

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069241

2015 OCT -9 AM 10:38

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: GLADYS BEACH, Deceased
Parcel Nos.: 45-09-16-152-010.000-021
45-09-16-152-011.000-021
45-09-16-152-009.000-021

AFFIDAVIT OF SURVIVORSHIP

Comes now Kyle Mark Gill, being duly sworn upon his oath, and states as follows:

1. That he is an adult grandson of Gladys Beach, deceased, and makes this Affidavit based upon personal knowledge.

2. Margaret E. Beach is the owner of the following described real estate located in Lake County, Indiana:

Lots Three (3) and Four (4) in Block Two (2) in Peterson's Third Addition to East Gary, Indiana, and Lot Six (6) as marked and laid down on the recorded plat of Cousin's Addition to East Gary, Lake County, Indiana.

Commonly known as: 3717 Schneider Street, Lake Station, Indiana 46405

3. Said real estate is subject to a life estate in favor of Gladys Beach, pursuant to a Warranty Deed that was executed by Gladys Beach on June 30, 1975, wherein Gladys Beach conveyed her interest in the above-referenced real estate, reserving a life estate unto herself.

4. Gladys Beach died on November 18, 1981, at which time her interest in the real estate was extinguished by operation of law. (A true and accurate copy of the death certificate of Gladys Beach, with social security number and manner of death redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")



FILED

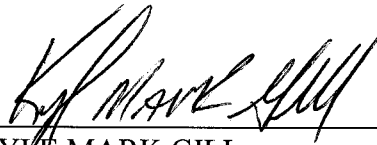
OCT 09 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

22244

\$15.00
CASH
M.E

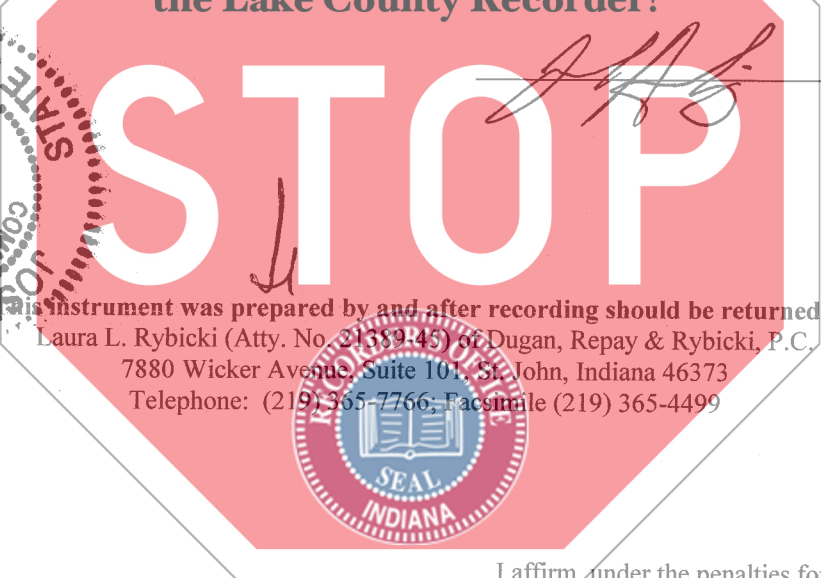
5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested solely in Margaret E. Beach and to induce the Auditor of Lake County, Indiana to remove the name of Gladys Beach from title and reflect the correct ownership of such real estate on said Auditor's records.


KYLE MARK GILL

STATE OF WASHINGTON)
) SS:
COUNTY OF Snohomish)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared KYLE MARK GILL, and he being first duly sworn by me upon his oath, stated that the facts alleged in the foregoing Affidavit are true and acknowledged the execution of the foregoing Affidavit as his free and voluntary act.

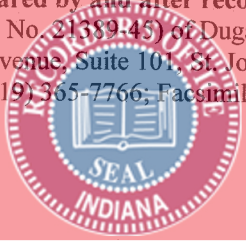
Signed and sealed this ~~22~~ ^{September} day of ~~August~~, 2015.
NOT OFFICIAL!
This Document is the property of the Lake County Recorder!





Notary Public

This instrument was prepared by and after recording should be returned to:
Laura L. Rybicki (Atty. No. 21389-45) of Dugan, Repay & Rybicki, P.C.
7880 Wicker Avenue, Suite 101, St. John, Indiana 46373
Telephone: (219) 365-7766; Facsimile (219) 365-4499



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.

Laura L. Rybicki

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

81-039862

Local No.

State No.

