

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 059564

2015 SEP -2 AM 10:05

MICHAEL B. BROWN
RECORDER

2

Case # 920151907

SURVIVORSHIP AFFIDAVIT

Comes now Linda F. Williams, who being duly sworn upon her oath, deposes and says: *AKA Haven James Williams*

That, Linda F. Williams is the surviving spouse of Haven J. Williams, deceased who died domiciled in Maricopa County, Arizona, on 7/29/15 *d.w.* 12/21/12

That Linda F. Williams and Haven J. Williams acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

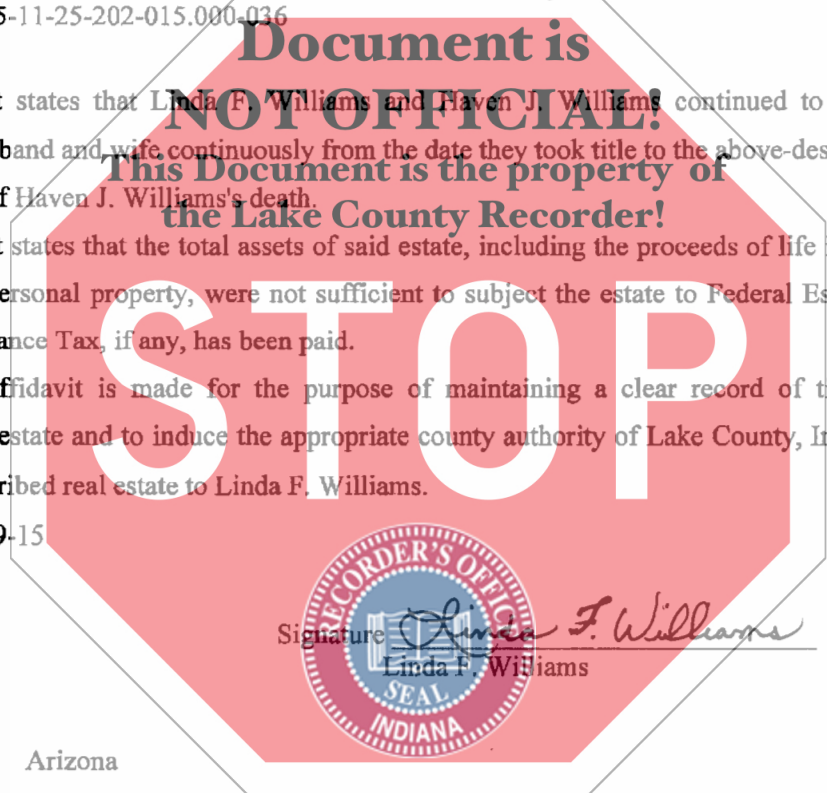
Lot 92 in Pine Island Ridge Unit 32, in the Town of Schererville, as per plat thereof, recorded in Plat Book 48 page 113, in the Office of the Recorder of Lake County, Indiana.
Tax ID No.: 45-11-25-202-015.000-036

Affiant states that Linda F. Williams and Haven J. Williams 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 Haven J. Williams'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 above-described real estate to Linda F. Williams.

Executed: 7-29-15



Signature Linda F. Williams
Linda F. Williams

STATE OF Arizona
COUNTY OF Maricopa

Subscribed and sworn to before me, a Notary Public in and for said county and state, personally appeared Linda F. Williams, on this 29th day of July, 2015.

Justin A. Stittsworth
Notary Public
County of Residence: Maricopa County
My Commission expires: 2-6-2016



Prepared by: Timothy R. Kuiper, Attorney at Law
Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

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.

03981

FIDELITY NATIONAL
TITLE COMPANY
92015-1907

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER
AUG 28 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

