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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 070447

2014 NOV -6 AM 10:47

STATE OF INDIANA)
COUNTY OF LAKE)

)SS:

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now George P. Baker, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Sondra H. Baker, deceased.
2. That George P. Baker and Sondra H. Baker, acquired the following property as Husband and Wife during the term of their marriage.

SEE ATTACHED LEGAL DESCRIPTION

Commonly known as 5050 Spinnaker Lane, Unit A, Crown Point, IN 46307
Parcel No.: 45-17-16-277-041.000-044

3. That George P. Baker and Sondra H. Baker remained married until the death of Sondra H. Baker on the 14th day of July, 2014.
4. That George P. Baker became the fee simple owner of the property at the death of Sondra H. Baker.

I affirm under the penalties for perjury that the foregoing statements are true.

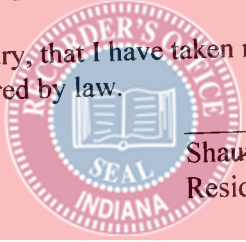

George P. Baker

STATE OF INDIANA)
COUNTY OF LAKE)

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

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

My Commission
Expires: 4/10/22


Shauna M. Lange, Notary Public
Resident of Lake County

FILED

NOV 06 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$ 15

CK#
12685

This Instrument Prepared by: The Law Offices of Patricia A. Rees, 5341 Central Ave., Portage, IN 46368
(219) 947-1692.



016255

5050 Spinnaker Lane, #A
Crown Point, IN 46307

Unit #11
Key No. 10-98-1

UNIT 5050-A IN BUILDING 6, LAKE HOLIDAY CONDOMINIUM, A HORIZONTAL PROPERTY REGIME, AS PER DECLARATION RECORDED SEPTEMBER 18, 1981 AS DOCUMENT NO. 644346 AND AS AMENDED BY FIRST AMENDMENT TO DECLARATION RECORDED SEPTEMBER 10, 1982 AS DOCUMENT NO. 677329 AND AS AMENDED BY SECOND AMENDMENT RECORDED FEBRUARY 27, 1989 AS DOCUMENT NO. 024499 AND AS AMENDED BY THIRD AMENDMENT RECORDED MAY 23, 1989 AS DOCUMENT NO. 038016 AND AS RE-RECORDED ON JUNE 1, 1989 AS DOCUMENT NO. 039603 AND AS AMENDED BY FOURTH AMENDMENT RECORDED SEPTEMBER 26, 1989 AS DOCUMENT NO. 059778 AND AS AMENDED BY FIFTH AMENDMENT TO DECLARATION RECORDED FEBRUARY 9, 1990 AS DOCUMENT NO. 083896 AND AS AMENDED BY SIXTH AMENDMENT DATED APRIL 13, 1990, AND RECORDED APRIL 20, 1990 AS DOCUMENT NO. 096200 AND AS AMENDED BY SEVENTH AMENDMENT DATED SEPTEMBER 26, 1990 AND RECORDED OCTOBER 1, 1990 AS DOCUMENT NO. 126504 AND AS AMENDED BY CERTIFICATE OF CORRECTION DATED OCTOBER 5, 1990 AND RECORDED OCTOBER 5, 1990 AS DOCUMENT NO. 127452 AND AS AMENDED BY EIGHTH AMENDMENT TO DECLARATION DATED MARCH 21, 1991, AND RECORDED MARCH 26, 1991, AS DOCUMENT NO. 91013792 IN THE RECORDER OF DEEDS OF LAKE COUNTY, INDIANA, TOGETHER WITH UNDIVIDED INTEREST IN THE COMMON AREAS APPERTAINING THERETO AND GARAGE NO. G-6.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No.

23959

Local No 002256

EDR No 00000395194

State No 032102

1. Decedent's Legal Name (First, Middle, Last) SONDRA H BAKER				1a. Maiden Name (If female) EPSTEIN		2. Sex FEMALE	3. Time Of Death 07:42 AM	4. Date Of Death (Month/Day/Year) 07/14/2014
5. Social Security Number [REDACTED]	6a. Age - Yrs 74	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) 01/09/1940		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) ST ANTHONY MEDICAL CENTER OF CROWN POINT								
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307				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 GEORGE BAKER			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation OWNER		17. Kind Of Business/Industry JEWELRY STORE
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT				
18c. Street And Number 5050 SPINKER						18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			
22. Father's Name (First, Middle, Last) MILTON EPSTEIN			23. Mother's Name (First, Middle, Last) ANNETTE EPSTEIN			23a. Mother's Maiden Last Name GOODMAN		
24. Informant's Name MELINDA NEWHART		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 194 NANTI, PARK FOREST, IL 60466				
25. Place Of Disposition								
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) WESTLAWN CEMETERY			25c. Location - City, Town, And State NORRIDGE, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375					27a. Funeral Home License Number: FH19900051	
27b. Signature Of Indiana Funeral Service Licensee: SHELIA C. KIRBY, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29500088		
Cause Of Death (See Instructions And Examples)								
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. NEOPLASM LUNG			Due to (Or As A Consequence Of)		Approximate Interval: Onset To Death 3 MONTHS
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. RESPIRATORY FAILURE			Due to (Or As A Consequence Of)		DAYS
			C.			Due to (Or As A Consequence Of)		
			D.			Due to (Or As A Consequence Of)		
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		
NO						30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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		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		
41. Signature, Of Person Certifying Cause Of Death: BRETT ALAN BRECHNER, 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: BRETT ALAN BRECHNER, 9150 E. 109TH AVE. SUITE 2A, CROWN POINT, IN 46307						44. License Number 02002495A		
46. Additional Funeral Service Provider:						47. *Attest: 07/15/2014		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) JUL 21 2014		

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED