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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 067688

2015 OCT 01 AM 10:36

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Donna E. Carroll, being duly sworn, state as follows:

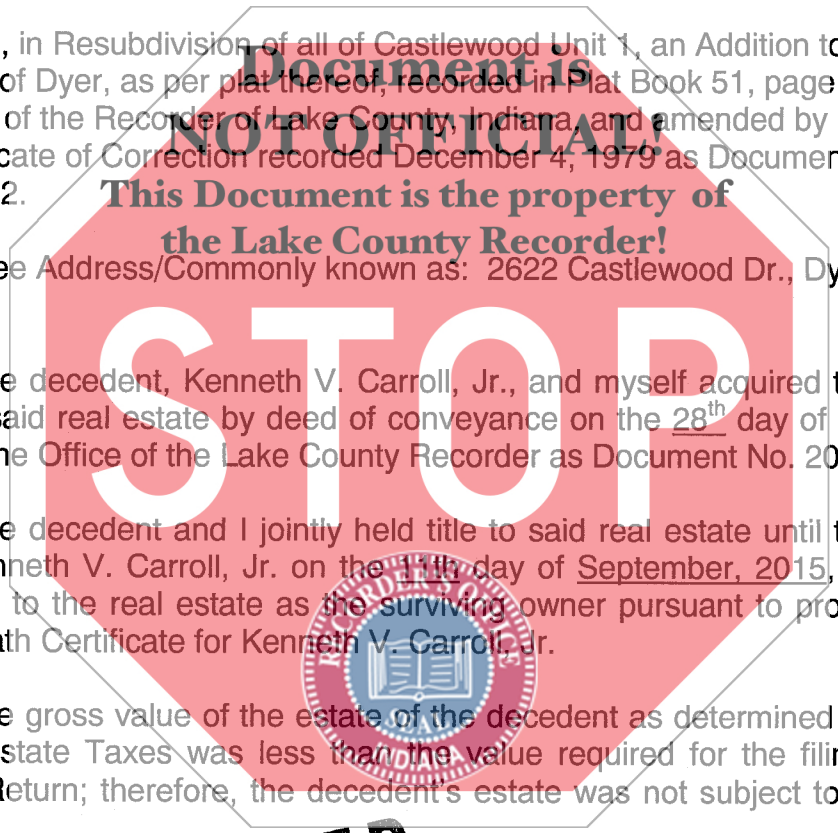
1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 52, in Resubdivision of all of Castlewood Unit 1, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 51, page 30, in the Office of the Recorder of Lake County, Indiana, and amended by Certificate of Correction recorded December 4, 1979 as Document No. 562652.

**This Document is the property of
the Lake County Recorder!**

Grantee Address/Commonly known as: 2622 Castlewood Dr., Dyer, IN 46311

3. The decedent, Kenneth V. Carroll, Jr., and myself acquired title as husband and wife to said real estate by deed of conveyance on the 28th day of May, 2009, and recorded in the Office of the Lake County Recorder as Document No. 2009 037999.
4. The decedent and I jointly held title to said real estate until the death of my husband Kenneth V. Carroll, Jr. on the 11th day of September, 2015, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Kenneth V. Carroll, Jr.
5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



FILED

OCT 01 2015

Donna E. Carroll

Donna E. Carroll, Affiant

JOHN E. PETALAS
LAKE COUNTY AUDITOR

21972

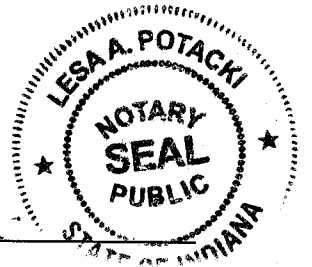
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Donna E. Carroll, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 18th day of September, 2015.

My commission expires: 02/03/2018



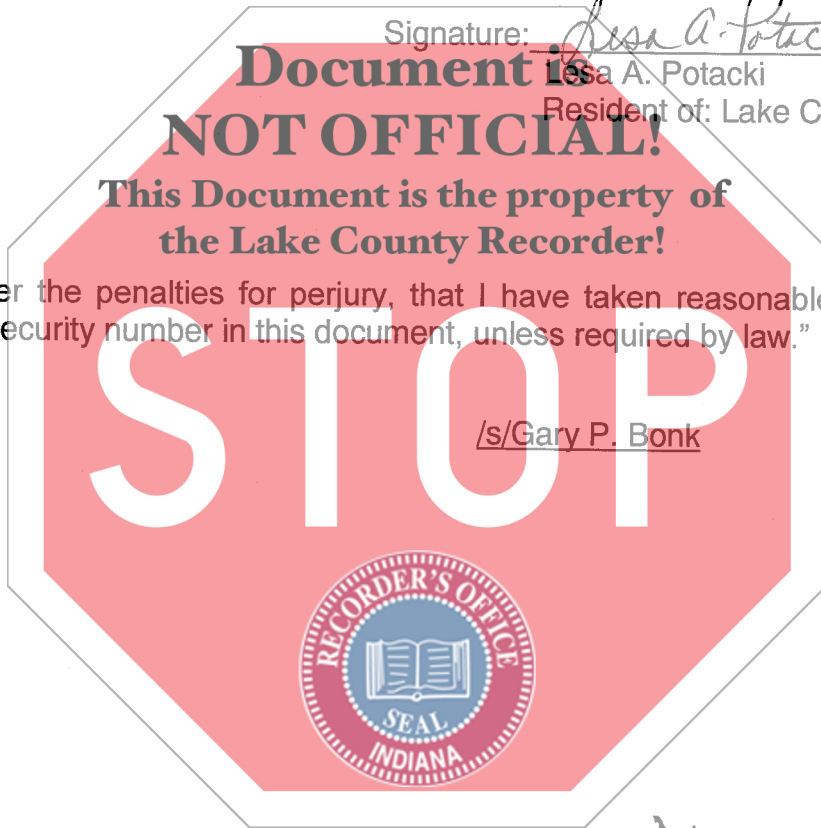
Signature: Lesia A. Potacki
Lesia A. Potacki
Resident of: Lake County, Indiana

