

3.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069539

2015 OCT 13 AM 11:08

MICHAEL S. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Edward E. Leep on his oath and deposes and says:

1. That my wife, Carol A. Leep, and I acquired by a Quit-Claim Deed the property known as 2906 W. 13th, Gary, Lake County, Indiana, which is more particularly described as follows:

The West 12 feet of Lot 23, all of Lot 22, and the East 3 feet of Lot 21, in Block 2 in Jefferson Land and Realty Co.'s Subdivision No. 1 to Tolleston, in the City of Gary, as per plat thereof, recorded in Plat Book 6, Page 48, in the Office of the Recorder of Lake County, Indiana.

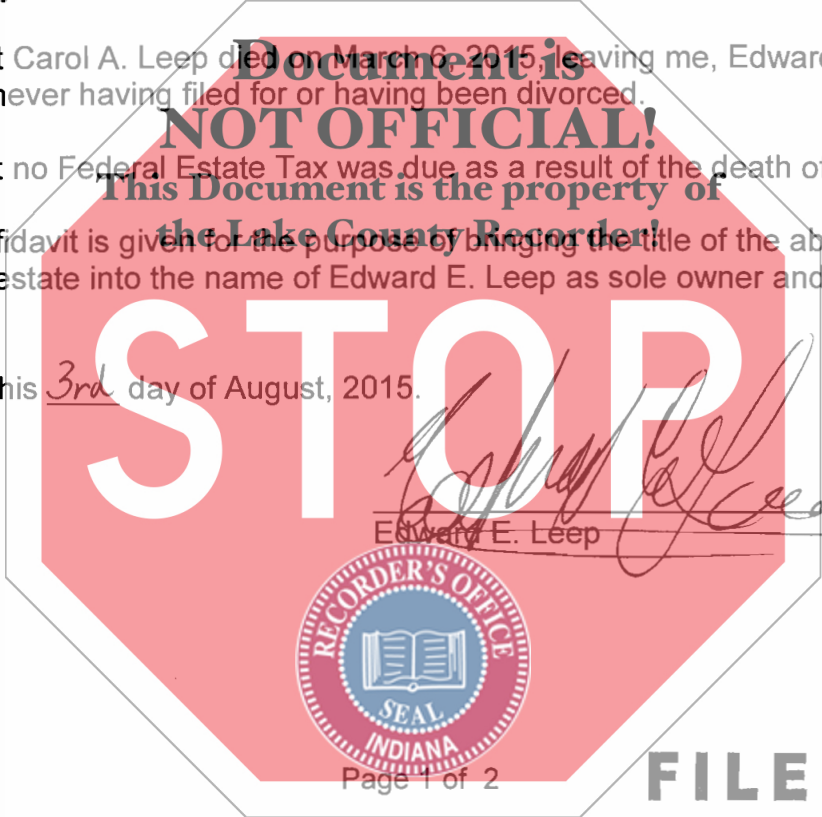
Property Number: 45-08-08-153-036.000-004.

2. That Carol A. Leep died on March 6, 2015, leaving me, Edward E. Leep, as her widower, never having filed for or having been divorced.

3. That no Federal Estate Tax was due as a result of the death of Carol A. Leep.

This Affidavit is given for the purpose of bringing the title of the above described parcel of real estate into the name of Edward E. Leep as sole owner and for no other reason.

Dated this 3rd day of August, 2015.



[Handwritten Signature]
Edward E. Leep

FILED

OCT 13 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

04841

\$15.00
14.8
CASH

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Edward E. Leep, who acknowledged the execution of the foregoing Affidavit to be his voluntary act and deed.

WITNESS my hand and Notarial Seal this 3rd day of August, 2015.



Linda L. Scheeringa
Notary Public - Linda L. Scheeringa

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 - Attorney John M. Piersma.

This Document is the property of the Lake County Recorder!

Affiant's Address: 1135 Lake View Drive
Schererville, Indiana 46375

This instrument prepared by: Attorney John M. Piersma, Goldman & Piersma, P.C.
2833 Lincoln Street, Highland, Indiana 46322

MAIL RECORDED AFFIDAVIT TO: _____





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 46794

Local No 000789

EDR No 000000436386

State No

1. Decedent's Legal Name (First, Middle, Last) CAROL ANN LEEP		1a. Maiden Name (if female) TOTH		2. Sex FEMALE	3. Time Of Death 11:25 AM	4. Date Of Death (Month/Day/Year) 03/06/2015		
5. Social Security Number [REDACTED]		6a. Under 1 Year 73	6b. Under 1 Month [REDACTED]	6c. Under 1 Day [REDACTED]	6d. Under 1 Hour [REDACTED]	6e. Under 1 Minute [REDACTED]	7. Date of Birth (Month/Day/Year) 03/04/1942	
8. Birthplace (City and State or Foreign Country) HAMMOND, 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 checked="" 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 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) COMMUNITY HOSPITAL		12. City Or Town, State, And Zip Code MUNSTER, IN 46321		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 EDWARD E LEEP		15a. (If Wife) Give Maiden Last Name		15b. Decedent's Usual Occupation OFFICE WORK		15c. Kind Of Business/Industry RETAIL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE		18c. Street And Number 1135 LAKEVIEW DRIVE		
18d. Apt. No.		18e. Zip Code 46375		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
19. Decedent's Education SOME COLLEGE CREDIT BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) LOUIS TOTH		23. Mother's Name (First, Middle, Last) BARBARA TOTH		23a. Mother's Maiden Last Name PUSKAS				
24. Informant's Name EDWARD A LEEP		24a. Relationship To Decedent SON		24b. Mailing Address (Street and Number, City, State, Zip Code) 1437 WEST 41ST AVENUE GARY, IN 46408				
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 and Address) HOPE OF PEACE SCHERERVILLE, IN		25c. Location - City, Town, And State				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322		27a. Funeral Home License Number: FH10300021				
27b. Signature Of Indiana Funeral Service Licensee CORNELIUS KUIPER - BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) IFD01014611		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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. INFLAMMATORY BREAST CARCINOMA WITH METASTASES TO LYMPHATICS AND LIVER Approximate Interval: Onset To Death 9 MONTHS 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. PLEURAL EFFUSION (Due to OR AS A Consequence Of) C. HEART FAILURE (Due to OR AS A Consequence Of) D. CHRONIC OBSTRUCTIVE PULMONARY DISEASE (Due to OR AS A Consequence Of)				
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. NONE		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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 checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant Within 4 Days Of Death <input type="checkbox"/> 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, County, City, Street, Building, Apartment, or Other Location) LAKE COUNTY HEALTH DEPARTMENT		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		38a. (Give County)		38b. Apt. No.		38c. Zip Code		
39. Describe How Injury Occurred		40. If Fishpoisoned Injury, Specify		NOT VALID UNLESS				
41. Signature, Of Person Certifying Cause Of Death: TIMOTHY W RAYKOVICH, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TIMOTHY W RAYKOVICH, 1912 RIDGE ROAD, MUNSTER, IN 46322				
44. License Number: 010254		45. Date Of License: 03/09/2015		46. Additional Funeral Service Provider:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date						

