The personal representative may be serving without posting a bond with the court. You have the right to petition the court to set a bond for your protection.
- (3) The personal representative will not obtain court approval of any action, including the amount of attorney's or personal representative's fees.
- (4) Within two (2) months after the appointment of the personal representative, the personal representative must prepare an inventory of the estate's assets. You have the right to request and receive a copy of this inventory from the personal representative.
- (5) The personal representative is required to furnish you with a copy of the closing statement that will be filed with the court, and, if your interests are affected, with a full account in writing of the administration of the estate.
- (6) You must file an objection to the closing statement within three (3) months after the closing statement is filed with the court if you want the court to consider your objection.
- (7) If an objection to the closing statement is not filed with the court within three (3) months after the filing of the closing statement, the estate is closed and the court does not have a duty to audit or make an inquiry.

IF, AT ANY TIME BEFORE THE ESTATE IS CLOSED, YOU HAVE REASON TO BELIEVE THAT THE ADMINISTRATION OF THE ESTATE SHOULD BE SUPERVISED BY THE COURT, YOU HAVE THE RIGHT TO PETITION THE COURT FOR SUPERVISED ADMINISTRATION. IF YOU DO NOT UNDERSTAND THIS NOTICE, YOU SHOULD ASK YOUR ATTORNEY TO EXPLAIN IT TO YOU.

Kimberly Rafferty  
Personal Representative  
751 W. Division Road  
Address  
Crown Point, IN 46307  
Telephone Number 219-759-5838

Stephen B. Cohen  
Attorney for Personal Representative  
9337 Calumet Ave., Ste. A-1  
Address  
Munster, IN 46321  
Attorney#: 3289-98 Telephone 219-836-1171



Dated at East Chicago, Indiana, this 23 day of November, 2005.

*Thomas R. Philpot*  
Clerk, Lake Circuit/Superior Court

RECEIVED In Open Court

NOV 23 2005 NOV 23 2005

Thomas R. Philpott  
CLERK LAKE SUPERIOR COURT CLERK COURT OF LAKE COUNTY

STATE OF INDIANA )  
 )SS:  
COUNTY OF LAKE )

IN THE LAKE SUPERIOR COURT  
ROOM NO. TWO, PROBATE DIVISION  
SITTING IN EAST CHICAGO, INDIANA

IN THE MATTER OF THE )  
UNSUPERVISED ESTATE OF )  
THOMAS J. DOWLING, )  
DECEASED. )

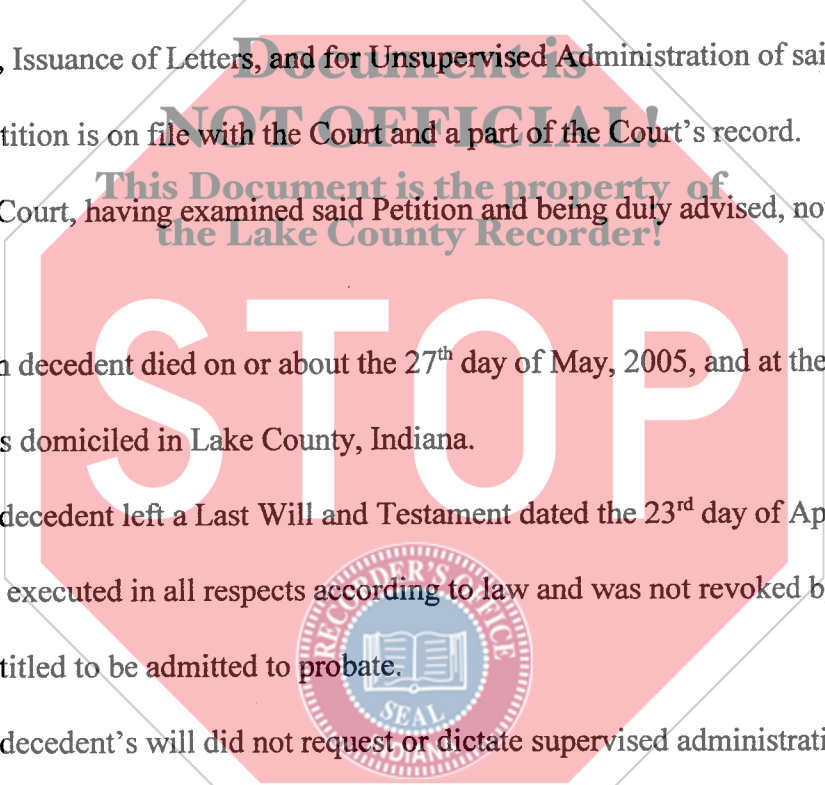
CAUSE NO. 45D02 0311 EU 65

ORDER PROBATING WILL,  
APPOINTING PERSONAL REPRESENTATIVE  
AND ORDERING UNSUPERVISED ADMINISTRATION

COMES NOW Kimberly A. Rafferty having filed her verified Petition for the Probate of Decedent's Will, Issuance of Letters, and for Unsupervised Administration of said decedent's Estate, which Petition is on file with the Court and a part of the Court's record.

And the Court, having examined said Petition and being duly advised, now finds as follows:

1. That such decedent died on or about the 27<sup>th</sup> day of May, 2005, and at the time of such death was domiciled in Lake County, Indiana.
2. That the decedent left a Last Will and Testament dated the 23<sup>rd</sup> day of April, 2005, which was duly executed in all respects according to law and was not revoked by the decedent and is entitled to be admitted to probate.
3. That the decedent's will did not request or dictate supervised administration.
4. That Letters should be issued as requested in such Petition.
5. That Kimberly A. Rafferty is appointed Personal Representative of the Estate of Thomas J. Dowling and shall qualify as such upon taking an oath as Personal Representative.



6. That upon Kimberly A. Rafferty taking an oath, the Clerk of Superior Court of Lake County shall issue Unsupervised Letters of Testamentary to Kimberly A. Rafferty.
7. That Kimberly A. Rafferty as Personal Representative of the Estate of Thomas J. Dowling is hereby authorized to proceed under the statutory provisions of the Indiana Code governing Unsupervised Administration of estates.
8. That the Personal Representative is further ordered to notify all reasonably ascertainable creditors of the decedent and to comply with the notice requirements of I. C. 29-1-7-7 and the duties imposed by I. C. 29-1-7-7.5.

All of which is ordered this 23<sup>rd</sup> day of November, 2005.

*William E. Davis*  
\_\_\_\_\_  
William E. Davis

Judge of the Lake/Porter Superior Court