TYPE OF DEATH
PERMANENT FOR INSTRUCTIONS SEE HANDBOOK

DECEASED

USUAL RESIDENCE WHEN DECEASED
PLACED IN INSTITUTION DATE RECEIVED PREVIOUS TO DEATH

PARENTS

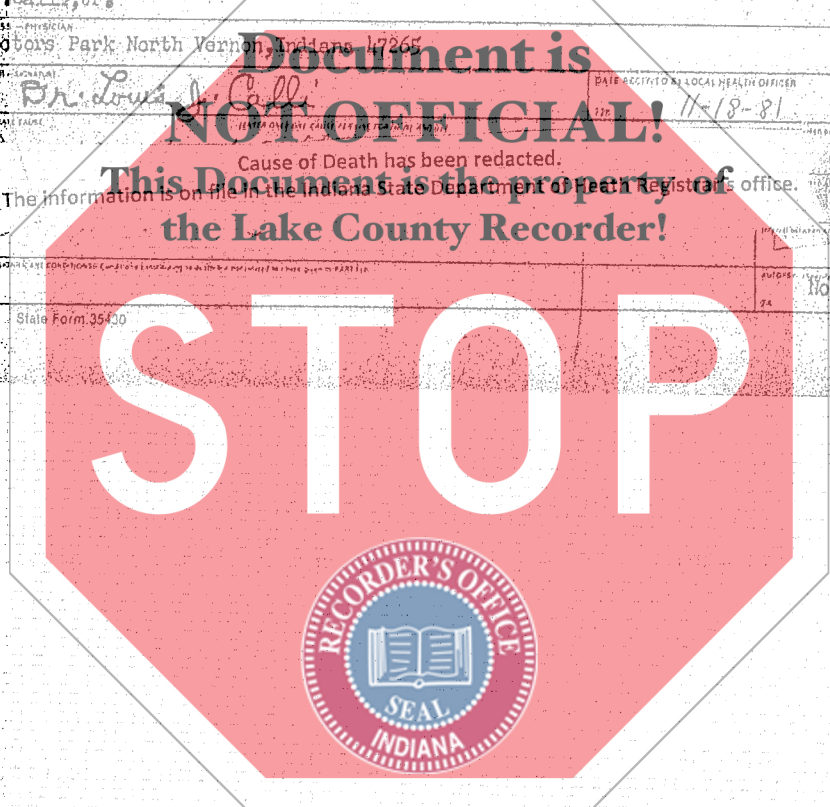
DISPOSITION

M.D. OR D.D.

EXAMINATION OF ANATOMICAL TABLE

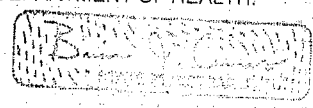
CAUSE

DECEASED NAME Gladys L. Beach		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) 11-18-1981
RACE White	AGE (MONTHS, YEARS) 77	DATE OF BIRTH (MONTH, DAY, YEAR) 11-11-1904	COUNTY OF DEATH Jennings
CITY, TOWN OR LOCATION OF DEATH North Vernon		HOSPITAL OR OTHER INSTITUTION Jennings Community Hospital	
STATE OF BIRTH Indiana	CITIZEN OF WHAT COUNTRY USA	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, OR SEPARATED Widowed	IF HOSP. OR INST. (Check box) <input type="checkbox"/> Inst.
SOCIAL SECURITY NUMBER [REDACTED]		USUAL OCCUPATION Laborer	WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> No
RESIDENCE STATE Indiana	COUNTY Jennings	KIND OF BUSINESS OR INDUSTRY Royal Rugs	INSIDE CITY LIMITS (Check box) <input checked="" type="checkbox"/> Yes
STREET AND NUMBER 9 South Gum St.		IS RESIDENCE ON A FARM? <input type="checkbox"/> No	INSIDE CITY LIMITS (Check box) <input checked="" type="checkbox"/> Yes
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. <input type="checkbox"/> No			
FATHER NAME Dennis Robbins		MOTHER-MAIDEN NAME Minnie Tibbets	
INFORMANT NAME (Print Full Name) Helen Roberts Daugh.		RELATIONSHIP Daughter	
MARRIAGE ADDRESS 9 S. Gum St. North Vernon, Indiana 47265		CITY OR TOWN North Vernon, Indiana	
MORAL CAUSATION REMOVAL, OTHER (Check box) Burial		CEMETERY OR CREMATORIUM - FUNERAL HOME St. Marys Cemetery	
DATE (MONTH, DAY, YEAR) 11-20-81		LOCATION (CITY, TOWN OR LOCATION) North Vernon, Indiana	
NAME OF ATTENDING PHYSICIAN I. J. Call, Jr.		DATE SIGNED (MONTH, DAY, YEAR) 11-18-81	HOUR OF DEATH 5:45 A.
MAILING ADDRESS - PHYSICIAN Doctors Park North Vernon, Indiana 47265			
HEALTH OFFICER (Signature) Dr. Louis J. Call		DATE RECEIVED BY LOCAL HEALTH OFFICER 11-18-81	
CAUSE OF DEATH (Redacted)			
PART II (Redacted)			



THE ABOVE IS A TRUE COPY OF THE RECORD ON FILE WITH THE INDIANA STATE DEPARTMENT OF HEALTH.

JUN - 8 2015



CERTIFICATE State Form 26217 (R2 / 7-09)

371274

Not valid unless machine signed with multi-colored ribbon. It is unlawful to reproduce this record.

Exhibit "A"