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STATE OF INDIANA
LAKE COUNTY
FILED

2015 APR 29

MICR

Mail Tax Bills to:

Peggy Darline Jones
1523 Fischrupp Avenue
Whiting, IN 46394

Mail Recorded Document to:

Lisa A. Kmak, Attorney
1022 - 119th Street
Whiting, IN 46394

**AFFIDAVIT OF SURVIVORSHIP
AND EXTINGUISHMENT OF LIFE ESTATE INTEREST**

Peggy Darline Jones, upon personal knowledge and belief, makes these statements.

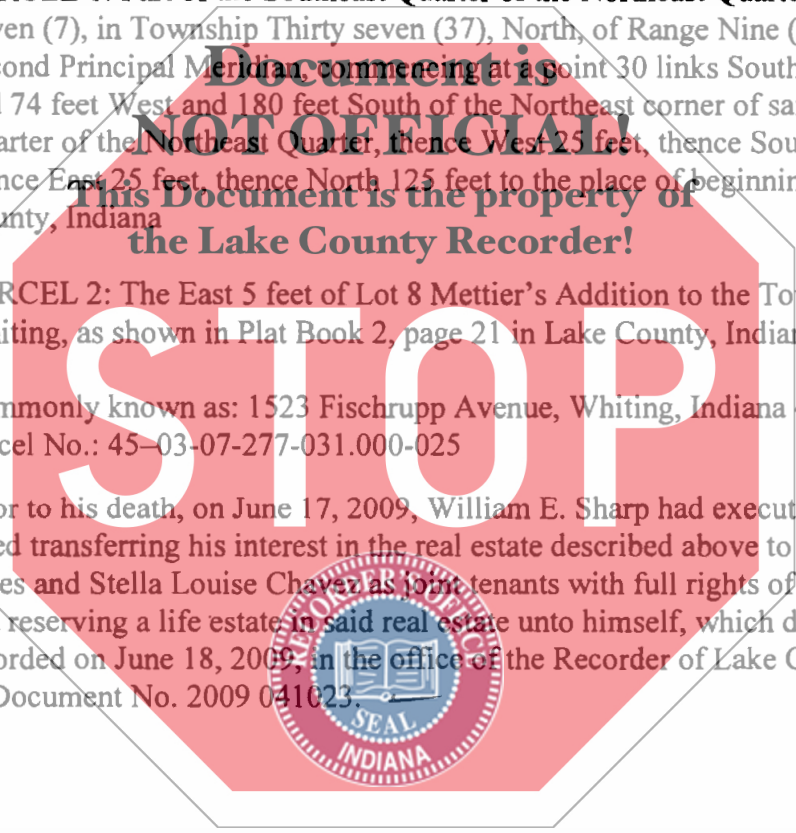
1. William E. Sharp died on March 17, 2015 (a copy of his death certificate is attached hereto) owning a life estate interest in the following described real estate:

PARCEL 1: Part of the Southeast Quarter of the Northeast Quarter of Section Seven (7), in Township Thirty seven (37), North, of Range Nine (9) West of the Second Principal Meridian, commencing at a point 30 links South and 4 chains and 74 feet West and 180 feet South of the Northeast corner of said Southeast Quarter of the Northeast Quarter, thence West 25 feet, thence South 125 feet, thence East 25 feet, thence North 125 feet to the place of beginning, in Lake County, Indiana

PARCEL 2: The East 5 feet of Lot 8 Mettier's Addition to the Town, now City of Whiting, as shown in Plat Book 2, page 21 in Lake County, Indiana.

Commonly known as: 1523 Fischrupp Avenue, Whiting, Indiana 46394
Parcel No.: 45-03-07-277-031.000-025

2. Prior to his death, on June 17, 2009, William E. Sharp had executed a Quit Claim Deed transferring his interest in the real estate described above to Peggy Darline Jones and Stella Louise Chavez as joint tenants with full rights of survivorship, and reserving a life estate in said real estate unto himself, which document was recorded on June 18, 2009, in the office of the Recorder of Lake County, Indiana as Document No. 2009 041023.



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APR 29 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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#2307

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4. To the best of the affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership and rights to the above-described real estate by removing the life estate held by William E. Sharp, obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Recorder of Lake County, Indiana, to show fee simple ownership as joint tenants with rights of survivorship in **Peggy Darline Jones and Stella Louise Chavez**, of 1523 Fischrupp Avenue, Whiting, Lake County, Indiana.

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

Dated this 9 day of April, 2015.

Peggy Darline Jones
Peggy Darline Jones

Document is NOT OFFICIAL!

STATE OF INDIANA)
) **This Document is the property of**
) **the Lake County Recorder!**
COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Peggy Darline Jones, who acknowledged the execution of the foregoing Affidavit and delivered said instrument as her free and voluntary act, for the uses and purposes set forth therein.

WITNESS my hand and Notarial seal this 9 day of April, 2015.

My Commission Expires:
11/07/2017

Lisa A. Kmak
Lisa A. Kmak, Resident of Lake County, IN.



Prepared by: Lisa A. Kmak, 1022 - 119th Street, Whiting, Indiana 46394. 219/659-1355

**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 000076

EDR No 00000438452

State No

1. Decedent's Legal Name (First, Middle, Last) WILLIAM ESCO SHARP				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 11:03 PM	4. Date Of Death (Month/Day/Year) 03/17/2015			
5. Social Security Number		6a. Age - Yrs 86	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) 05/25/1928		8. Birthplace (City and State or Foreign Country) ANDERSONVILLE, TN		
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 CATHERINE HOSPITAL INC										12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312	
13. County Of Death LAKE					14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown						
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation ENGINEER		17. Kind Of Business/Industry STEEL MILL			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town WHITING						
18c. Street And Number 1523 FISCHRUPP AVENUE						18d. Apt. No.	18e. Zip Code 46394	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 8TH GRADE OR LESS			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) WILLIAM ROSCO SHARP				23. Mother's Name (First, Middle, Last) LONA SHARP			23a. Mother's Maiden Last Name NOT AVAILABLE				
24. Informant's Name STELLA LOUISE CHAVEZ			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 312 SUFFOLK DRIVE, SAN LEANDRO, CA 94577						
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility OWENS-RUZICH FUNERAL HOME AND CREMATION SERVICE, 816-119TH STREET, WHITING, IN 46394					27a. Funeral Home License Number: FH10700040				
27b. Signature Of Indiana Funeral Service Licensee: JAMES F SEEBERG, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20900076					
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.										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. GRAM NEGATIVE SEPTICEMIA Due to (Or As A Consequence Of):										DAYS	
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. _____ Due to (Or As A Consequence Of):											
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		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" 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: PAULA BENCHIK-ABRINKO, 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: PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394						44. License Number 01045436A		45. Date Certified 03/18/2015			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 20 2015					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

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.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TRANSFORMS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.