STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 031338

2015 MAY 20 PM 1:52

MICHAEL B. BROWN
RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-19-22-426-007.000-038

Michael G. Powers, being first duly sworn upon oath, deposes and says:

1. That **Glendon C. Powers**, died on the 10th day of March 2, 2008 at Lowell, Lake County, Indiana.

2. That at the time of his death, he held a Life Estate interest with Mona R. Powers in the following described real estate:

   LOT 49 IN INDIAN HEIGHTS UNIT NO. 3, IN THE TOWN OF LOWELL, AS RECORDED PER PLAT THEREOF IN PLAT BOOK 36, PAGE 60, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

   COMMONLY KNOWN AS: **510 APACHE LANE, LOWELL, IN 46356**

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Glendon C. Powers.

4. That this Affiant's relationship to the Decedent was Father.

FURTHER, your Affiant saith naught.

NOTARY PUBLIC SEAL STATE OF INDIANA
DEANNA L. GRIGGS
Lake County
My Commission Expires
February 20, 2021

MICHAEL G. POWERS

STATE OF INDIANA, COUNTY OF LAKE) SS:

Subscribed and Sworn to before me, a Notary Public this 11th day of May, 2015.

My Commission Expires: 2-20-21
Resident of Lake County

Signature
Printed DeAnna L Griggs, Notary Public

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45. No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Signature of Preparer

DeAnna L Griggs
Printed Name of Preparer

#13
CM
CA

FILED
02141
MAY 18 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

COMMUNITY TITLE COMPANY
FILE NO 15-1357

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 257-08 State No.

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Last Name (If Female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
Glendon C. Powers		Male	07:10 PM	March 2, 2008

5. Social Security Number	6a. Age – Yrs	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)	8. Birthplace (City And State Or Foreign Country)
[redacted]	84					March 11, 1923	Hartford, KY

9. Ever In U.S. Armed Forces? [X] Yes [ ] No [ ] Unknown

10. If Death Occurred In A Hospital: [ ] Inpatient [ ] Emergency Department Outpatient [ ] Dead On Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: [ ] Hospice Facility [ ] Decedent's Home [X] Nursing Home/Long-Term Care Facility [ ] Other (Specify)

11. Facility Name (If Not Institution, Give Street And Number): Lowell Healthcare Center

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
Lowell	Lake	[X] Married [ ] Married, But Separated [ ] Divorced [ ] Widowed [ ] Never Married [ ] Unknown

15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
Mona Powers	Taylor	Welder	Foundry

18. Residence – State	18a. County	18b. City Or Town
Indiana	Lake	Lowell

18c. Street And Number	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
510 Apache Ln,		46356	[X] Yes [ ] No

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
8th grade or less	No	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
Hiram Powers	Amanda Powers	Duncan

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
Mona Powers	Wife	510 Apache Ln,, Lowell, In 46356

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location – City, Town, And State
[X] Burial [ ] Cremation [ ] Donation [ ] Entombment [ ] Removal From State [ ] Other (Specify):	Lowell Memorial Cemetery	Lowell IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
[ ] Yes [X] No	Sheets Funeral Home 604 E. Commercial Ave., Lowell, IN 46356	FH83004277

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
Ken Sheets	FD08900045

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.

Approximate Interval: Onset To Death

Immediate Cause (Final Disease Or Condition Resulting In Death)
A. Large cell carcinoma – lung — Due To (Or As A Consequence Of):

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. Metastatic lung cancer — Due To (Or As A Consequence Of):
C. Emphysema — 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? [ ] Yes [X] No

30. Were Autopsy Findings Available To Complete The Cause Of Death? [ ] Yes [ ] No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
[ ] Yes [X] Probably [ ] No [ ] Unknown	[ ] Not Pregnant Within Past Year [ ] Pregnant At Time Of Death [ ] Not Pregnant, But Pregnant Within 42 Days Of Death [ ] Not Pregnant, But Pregnant 43 Days To 1 Year Before Death [ ] Unknown If Pregnant Within The Past Year	[X] Natural [ ] Homicide [ ] Accident [ ] Pending Investigation [ ] Suicide [ ] 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?
			[ ] Yes [ ] 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:
	[ ] Driver/Operator [ ] Passenger [ ] Pedestrian [ ] Other (Specify)

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
Randall Hile	[X] Certifying Physician [ ] Coroner [ ] Health Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
Dr. Randall Hile MD 1020 E. Commercial Ave., Lowell, IN 46356	01030234	3/3/08

46. Additional Funeral Service Provider:	47. *Alias:

48. Signature of Local Health Officer:	49. For Registrar Only – Date Filed (Month/Day/Year):
Shannon J Bast D.O.	March 4, 2008

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3 7-1-10