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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 067836

2015 OCT 01 PM 3:32

STATE OF INDIANA }  
COUNTY OF Lake }

MICHAEL B. BROWN  
RECORDER

SS:

AFFIDAVIT OF SURVIVORSHIP

Margaret Love, being of legal age, and duly sworn on 10/01/15 oath deposes and says:

That Margaret Love is the owner in fee simple title of the following described real estate located in Lake County, Indiana, to-wit:

See Exhibit A.

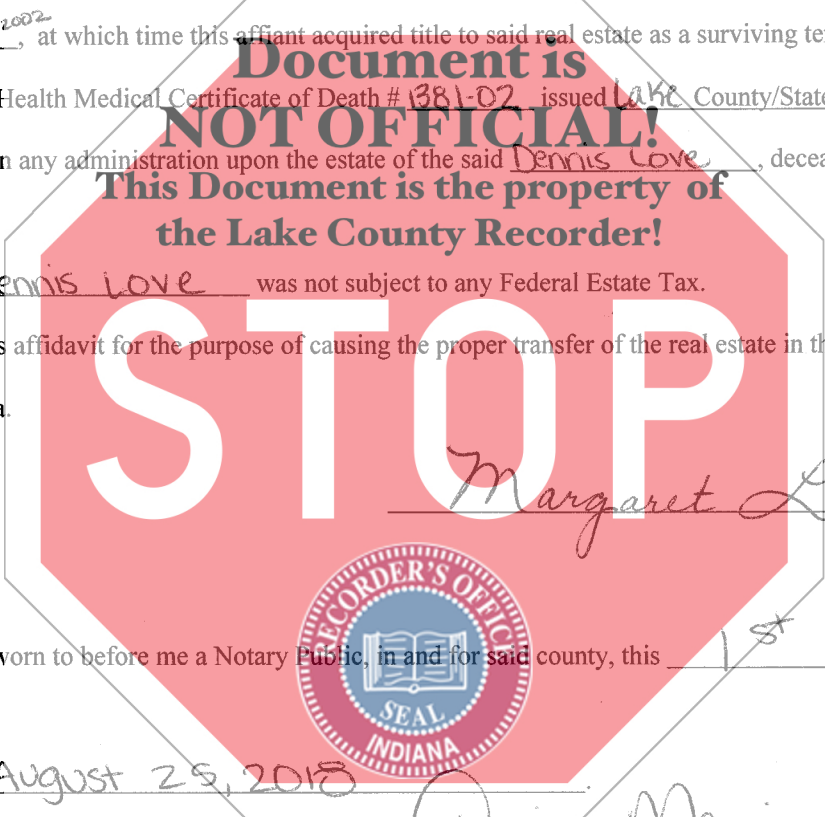
Affiant further states that Margaret Love and now deceased Dennis Love, were married at the time they acquired title to aforesaid real estate until the death of Dennis Love on 8/12/2002, at which time this affiant acquired title to said real estate as a surviving tenant by the entireties.

INDIANA State Board of Health Medical Certificate of Death # 1381-02 issued Lake County/State of Indiana.

There has not been any administration upon the estate of the said Dennis Love, deceased, nor is any administration contemplated.

The estate of Dennis Love was not subject to any Federal Estate Tax.

Affiant makes this affidavit for the purpose of causing the proper transfer of the real estate in the Offices of the Auditor of Lake County, Indiana.



Margaret Love

Subscribed and sworn to before me a Notary Public, in and for said county, this 1<sup>st</sup> day of October 2013. 2015.

My commission expires August 25, 2018



Gina Marie Sears

Notary

I live in Jasper County, IN



The preparer has taken reasonable steps to redact all social security numbers and other private information on this document.

This instrument prepared by \_\_\_\_\_ for  
Form BRP100

015860

**FILED**  
OCT 01 2015  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

15  
CASH

THE NORTH 83 FEET OF LOT A2, HALSTED'S SECOND ADDITION TO THE TOWN OF LOWELL, AS PER PLAT THEREOF, RECORDED IN MISCELLANEOUS RECORD A PAGE 516, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.  
TAX ID: 45-19-23-332-006.000-008.



