

7

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 082979

2014 DEC 29 PM 1:45

3

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Mary A. Austin, of adult age, being first duly sworn, upon deposes and says:

That Mary A. Austin, is the Wife of James F. Austin, deceased, who died on February 26, 2011 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Richard W. Billups and Carol L. Billups recorded August 11, 1972 as Document No. 161482 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Mary A. Austin, surviving spouse of the decedent.

And further affiant sayeth not this 3 day of December, 2014.

*Mary A. Austin & Garrett P. Klemm*  
Mary A. Austin BY *Garrett P. Klemm* her  
Attorney in Fact

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 3 day of December, 2014.

WITNESS my hand and Notarial Seal.

My Commission Expires: 1-21-20

*Annette Martinez*  
Printed Name of Notary Public

*Porter*  
Notary Public County and State of Residence

This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:  
3004 100th Street, Highland, IN 46322

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. *Annette Martinez* (Type or Print Name)

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

DEC 22 2014

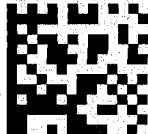
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE CORP

DEC 09 2014

File No.: P448876  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

15-  
MT  
SS  
28675



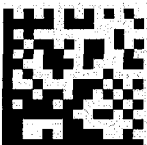
1983607-1005

**LEGAL DESCRIPTION**

Lot Numbered 197 in Lakeside 7th Addition to the Town of Highland, as per plat thereof, recorded in Plat Book 37, page 62 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):  
16-27-0356-0022

45-07-33-278-001.000-026



1983807-1005



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000750

EDR No 00000185861

State No 010229

1. Decedent's Legal Name (First, Middle, Last) <b>JAMES F AUSTIN</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>11:42 AM</b>		4. Date Of Death (Month/Day/Year) <b>02/26/2011</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>72</b>		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) <b>03/01/1938</b>				8. Birthplace (City and State or Foreign Country) <b>MUNCIE, IN</b>							
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) <b>COMMUNITY HOSPITAL</b>											
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>						13. County Of Death <b>LAKE</b>			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 <b>MARY ALICE AUSTIN</b>				15a. (If Wife) Give Maiden Last Name <b>REEVES</b>				16. Decedent's Usual Occupation <b>GEMOLOGIST</b>		17. Kind Of Business/Industry <b>JEWELRY STORE</b>	
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>HIGHLAND</b>		18c. Street And Number <b>3004 100TH STREET</b>	
18d. Apt. No.		18e. Zip Code <b>46322</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education <b>ASSOCIATE DEGREE (AA, AS)</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>HERSHEL AUSTIN</b>				23. Mother's Name (First, Middle, Last) <b>MARY AUSTIN</b>				23a. Mother's Maiden Last Name <b>MC QUINN</b>			
24. Informant's Name <b>MARY ALICE AUSTIN</b>				24a. Relationship To Decedent <b>WIFE</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3004 100TH STREET, HIGHLAND, IN 46322</b>			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) <b>EVERGREEN CREMATORY</b>				25c. Location - City, Town, And State <b>EVERGREEN PARK, IL</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number: <b>FH10300021</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01014511</b>					
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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death) A. RESPIRATORY FAILURE</b> <b>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. PNEUMONIA</b>											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>CARCINOMA LUNG</b>											
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 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 <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: <b>MANSUETO H. SILVERMAN, BY ELECTRONIC SIGNATURE</b>						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: <b>MANSUETO H. SILVERMAN, 3641 RIDGE ROAD, HIGHLAND, IN 46322</b>						44. License Number <b>01035700A</b>		45. Date Certified <b>03/08/2011</b>			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 09 2011</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>											