

2015 068298

2015 OCT -6 AM 8:51

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 30th day of September, 2015, before me, personally appeared Lena M. Malcom to me personally known, who being duly sworn on oath did say that:

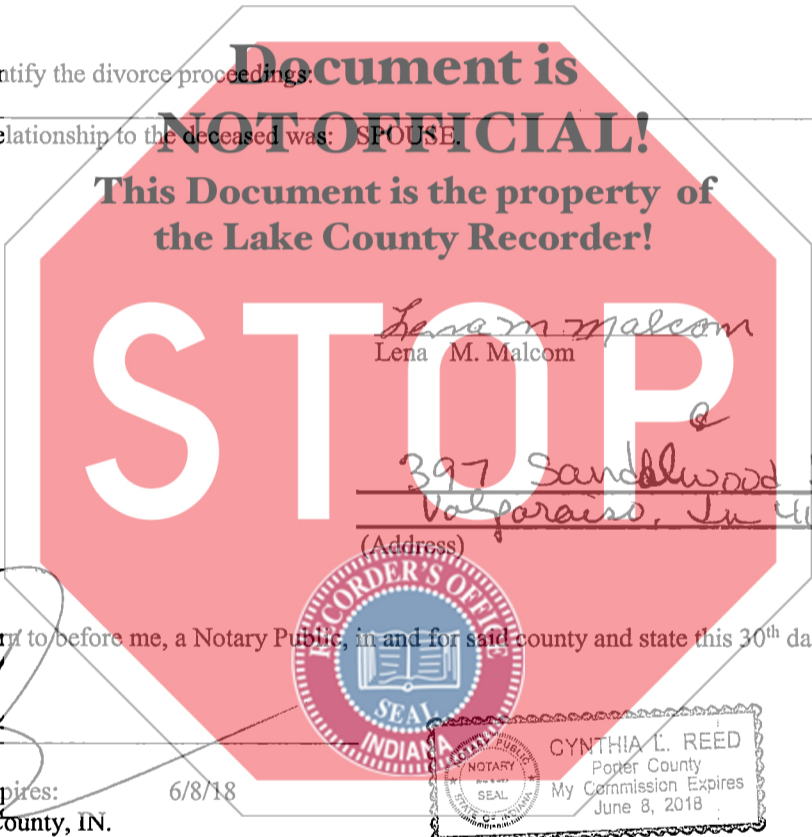
1. Affiant resides at the address given below affiant's signature:
2. Affiant is owner
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by GEORGE M. MALCOM and LENA M. MALCOM;
4. Said GEORGE M. MALCOM
Died on April 6, 1999 leaving a no will;
5. The legal description of the premises in question is: (see attached legal description)
6. Is there Federal or State inheritance tax liability by reason of the death of said decedent?
Yes / No

If yes, then estimated taxes due are \$ _____
The taxes due are: _____ paid or _____ unpaid

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
Yes / No

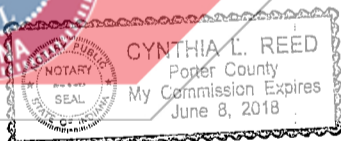
(If yes, identify the divorce proceedings: _____):

8. Affiant's relationship to the deceased was: SPOUSE



Subscribed and sworn to before me, a Notary Public, in and for said county and state this 30th day of September, 2015.

Cynthia L. Reed
My Commission Expires: 6/8/18
Residing in Porter County, IN.



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. Lena M. Malcom

Prepared by: Lena M. Malcom
Return to: Liberty Title & Escrow T8v15001071

#15
LT
Cs

FILED

OCT 06 2015

22145

JOHN E. PETALAS
LAKE COUNTY AUDITOR

EXHIBIT "A"

Lot 6 in Block 2 as marked and laid down on the recorded plat of Villa Shores Ninth Addition to the City of Hobart, Lake County, Indiana as the same appears of record in Plat Book 30 Page 25 in the Office of the Recorder of Lake County, Indiana.

Property Address: 429 N. Delaware Street, Hobart, IN 46342

Tax ID #: 45-09-30-183-006.000-018



* ATTENTION ESTATE: Disclosure of the 6241 we need to perform our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. **990-99**

269450
TYPEPRINT
IN
PERMANENT
BLACK INK

THE RECORDS IN THIS SECTION ARE CONFIDENTIAL PER IC 16-22-3

DECEDENT
 1. NAME (Last, first and middle)
GEORGE M. MALCOLM
 2. SEX
 Male Female
 3. DATE OF BIRTH
January 3, 1938
 4. PLACE OF BIRTH (Name of place)
Clenden-Co-Gasley, West Virginia
 5. SOCIAL SECURITY NUMBER
Unavailable
 6. MARITAL STATUS (At time of death)
 Married Single Widowed Divorced
 7. NAME AND RELATIONSHIP OF SPOUSE
Lana M. Flory
 8. OCCUPATION (Last held)
Maintenance Superintendent
 9. CITY/TOWN OR LOCATION OF PLACE
Lake
 10. COUNTY OF DEATH
Lake

PARENTS
 11. NAME (Last, first and middle)
Robert Ben Malcom
 12. ADDRESS (Street and Number of Last Known Home, City or Town, State, Zip Code)
Ever B. Sears
 13. NAME (Last, first and middle)
Lana M. Malcom
 14. ADDRESS (Street and Number of Last Known Home, City or Town, State, Zip Code)
428 N. Delaware Street, Hobart, IN 46342
 15. RELATIONSHIP TO DECEASED
Wife

DISPOSITION
 16. METHOD OF DISPOSITION
 Burial Cremation Other
 17. NAME AND ADDRESS OF PLACE OF DISPOSITION (Name of cemetery, crematorium, etc.)
April B. 1980 Evergreen Memorial Park, Hobart, Indiana
 18. SIGNATURE OF FUNERAL DIRECTOR
James J. Kruse
 19. LICENSE NUMBER OF FUNERAL DIRECTOR
FDC1006483
 20. SIGNATURE OF PHYSICIAN
John T. Scully
 21. LICENSE NUMBER OF PHYSICIAN
01017821

CAUSE OF DEATH
 22. ICD-10 CODE (Official)
I25.1
 23. ICD-10 CODE (Underlying)
I25.1
 24. ICD-10 CODE (Contributing)
I48.0
 25. OTHER CAUSE OF DEATH (Specify)
Coronary Heart Failure
Ischemic Heart Disease - MI
11 months

CERTIFY
 26. SIGNATURE AND TITLE OF CERTIFIER
John T. Scully MD
 27. MEDICAL LICENSE NO.
01017821
 28. DATE SIGNED (Month, Day, Year)
8 April 99

HEALTH OFFICER
 29. SIGNATURE OF HEALTH OFFICER
Alvin R. Williams
 30. DATE SIGNED (Month, Day, Year)
April 8, 1999

31. NUMBER OF DEATHS
 None First Second Third Fourth Fifth Sixth Seventh Eighth Ninth Tenth

32. PLACE OF DEATH
 Home Hospital Nursing Home Other (Specify)

33. LOCATION (Street and Number of Place Where Death Occurred, City or Town, State, Zip Code)

34. DATE PHONICALLY OBTAINED (Month, Day, Year)

35. SIGNATURE OF HEALTH OFFICER (Print name, title, address, telephone no.)

RE: ORDER # 99206067