STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 066673

2015 SEP 28 AM IO: 34

MICHAEL B. BROWN RECORDER

IN RE THE TITLE OF REAL ESTATE:

W.60 FT. of E. 440.06 FT. of 5W.NW.S. of Jol, Rd, S.9t.34.R.8; approx .570 Acres; Commonly known as 965 E. Joliet Street, Crown Point, Indiana 46307

Real Estate Property # 44516-09-154-007.000-042

SURVIVORSHIP AFFIDAVITARE COUNT Lisa Camp, being duly sworn upon her oath, states:

- She is the surviving spouse of John Christopher Camp, also kno 1. Camp.
- The above real estate was owned, and titled in the name of John Christopher 2. Camp and Lisa Camp, husband and wife.
- John C. Camp, also known as John Christopher Camp died March 20, 2012, 3. leaving no will

4. Attached is

fiant's knowledge there is no Federal Estate Tax Liability or 5. k Plauling by teason of a cath of said decedent.

the Lake County Recorder! Please mail all future tax bills/notices to the below address.

Lisa Camp

Address: 965 E. Joliet Street, Crown Point, Indiana 46307

STATE OF INDIANA COUNTY OF LAKE

6.

Signature:

Before me, a Notary Public in and for said County and State, personally appeared Lisa Camp who acknowledged execution of the Survivorship Affidavit and who, being duly sworn, stated the representations contained therein to be true.

ITNESS my hand and Notarial Seal this

ission Expires: <u>12-12-2022</u>

Lake County

Kenneth A. Manning, Notary Public

inder the penalties of perjury, that I have taken reasonable care and steps to reduct each social number in the document, including attachments, unless required by law.

Instrument Prepared By: Kenneth A. Manning, 200 Monticello Drive, Dyer, Indiana 46311; phone: (219) 865-8376

FIDELITY NATIONAL TITLE COMPANY 92015-2091

FIDELITY (P

015623

## **EXHIBIT A**

The West 60 feet of the following described tract: Part of the Southwest quarter of the Northwest Quarter of Section 9, Township 34 North, Range 8 West of the Second Principal Meridian, in Lake County, Indiana, Commencing at the Southeast corner of said tract and running thence West along the South line thereof 440.06 feet to the Southeast corner of a parcel described to Lydia E. Witherell by Warranty Deed dated January 28, 1875 and recorded January 28, 1875, in Deed Record 21, page 436; thence North along the East line of said Witherell tract 422.50 feet to the center line of the Joliet Road; thence Southeasterly along the center line of said Joliet Road 456.70 feet to the East line of the Southwest Quarter of the Northwest Quarter of said Section; thence South along the East line of the Southwest Quarter of the Northwest Quarter of said Section, 294.85 feet to the Place of Beginning.





## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Lo	EDR	No 0000	State No 012854										
1. Decedent's Legal Name					1a. Maiden Nam	e (If female)		2. Sex		Time Of Death	4. Data	e Of Death (Month/Day/Year)	
JOHN C CAMP								MAL		02:22 AM		03/20/2012	
5. Social Security Number	6a. Age - Yrs	6b. Under 1	Year   6c. Unde	r 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mont	h/Day/Year)	8. Birthplace	City and Stat	e or Foreign Country)	
	59	Months	Days		Hours	Minutes	7	09/25/19	52	HAMMO	ND, IN		
9. Ever in U.S. Armed For	ces?   10. If D	eath Occurred In	A Hospital:			10a. If Death Occ	_	where Other Tecedent's Hom		tal rsing Home/Long-	torm Cara Fa	dity	
Yes No Un	☐ Yes ☒ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify)												
11. Facility Name (If Not I		reet and Number	)										
965 EAST JOLIET STREET  12. City Or Town, State, And Zip Code  13. County Of Death  14. Marital Status At Time Of Death													
										Married  Widow		But Separated Divorced ver Married Unknown	
CROWN POINT, I				15a.	(If Wife)Give Maider	LAKE Last Name		16. Deceder	r's Usual Oc			d Of Business/Industry	
					· •	•		MOBILE		TOR			
LISA M CAMP 18. Residence - State			18a. County	JKRA	USBECK	18b. City Or To		TRAINER			US ST	IEEL	
INDIANA 18c, Street And Number		[l	AKE			CROWN P	OINI	— т	18d. Apt. No	.   18e, 2	Zip Code	18f. Inside City Limits?	
												☑ Yes ☐ No	
965 EAST JOLIET	STREET		I 20 Decedant	This area	2011M	<u>ent</u>	Recodent's	Rare			16307		
	19. Decedent's Education HIGH SCHOOL GRADUATE OR GED  20. Decedent of Hispanic Origin.  21. Decedent's Race												
COMPLETED  22. Father's Name (First, M	iddio Laeti		MOTHIS	ANIC	OF	Whit 23. Mother's Name		la Last)		1 23	a. Mother's M	aiden Last Name	
22. Father 3 Hanne (1 hat, 41	iodie, casty												
NORBERT CAMP						MARCABITO 24b, Mailing Addres					SSLER		
24. Informant's Name			the	Lak	e Coun	965 EASTS	orde	rio Number, Ci	iy, State, Ap	Code)	40007		
LISA M CAMP			WIFE			965 EAST JC e Of Disposition	DET S	TREEI, C	JROWN	POINT, IN	46307		
25a. Method Of Disposition			o. Place Of Dispos	ition (Nam		matory, Other Place)	25c. Lo	cation - City, T	own, And St	ate			
☐ Burial ☑ Cremation ☐ ☐ Removal From State	Donation E	ntcmbment											
Other (Specify):		K	ELLY CARR	OLL CF	REMATION S	SERVICE	GAR'	Y, IN					
26. Was Coroner Contacted	? 27	. Name And Cor	nplate Address Of	Funeral Fa	dility					,	27a. Fu	neral Home License Number:	
☐ Yes ☒ No	PI	RUZIN & LI	TTLE FUNE	RAL S	ERVICE, 811	E FRANCIS	CAN DE	R, CROW	N POIN	T, IN 46307	FH830	001261	
27b. Signature Of Indiana F THOMAS G. PRUZ	uneral Service Lic	ensee:						27c.	License Nu 0100989	mber (Of Licenses	<u>:</u> ):		
				Caus		Instructions And		)	2100303			Approximate	
28. Part I. Enter The Ch Such As Cardiac Arrest,	ain Of Events 4-	Diseases, Injuri	es, Or Complicat	ions - That	Directly Caused T	he Death. Do Not i	Enter Term	ninal Events v One Cause	On			Interval: Onset To Death	
A Line. Add Additinal Li	nes If Necessary				TUDER	800							
Immediate Cause (Final	Disease Or Con	dition Resulting	In Death)	A. <u>ME</u>	TASTATIC ESOF	HAGEAL ADENO	CARCINON Due to (Or As	MA A Consequence Cr	-			8 MONTHS	
Sequentially List Condition	ons. If Anv. Lea	ding To The Ca	use Listed On	8									
Line A. Enter The Under The Events Resulting In	rlying Cause (Dis	ease Or Injury	That Initiated			텔/ ;	Due to (Cr As	A Consequence Of	5/				
The Events Hooding in	Deality Last			C	SEA.	35	Dua to (Cr As	A Consequence Ci	:			-	
				D	AIDW, WDIA	NA						<del></del>	
Part II. Enter Other Significan	nt Conditions Cont	nbuting to Death	But Not Resulting	In The Und	erlying Causa Glvin	in Part i	11 /00	An Autopsy Pa		Yes			
NONE 31. Did Tobacco Use Contril		1.60-115	emale:				30. Were	Autopsy Findi	33. Manner	To Complete The	Cause Of De	Yes No	
Yes Probably N				ar Preg	nami At Time Of Death	Not Pregnant, But Pregn	ant Within 42 Da	ays Of Death			Accident	Pending Investigation	
34. Date Of Injury (Month/Da			Pregnant, But Pregnant me Of Injury	43 Days To 1 ye		Of Injury (E.G., Dece				Could Not Be		7. Injury At Work?	
34. Date Of Injury (World Vide	iy/rear)	35. 11	me Or injury		(	The state of the s			-	brang wooded A		Yes No	
'38. Location Of Injury - State			ity Or Town			ES THE ABOVE IS				38c. Apt.	No. 3	8d. Zip Code	
			.,			HEALTH DEPART		i . ida ili.					
39. Describe How Injury Occ	urred								40. If Transp	portation Injury, S	pecify:		
.,						MAD 07	7 2012		Driver/Operal	or Passenger	Pedestrian C	Otter (Specify)	
41. Signature, Of Person Certifying Cause Of Death: PETER K TOTHY, BY ELECTRONIC SIGNATURE						42. Cer			tifier (Check Only One)  tifying Physician				
43. Name, Address And Zip					<del> </del>			1 M. Ceruly		ense Number		5. Date Certified	
DETER-K-TATUV	0497-MCD	וויירייים מט	-LE-DOAD-	MEDDI	 	46440				5693A		03/22/2012	
46. Additional Funeral Service	PETER-K-TOTHY-, 8127-MERRRRILLVILLE-ROAD, MERRILLVILLE, IN-46410 01065693A 03/22/2012 47. *Akas:												
48. Signature of Local Health	Officer				***********	AND COLUMN TO SERVICE STATE OF SERVICE S		49. For Regis	trar Only	Date Filed (Mont)	//Dav/Year)		
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE MAR 23 2012													
	AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
	<i>-</i>						,						