472

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. .... 1381-02

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT LACK INK

DECEDENT

RENTS

FORMANT

POSITION

USE OF ATH

RTIFIER

ALTH ICER

1 DECEASED—NAME (First, Middle, Last) <b>Dennis N. Love</b>				2 SEX <b>Male</b>		3a TIME OF DEATH <b>12:05P M</b>		3b DATE OF DEATH (Month, Day, Yr.) <b>August 12, 2002</b>	
4 *SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Years) <b>63</b>		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr.) <b>Dec 21, 1938</b>	
8a WAS DECEDENT A U.S. VETERAN? <b>Yes</b>		8b YEAR LAST SERVED IN U.S. ARMED FORCES? <b>1959</b>		9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> POA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b FACILITY NAME (If not institution, give street and number) <b>Methodist Hospital Southlake Campus</b>				9c CITY, TOWN, OR LOCATION OF DEATH <b>Merrillville</b>			9d COUNTY OF DEATH <b>Lake</b>		
10 MARITAL STATUS (Specify) <b>Married</b>		11 SURVIVING SPOUSE (If wife, give maiden name) <b>Margaret S. Nomanson</b>		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Warehouse Clerk</b>			12b KIND OF BUSINESS/INDUSTRY <b>Dept. Store</b>		
13a RESIDENCE—STATE <b>IN</b>		13b COUNTY <b>Lake</b>		13c CITY, TOWN OR LOCATION <b>Lowell</b>		13d STREET AND NUMBER <b>263 Clark</b>			
13e ZIP CODE <b>46356</b>		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? <b>USA</b>		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE—American Indian, Black, White, etc. (Specify) <b>White</b>	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b>1</b>				18 FATHER'S NAME (First, Middle, Last) <b>Samuel R. Love</b>		19 MOTHER'S NAME (First, Middle, Maiden Surname) <b>Eleanor May Sinks</b>			
20a INFORMANT'S NAME (Type/Print) <b>Margaret S. Love</b>				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>263 Clark Lowell, IN 46356</b>				20c Relationship <b>Wife</b>	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>August 16, 2002 Orchard Grove Cemetery</b>				21c LOCATION—City or Town, State <b>Lowell, IN</b>			
22a EMBALMER'S NAME <b>Molly E. Tucker Hawkins</b>				22b EMBALMER'S LICENSE NO. <b>FD09200061</b>		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Molly E. Hawkins</i>				24b LICENSE NUMBER (of Licensed) <b>FD09200061</b>		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>Sheets Funeral Home, FH83004277 604 E. Commercial Ave. Lowell, IN</b>			
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a <b>SEPTICEMIA</b> DUE TO (OR AS A CONSEQUENCE OF)						Approximate Interval Between Onset and Death <b>3 DAYS</b>	
		b <b>ACUTE MYELOID LEUKEMIA</b> DUE TO (OR AS A CONSEQUENCE OF)						<b>1 1/2 yrs</b>	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		c <b>POLYCYTHEMIA RUBRA VERA</b> DUE TO (OR AS A CONSEQUENCE OF)						<b>7 yrs</b>	
		d							
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I.				27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
						<b>No</b>			
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated		29b SIGNATURE AND TITLE OF CERTIFIER <i>Bharat Barai</i>		29c MEDICAL LICENSE NO. <b>01030107</b>		29d DATE SIGNED (Month, Day, Year) <b>8-14-02</b>			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Bharat Barai MD, 125 E. 89th Ave., Merrillville, IN 46410</b>									
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>								32 DATE FILED (Month, Day, Year) <b>August 19, 2002</b>	
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED COMPLETE COPY TO BE FILED WITH THE LAKE COUNTY HEALTH DEPT.			
		34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State) <b>Aug 13 2002</b>					
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					