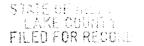
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## 2014 079197

2014 DEC 12 AM 10: 52

## SURVIVORSHIP AFFIDAVIT

MICHALL LOR RECORDER

Comes now Patrick T. Doyle, who being duly sworn upon his oath, deposes and says:

That Patrick T. Doyle is the surviving spouse of Carol Doyle, deceased, who died domiciled in Lake County, Indiana, on 09/15/20/2

That affiant and Carol Doyle acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

LOT 2, UNIT NO. 1, OF MARIAN WOODS SUBDIVISION, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 36, PAGE 38, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3904 W 91st Ave., Merrillville, IN 46410;

Affiant states that Patrick T. Doyle and Carol Doyle continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Carol Doyle's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the abovedescribed real estate to Thomas Mihail and Elizabeth Anderson Mihail.

Executed this 5th day of December

Doyle

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this \_\_\_\_\_ day of \_\_\_\_\_, 20<u>\_**14**</u>

> KAREN KANE Notary Public My Commission Expires: O PORTER

My County of Residence:

This document prepared by: Lade and Warner 140 East Washington Street Indianapolis, Indiana 46204

File No. 1404770

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. Stacie I.. James

FILED

2015

DEC 0 9 2014 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Lo	0028	EDR I	EDR No 000000280139					State No  2 Sex 3 Time Of Death 4 Date Of Death (Month/Day/Year)							
Decedent's Legal Nam	ne (First, Mi	ddie, Last)				1a. Maiden Nar	,	)	ŀ	2. Sex		_	4. Date	,	, ,
CAROL DOYLE 5. Social Security Number	er 6a Ac	v Vro 6h	Under 1 Yea	r 6c Under 1		EJARNAT I. Under 1 Day	T 6e. Unde	r 1 Hour 7		FEMALE irth (Month/Day		:49 inthplace (Ci	ty and State	09/15/20 or Foreign Co	
							-				·			-	
9. Ever in U.S. Armed Fo		72 Mor 10. If Death Occ		Days ospital:	Ho	ours	Minutes 10a. If De	ath Occurred S		/10/1940 re Other Than A		ONWAY,	AR		
☐ Yes ☒ No ☐ Ur	nknown			Department Out	patient [	Dead on Arriva	Hospi	, -	Deced	lent's Home	Nursing H	ome/Long-ter	m Care Fac	ility	
11. Facility Name (if Not METHODIST HC	t Institution, SPITA	Give Street and L SOUTHL	Number) .AKE ME	RRILLVILL	.E										
12. City Or Town, State,							13.	County Of Dea	ath		1 '	4. Marital St			Divorced
MERRILLVILLE,		10-7099						KE				☐ Widowed	☐ Nev	er Married	Unknown
15. Surviving Spouse's N	Name				15a. (If	Wife)Give Maide	en Last Name		16	. Decedent's Us	suai Occupatio	п	IV. KIIK	1 Of Busiliess	moustry
PATRICK DOYL	Ε						105	ity Or Town	AS	SISTANT	MANAGE	ER	BANK	ING	
18. Residence - State			188	a. County				•							
INDIANA 18c. Street And Number			LAI	KE			MER	RILLVILLE		18d.	Apt. No.	18e. Zip	Code	18f. Insid	de City Limits?
													440	☐ Ye	s 🛮 No
3904 WEST 91S		IUE		20. Decedent Of	Hispanic C	Origin		21. Deced	ent's Rac	e		46	410		
								Mhito							
9TH - 12TH GRA			A   N	NOT HISPA	INIC		23. Mother	White s Name (First,	Middle, L	ast)		23a.	Mother's Ma	aiden Last Nar	me
							DUBVI	NE IARNA	тт			NAT	ION		
MAHLEN DEJARNATT  24. Informant's Name 24a. Relation					nship To De	ecedent	RUBY DEJARNATT 24b. Mailing Address (Street A			And Number, City, State, Zip C					
PATRICK DOYLE HUSBAN					ND		3904 W	EST 91S	TAVE	NUE, ME	RRILLVIL	LE, IN 4	6410		