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

"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."

/s/Gary P. Bonk



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

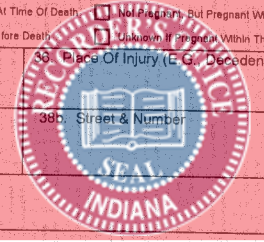
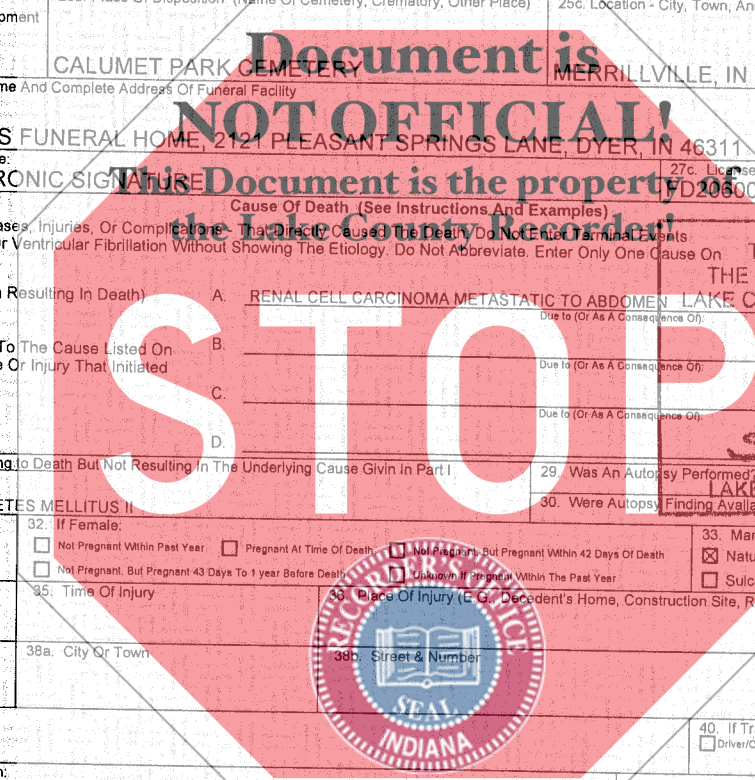
Tracking No. 65177

Local No 003088

EDR No 000000468398

State No 043953

1. Decedent's Legal Name (First, Middle, Last) KENNETH V CARROLL JR				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 05:05 AM	4. Date Of Death (Month/Day/Year) 09/11/2015		
5. Social Security Number		6a. Age - Yrs 73	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 09/19/1941		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN	
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 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 checked="" 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) 2622 CASTLEWOOD DRIVE						12. City Or Town, State, And Zip Code DYER, IN, 46311		13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name DONNA CARROLL			15a. (If Wife) Give Maiden Last Name ALEXANDER			16. Decedent's Usual Occupation INFORMATION TECHNOLOGY MANAGER		17. Kind Of Business/Industry STEEL COMPANY		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		18c. Street And Number 2622 CASTLEWOOD DRIVE	18d. Apt. No.	18e. Zip Code 46311	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White						
22. Father's Name (First, Middle, Last) KENNETH CARROLL SR			23. Mother's Name (First, Middle, Last) FRANCES CARROLL			23a. Mother's Maiden Last Name HEROD				
24. Informant's Name DONNA CARROLL		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2622 CASTLEWOOD DRIVE, DYER, IN 46311						
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 SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311					27a. Funeral Home License Number: FH11000037			
27b. Signature Of Indiana Funeral Service Licensee: TIMOTHY G SMITS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20600101				
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. RENAL CELL CARCINOMA METASTATIC TO ABDOMEN LAKE COUNTY HEALTH DEPARTMENT								THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE SEP 18 2015		
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. _____ C. _____ D. _____										
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. ATHEROSCLEROTIC HEART DISEASE, DIABETES MELLITUS II										
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. Location Of Injury - State		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		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: MARK FRANCIS KEVIN, 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: MARK FRANCIS KEVIN, 7905 CALUMET AVENUE, MUNSTER, IN 46321		44. License Number 01036785A		45. Date Certified 09/17/2015				
46. Additional Funeral Service Provider:		47. *Akas:		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): SEP 18 2015				



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE
SEP 18 2015
Susan W. Best, MD
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS
44. License Number: 01036785A
45. Date Certified: 09/17/2015
47. *Akas:
49. For Registrar Only - Date Filed (Month/Day/Year): SEP 18 2015