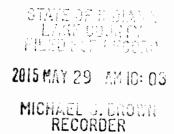
2015 032845



Case # 920150603

SURVIVORSHIP AFFIDAVIT

| Comes now | Clifford D. | Vogt, | who being | duly | sworn u | pon his | oath, o | deposes a | and | say | S |
|-----------|-------------|-------|-----------|------|---------|---------|---------|-----------|-----|-----|---|
|-----------|-------------|-------|-----------|------|---------|---------|---------|-----------|-----|-----|---|

That, Ruth A. Osborne is the surviving spouse of Erman Osborne, deceased who died domiciled _, on _10-29-13 . in Lake County, Indiana

That Ruth A. Osborne and Erman Osborne acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Tax ID No.: 45-11-13-151-002.000-032

Affiant states that Ruth A. Osborne and Erman Osborne Sontinued 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 Erman Osborne's death. Document is the property of

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 abovedescribed real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Ruth A. Osborne.

JOHN E. PETALAS

STATE OF

INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 18th day of

May, 2015

Notary Public: Shannon Stiener

County of Residence: Lake

My Commission expires: 3/14/2023

Prepared by: Clifford D. Vogt

SHANNON STIENER Lake County
My Commission Expires
March 14, 2023

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

FIDELITY NATIONAL TITLE COMPANY 92015-0603

012411

#15 Fr

Exhibit "A"

File No. 920150603

Part of the Southwest Quarter of the Northwest Quarter of Section 13, Township 35 North, Range 9 West of the 2nd Principal Meridian, describes as:

Commencing at a point on the West line thereof 1120.75 feet North of the Southwest corner of said Quarter Quarter Section; thence North along the West line thereof 100 feet to a point; thence East 440.94 feet to a point; thence South 100 feet to a point, said point being 1120.34 feet North of the South line of said Quarter Quarter Section; thence West 440.94 feet to a point of beginning, in Lake County, Indiana.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| Local No 003 | | | EDR No OC | | | 71 | _ | State | | | | | | |
|---|--------------------------------|--------------------------------------|---|--|-------------------------------------|----------------|-------------------------|--|-----------------------|------------------------|-----------------------|------------------------------------|--|--|
| Decedent's Legal Name (First, Middle, Last) | | | 1a. Maide | n Name (Iff | female) | | 2. Sex | 3. | Time Of 0 | Death | 4. Date O | Death (Month/Day/Year) | | |
| ERMAN OSBORNE 5. Social Security Number 6a. Age - Yrs | 6b. Under 1 Ye | ear 6c. Under 1 | Month 6d. Under 1 | Day So | Under 1 Hour | 7 Date o | MAI | LE nth/Day/Year) | 11:16 | | | 10/29/2013 Foreign Country) | | |
| | | - | - | <u> </u> | | | | | | | | r oreign Coontry) | | |
| 9. Ever in U.S. Armed Forces? 10, If Deat | Months h Occurred In A F | Days Hospital: | Hours | | utes . If Death Occur | | 08/07/19 where Other | | | CLONE, I | <u>///</u> | | | |
| , | | y Department Out | patient 🔲 Deed on A | | Hospice Facility Other (Specify) | ⊠ De | cedent's Hor | me Nu | rsing Hom | ne/Long-term (| Care Fadlit | <u>'</u> | | |
| 11. Facility Name (If Not Institution, Give Street 1906 SOUTH COLFAX STREE | | | | | | | | | | _ | | | | |
| 12. City Or Town, State, And Zip Code | | | | | 13. County O | f Death | | | | Marital Statu | | | | |
| GRIFFITH, IN, 46319 | | | | | LAKE | | | | | Married ☐ N Widowed | Married, But Never | Separated Divorced Married Unknown | | |
| 15. Surviving Spouse's Name | | | 15a. (If Wife)Give I | Maiden Last I | | | 16. Decede | ent's Usual Oc | cupation | | 17. Kind O | f Business/Industry | | |
| RUTH OSBORNE | | | DANIELS | | | | /IECHAN | NIC. | | F | ROADW | ΆΥ | | |
| 18. Residence - State | 18 | a. County | DANIELO | 10 | Bb. City Or Tow | | | 1.0 | | | | <u>-</u> | | |
| INDIANA | LA | KE | | G | RIFFITH | | | | | | | | | |
| 18c. Street And Number | | | | · | | | | 18d. Apt. No | D. | 18e. Zip Co | de | 18f. Inside City Limits? | | |
| 1906 SOUTH COLFAX STREE | Т | | | | | | 1 | | | 4631 | 9 | ⊠ Yes 🔲 No | | |
| 19. Decedent's Education HIGH SCHOOL GRADUATE O | | 20. Decedent Of I | Hispanic Origin | | 21. De | cedent's R | ace | | | | | | | |
| COMPLETED | | NOT HISPA | NIC | | White | | | | | | | | | |
| 22. Father's Name (First, Middle, Last) | | | _ | 23. M | other's Name (F | irst, Middle | , Last) | | | 23a. Mot | her's Maide | n Last Name | | |
| NAMAN BROWN | | | | SEL | LA OSBOI | RNE | | | | OSBO | RNE | | | |
| 24. Informant's Name | | 24a. Relations | ship To Decedent | 24b. N | Mailing Address | (Street An | d Number, C | ity, State, Zip | Code) | • | | | | |
| RUTH OSBORNE | | WIFE | | 1906 | SOUTH (| COLFA | X STRE | ET, GRII | FFITH | , IN 4631 | 9 | | | |
| 25a. Method Of Disposition | 25b. F | Place Of Disposition | (Name Of Cemeter) | Place Of Di Crematory | | 25c. Loca | ation - City, | Town, And Str | ate | | | | | |
| ☐ Burial ☐ Cremation ☐ Donation ☐ Enter | mbment | | Doc | um | ent | 15 | | | | | | | | |
| Other (Specify): | | | CEMETERY | | | | RERVIL | LE, IN | | | | _ | | |
| 26. Was Coroner Contacted? 27. N | lame And Comple | ete Address Of Fur | neral Facility | | 3 (0 | IA | | | - | 2 | 7a, Funera | al Home License Number: | | |
| ☐ Yes ☒ No LIN(| COLN RIDO | E FUNERA | L HOME, 760 | | ICOLN HIC | SHWAY | r, CROV | NN BOW | IT, IN | 46307 F | H8880 | 0070 | | |
| 27b. Signature Of Indiana Funeral Service Licens ELI VUJKO, BY ELECTRONIC | | I NIS I | Jocume | nt is | the p | rope | E171 27c | . Lice nse Nui 01008 30 | inber (Of I | Licensee): | | | | |
| | | the | Cause DEDeath | | | | | THI | SICA | TRUE CO | אין אין | Approximate | | |
| 28. Part I. Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest, | or Ventri <mark>cular F</mark> | Or Complications Fibrillation Withou | s - That Directly Cau it Showing The Etiol | sed The De ogy. Do Not | l Abbreviate. E | nter Termir | One G ause | OTHE RE | CORD | ON FILE | WITH: | Interval Onset T님단o Dea h | | |
| A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Conditi | on Resulting In | Death) A | . CARDIOPULMO | NAR Y AR I | REST | | 1 | AKE COL | INTY | HEALTH [| DEPART | MENT SECONDS | | |
| Titilional State (Fillal Bissass Of School | on resulting in | Dead I) | O ARBIOT DEIN | STATE PAIC | D | ue to (Or As A | Consequence O | 10: | NOV | 0.0.00 | | 52501115 | | |
| Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disea | | | | | Due to (Or As A Censeq isnoe Of): | | | | | NUV U.8 2013 MONTHS | | | | |
| The Events Resulting In Death) Last | or injury the | | BRAIN CANCE | ₹ | | 10-1-1 | 0 | A | | | | MONTHS | | |
| | | | CHRONIC OBS | TOUCTNE | | | Consequence O | " Sa | com co | DB, | J. 00 | A VEADS | | |
| Part II. Enter Other Significant Conditions Contribu | iting to Death But | | | | | | Autopsy Pe | | | L Yes | | | | |
| TYPE II DIABETES | | | | | | | | ing Available | | | | | | |
| 31. Did Tobacoo Use Contribute To Death? | 32. If Fem | ale: | Pregnant At Time Of Day | 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | Donard Bro Precogni | Within 42 Days | a Of Death | 33. Manner | | | dent 🗀 F | ending Investigation | | |
| Yes Probably No Unknown | Not Preg | hant, But Pregnant 43 Da | ys To 1 year Before Cleath | Outro | MAN IF Progress Within | The Past Year | · | ☐ Suicide | ☐ Coúld | Not Be Deten | mined | | | |
| 34. Date Of Injury (Month/Day/Year) | 35. Time | Of Injury | | Nace Of Injui | ry (E.C., Decade | ent's Home | , Construction | on Site, Resta | iurant, VVo | oded Area) | | njury At Work? | | |
| 38. Location Of Injury - State | 38a. City C | nwoTriC | 386 | Street & No | ımber - | | _ | | 38 | Bc. Apt. No. | | Zip Code | | |
| | | | | SEA | | | | | | | | | | |
| 39. Describe How Injury Occurred | | | Et l | /MDIA | 10 1111 | | | 40. If Transp | portation t | njany Specify | /ALJD | UNLESS | | |
| M. Circolum C/2 | | | | | Him | | | | r • | | | openy) | | |
| 41. Signature, Of Person Certifying Cause Of Dea JOHN ALLEN HOEHN, BY ELEC | CTRONIC S | | | | | | 42. Certifi Certifi | er (Check On ying Physician | nly _I One) | Coroner | , ☐ He | ath Officer | | |
| 43. Name, Address And Zip Code Of Person Certi | | | | | | | | 44. Lic | ense Nun | nber | 45. D | ate Certified | | |
| IOHN ALLEN HOEHN , 505 W LINCOLN HWY, SCHERERVILLE, IN 463 | | | | | '5 | | | | 02000872A | | | 11/01/2013 | | |
| 46. Additional Funeral Service Provider: | | | | | | | | 47. *A | kas: | | , , | , | | |
| 48. Signature of Local Health Officer: | | | | | | 49 | . For Regis | strar Only - [| | | | | | |
| SUSAN W. BEST, VIA ELECTRO | NIC SIGNA | | MENT TO CERTIFIC | ATE OF D | EATH (ENTRY | OR ORIG | SINAL | | , NO | V 08 201 | 3 | | | |
| | | - AMERIDA | | 01 01 | | J., ONK | | | - | | | | | |
| | | | | | | | | | 1 | | | | | |