13
PJ
BW

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

State File NO: 102-2012-048208

1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST) HAVEN JAMES WILLIAMS				2. AKA'S (IF ANY)		3. DATE OF DEATH DECEMBER 21, 2012	
4. SEX MALE	5. SOCIAL SECURITY NUMBER:	6. DATE OF BIRTH 07/08/1942	7. AGE 70	8. MONTHS	9. DAYS	10. HOURS	11. MINUTES
12. PLACE OF DEATH - HOSPITAL <input checked="" type="checkbox"/> INPATIENT <input type="checkbox"/> E.R./OUTPATIENT <input type="checkbox"/> DEAD ON ARRIVAL				13. PLACE OF DEATH - OTHER THAN HOSPITAL <input type="checkbox"/> NURSING HOME OR LONG TERM CARE FACILITY <input type="checkbox"/> RESIDENCE <input type="checkbox"/> HOSPICE FACILITY <input type="checkbox"/> OTHER			
14. FACILITY NAME (OR STREET ADDRESS IF NOT A FACILITY) BANNER BOSWELL MEMORIAL HOSPITAL				15. CITY, TOWN & ZIP CODE OR LOCATION OF DEATH SUN CITY 85351		16. COUNTY OF DEATH MARICOPA	
17. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) CHICAGO, ILLINOIS			18. MARITAL STATUS AT TIME OF DEATH MARRIED		19. NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE) LINDA F FLICKNER		
20. FATHER'S NAME (FIRST, MIDDLE & LAST) HERBERT WILLIAMS			21. CITY AND COUNTY OF BIRTH CHICAGO, ILLINOIS			22. STATE	
25. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> NO, NOT SPANISH, HISPANIC OR LATINO <input type="checkbox"/> YES, MEXICAN, MEXICAN-AMERICAN, CHICANO <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN <input type="checkbox"/> YES, OTHER (SPECIFY)			26. DECEDENT'S RACE(S): <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK, AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> ASIAN, INDIAN <input type="checkbox"/> CHINESE <input type="checkbox"/> FILIPINO <input type="checkbox"/> JAPANESE <input type="checkbox"/> GUAMANIAN OR CHAMORRO <input type="checkbox"/> KOREAN <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE			27. IF AMERICAN INDIAN OR ALASKA NATIVE SPECIFY UP TO 4 TRIBES, PRIMARY OR ENROLLED TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE: ADDITIONAL TRIBE:	
28. OCCUPATION TEACHER			30. MOTHER'S NAME (FIRST, MIDDLE & LAST NAME PRIOR TO FIRST MARRIAGE) MILDRED SWEENEY			36. LICENSE NUMBER F1335	
31. INFORMANT'S NAME LINDA F WILLIAMS			32. PRESENT ADDRESS SPOUSE 15114 W ALEGRIA CT SURPRISE, ARIZONA 85374			33. FUNERAL DIRECTOR	
34. NAME AND ADDRESS OF FUNERAL FACILITY CREMATION SOCIETY OF ARIZONA, LLC 12525 W GRAND AVE, BLDG B, EL MIRAGE, ARIZONA			35. NAME AND ADDRESS OF 2nd DISPOSITION FACILITY HERITAGE CREMATORY, EL MIRAGE, ARIZONA			37. METHOD(S) OF DISPOSITION CREMATION	
38. NAME AND ADDRESS OF 1st DISPOSITION FACILITY		39. NAME AND ADDRESS OF 2nd DISPOSITION FACILITY		40. A SUICIDE		41. APPROXIMATE INTERVAL UNKNOWN	
42. B SUICIDE		43. APPROXIMATE INTERVAL		44. C SUICIDE		45. APPROXIMATE INTERVAL	
46. D SUICIDE		47. APPROXIMATE INTERVAL		48. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE: SUICIDE		49. INJURY? NO	
50. INJURY AT WORK? NO		51. MANNER OF DEATH NATURAL DEATH		52. TIME OF DEATH 1:05:16 AM		53. WAS AN AUTOPSY PERFORMED? NO	
54. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? NO		55. NAME OF PERSON COMPLETING CAUSE OF DEATH AMARDEEP S. MAJHAIL, M.D.		56. DATE CERTIFIED 12/27/2012		57. CERTIFIER'S ADDRESS 14674 W MOUNTAIN VIEW BLVD SURPRISE, AZ 85374	
58. NAME OF REGISTRAR MICHELLE CASTANEDA-MARTINEZ, DEPUTY REGISTRAR		59. DATE REGISTERED 12/31/2012		60. DATE ISSUED: 01/03/2013		61. DATE REGISTERED	



This is a true certification of the facts on file with the OFFICE OF VITAL RECORDS, ARIZONA DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA. Revised 04/2010

This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.

ANY ALTERATION OR FRASURE VOIDS THIS DOCUMENT



Patricia Adams
PATRICIA ADAMS
ASSISTANT STATE REGISTRAR