25a. Method Of Disposition			25h B	Place Of Dispositi	on (Name	25. Pla Of Cemetery, Cr	ice Of Dispos	ition er Place) 25	5c. Locati	on - City, Town,	And State				
Burial ☐ Cremation		ion 🔲 Entombr		Tace Of Dispositi	on (irame	0,00,,,0,									
Removal From State Other (Specify):			CAL	UMET PAF	RK CEN	METERY	me	nt M	ERRI	LLVILLE, I	N				
26. Was Coroner Contact	ted?		e And Comple	ete Address Of F	uneral Faci	lity		OC BOOM	21//4	MEDDII	1.VII.LE 1	M	27a. Fu	neral Home Li	cense Number:
☐ Yes ☒ No		GEISE 46410-		RAL & CRI	EMAII	ON SERVIC	CES, 190	5 BRUAL			The street of the second or th	The second second		800005	
27b. Signature Of Indiana	a Funeral S	ervice Licensee:		IGNATURE			• 41		MAP	OF FDOS	100505 06	DEATH OF	AND COME Leile wit	H THE	
					Cause	Of Death (Se	e Instructio	ns And Exam	ples) K	COUNTY ME.	atta DEPAR	MENT		Appı	roximate val: Onset
28. Part I. Enter The <u>(</u> Such As Cardiac Arre A Line. Add Additinal	est, Respira	itory Arrest, Ur	iés, Injuries, Ventricular I	Or Complication Fibrillation With	ns - That I out Showi	ng The Etiology	Do Not Ab	previate. Ente	r Only O	ne Cause On	OFR 1	2010		TOC	Death
Immediate Cause (Fir	nal Disease	Or Condition	Resulting In	Death)	A. <u>CAF</u>	RDIAC ARRYTI	HYMIA	Due 1	o (Qr As A C	onsequence Of):	SEP L	8 2012	;	10 MI	NUTES
Constant List Cons	ditions of	Any Loading T	o The Cause	Listed On	В.				1	onsequence Of):	\		;		
Line A. Enter The Underlying Cause (Disease Or Injury That Initiated								() de ti	b (UI AS A C	onsequence Oi).	Lag a c stages				
The Events Resulting	in Dealing	Last			C			Due ti	o (Or As A C	onsequence Of):					
					D	rthing Cours Giv	in In Part I	1 29	Was An	Autopsy Perform	ned?				
Part II. Enter Other Signific	icant Condi	ions Contributing	d to Death Bu	it Not Resulting II	The Onde	silying Cause Oiv	MIT MIT GILL			topsy Finding A		☐ Yes mplete The 0	No Cause Of Declaration     No Cause Of Declarati	noth2	res □ No
DIABETES; HYPERTEN 31. Did Tobacoo Use Cor	NSION Intribute To	Death?	32. If Fen	nale:							Manner Of De	ath:	Accident		
Yes Probably	3 No □ 1	Jnknown	Not Pre	gnant Within Past Year gnant, But Pregnant 43	Pregn	ar Before Death	Unknown II	Pregnant Within The	e Past Year		Suicide 🔲 Co	uld Not Be D	Determined		
34. Date Of Injury (Month	n/Day/Year)		35. Time			36. Plac	ce Of Injury (	.G., Decedent	's Home,	Construction Si	te, Restaurant	Wooded Are	ea) 3	37. Injury At W ☐ Yes	vork?
			290 City	Or Town		38h S	treet & Numb	er				38c. Apt.	No. 3	88d. Zip Code	
38. Location Of Injury - Si	itate		38a. City	Or Town				6							
39. Describe How Injury (	Occurred									40	If Transportat	ion Injury, Sp	ecify:	Other (Specify)	
	• • • • • • • • • • • • • • • • • • • •					ELL.	EAV.	المتعتبا					redestrian []	- Carter (Specify	
41. Signature, Of Person WILLIAM W FOR	n Certifying	Cause Of Death	RONIC S	SIGNATUR	F	Time to	DIANT	ii.		42. Certifier (		ne) Corone		Heath Office	
43. Name, Address And 2	Zip Code O	Person Certifyin	ng Cause Of I	Death:							44. License	Number	4	5. Date Certi	fied
WILLIAM W FOR	RGEY	109 EAST	89TH A	VENUE, M	ERRILI	LVILLE, IN	46410				0102623	6A		09/17	/2012
46. Additional Funeral Se	ervice Provi	der:									47. *Akas:				
48. Signature of Local He									49	For Registrar					
SUSAN W. BEST	T, VIA E	LECTRON	IIC SIGN	IATURE AMEN	IDMENT	TO CERTIFICA	TE OF DEA	TH (ENTRY C	R ORIG	INAL)		SEP 18	2012		
				Anel									•		

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.