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2015 069346

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 OCT -9 AM 11:39

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

45-08-33-228-008-000-004

Debra L. Twitty, of adult age, being first duly sworn, upon deposes and says:

That Debra L. Twitty, is the Wife of Lee E. Twitty, Jr., deceased, who died on October 27, 2007 a resident of Lake County County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

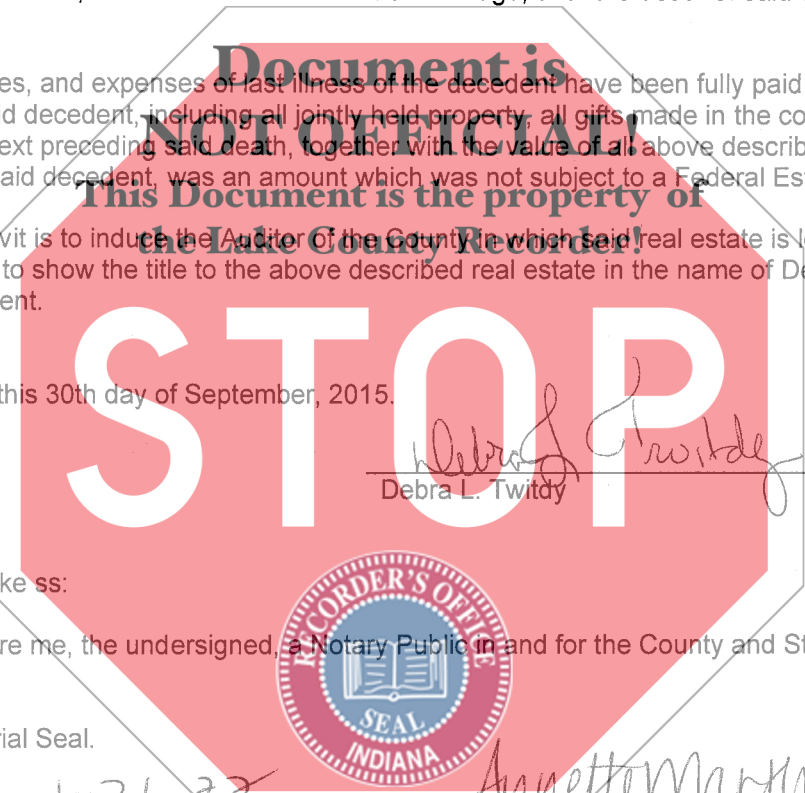
and hereinafter sometimes called "the Real Estate" for convenience by a Deed from William Sutton, Jr. and Cheryl Sutton recorded January 27, 1997 as Document No. 97004988 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Debra L. Twitty, surviving spouse of the decedent.

And further affiant sayeth not this 30th day of September, 2015.



*Debra L. Twitty*  
Debra L. Twitty

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 30th day of September, 2015.

WITNESS my hand and Notarial Seal.

My Commission Expires: 1-21-22

Annette Martinez  
Printed Name of Notary Public

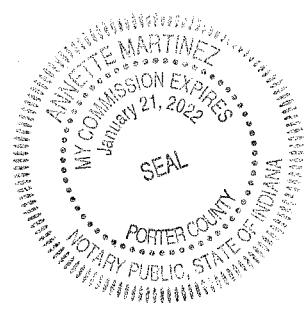
Porter IN  
Notary Public County and State of Residence

This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:  
130 Morningside Avenue, Gary, IN 46408



*Annette Martinez*  
Signature of Notary Public



File No.: 15-35490

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. Annette Martinez (Type or Print Name)

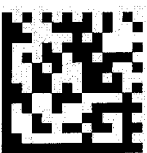
**FILED**

HOLD FOR MERIDIAN TITLE CORP

OCT 05 2015

04695

JOHN E. PETALAS  
LAKE COUNTY AUDITOR



2046159-1753

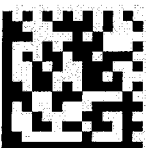
*12/27*  
*16.00*  
*M.E*  
*M.T*

**LEGAL DESCRIPTION**

Lot Numbered 24 in Morningside Addition to Gary as per plat thereof recorded in Plat Book 12, page 36 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):  
25-46-0050-0024

45-08-33-228-008.000-004



2046159-1753

DISTRICT NO. 16-10

MEDICAL CERTIFICATE OF DEATH

6145225

STATE OF ILLINOIS

COUNTY OF COOK

CITY OF CHICAGO

OCT 31 2007

I, TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO. THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN OBDINANCE OF SAID LAW AND ORDINANCES.

REGISTERED NUMBER

DECEASED-NAME

COUNTY OF DEATH

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER

BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (SPECIFY)

SUAL OCCUPATION

RESIDENCE (STREET AND NUMBER)

STATE

FATHER-NAME

INFORMANT'S NAME (TYPE OR PRINT)

17a. RELATIONSHIP TO DECEASED

17b. RECORDS

18. PART I. Immediate Cause (Final disease or condition resulting in death)

CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) STATING THE UNDERLYING CAUSE LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause (specify in PART I)

DATE OF OPERATION, IF ANY

20b. MAJOR FINDINGS OF OPERATION

21a. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) LISTED

22a. SIGNATURE

22c. ERIN JENKINS, M.D.

23. EDWARD NAURECKAS, M.D.

24a. BOLLER

25a. TAYLOR FUNERAL HOME LTD 63 E 79th St Chicago Illinois 60619

25b. Local Registrar's Signature

26a. OCT 31 2007

STATE FULL NUMBER

DATE OF DEATH (MONTH, DAY, YEAR)

SEX

DATE OF BIRTH (MONTH, DAY, YEAR)

HOSPITAL OR OTHER INSTITUTION, NAME (IF NOT WHETHER GIVE STREET AND NUMBER) (IF HOSPITAL, INDICATE O.D.A. OR INPATIENT (SPECIFY))

NAME OF SURVIVING SPOUSE (MARRIAGE NAME, IF WIFE)

KIND OF BUSINESS OR INDUSTRY

EDUCATION (SPECIFY QUAL. HIGHEST GRADE COMPLETED)

COUNTY

SPECIFY:

19a. YES

19b. NO

19c. YES

19d. NO

19e. YES

19f. NO

19g. YES

19h. NO

19i. YES

19j. NO

19k. YES

19l. NO

19m. YES

19n. NO

19o. YES

19p. NO

19q. YES

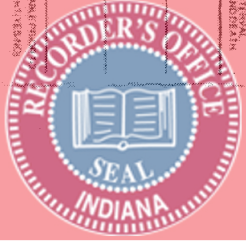
19r. NO

19s. YES

19t. NO

19u. YES

19v. NO



Signature of Terry Mason M.D., Local Registrar

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.