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2015 069983

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 14 PM 12:46

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

I, James C. Beougher, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 28, WOODLAND ESTATES FIRST ADDITION, BLOCK TWO, TO THE TOWN OF GRIFFITH, LAKE COUNTY, INDIANA AS SHOWN IN PLAT BOOK 62, PAGE 32.

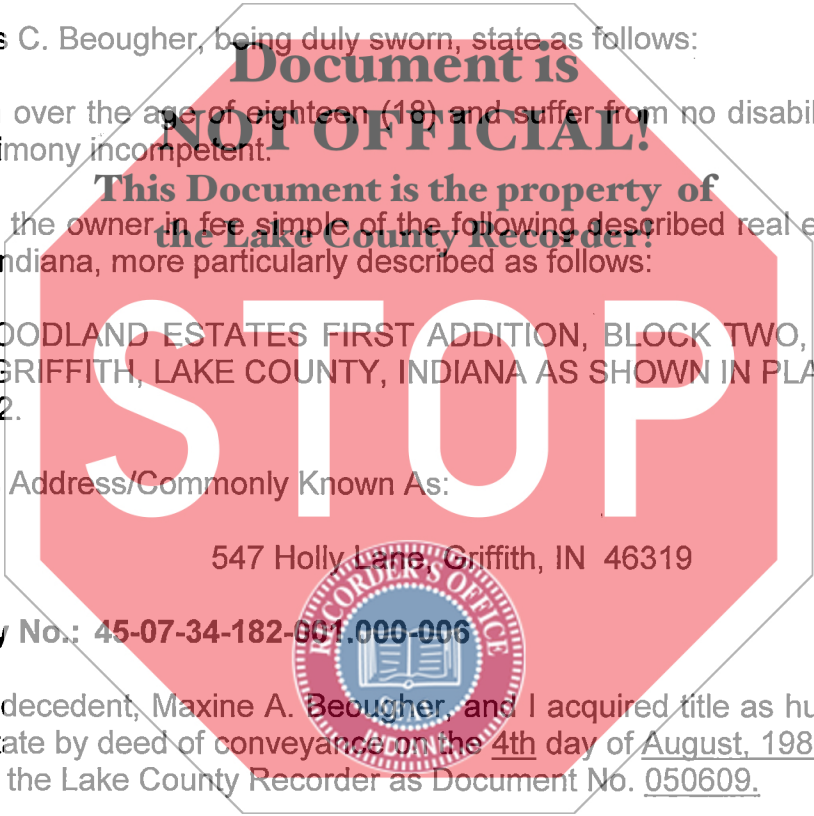
Affiant's Address/Commonly Known As:

547 Holly Lane, Griffith, IN 46319

Tax Key No.: 45-07-34-182-001.000-006

3. The decedent, Maxine A. Beougher, and I acquired title as husband and wife to said real estate by deed of conveyance on the 4th day of August, 1989, and recorded in the Office of the Lake County Recorder as Document No. 050609.

4. The decedent and I jointly held title to said real estate until the death of Maxine A. Beougher on the 11th day of November, 2004, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Maxine A. Beougher.



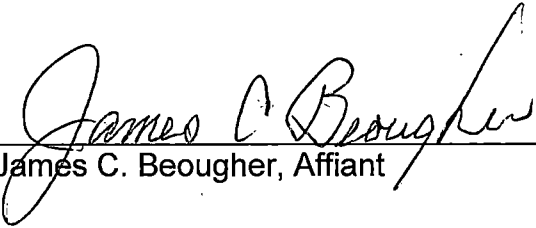
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OCT 14 2015

22298 JOHN E. PETALAS
LAKE COUNTY AUDITOR

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WJW
#7749

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.


James C. Beougher, Affiant

STATE OF INDIANA

COUNTY OF LAKE

**Document is
NOT OFFICIAL!**

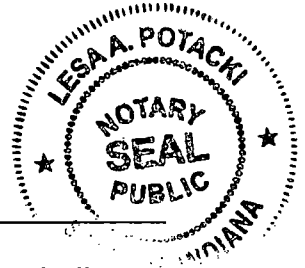
Before me the ~~This Document is the Property of the Lake County Recorder.~~ Notary Public for Lake County, State of Indiana, personally appeared James C. Beougher, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 13 day of October, 2015.

My commission expires: 02/03/2018

Signature: 

LesA A. Potacki
Resident of: Lake County, Indiana



"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." Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue 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. 2927-04

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) MAXINE A. BEOUGHER		2. SEX Female	3a. TIME OF DEATH 4:26 A.M.	3b. DATE OF DEATH (Month, Day, Yr) November 11, 2004	
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 53	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) April 7, 1951	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. WAS DECEDENT A U.S. VETERAN? NO	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? -----	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) Community Hospital	9c. CITY, TOWN, OR LOCATION OF DEATH Munster	9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) James Beougher	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Photo Technician	12b. KIND OF BUSINESS/INDUSTRY WalMart Company		
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith	13d. STREET AND NUMBER 547 Holly Lane		
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	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) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First, Middle, Last) John T. Willis			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Heleen Stogowski		20. INFORMANT'S NAME (Type/Print) James Beougher			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 547 Holly Lane, Griffith, IN 46319		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State	21b. DATE AND PLACE OF DISPOSITION (If no cemetery, crematory, or other place) November 13, 2004 Calumet Park Cemetery		21c. LOCATION—City or Town, State Merrillville, IN	
22a. EMBALMER'S NAME Jonathon R. Christiansen	22b. EMBALMER'S LICENSE NO. FD20200095	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>	24b. LICENSE NUMBER (of Licensee) 1009893	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME PRUZIN BROS FUNERAL SRVC #83002453 6360 Broadway Merrillville, Indiana 46410			
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. Myocardial Infarction Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last b. _____ c. _____ d. _____		APPROXIMATE Interval Between Onset and Death NOV 29 2004 THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.			
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I.		27. WAS DECEDENT PREGNANT 90 DAYS POSTPARTUM? (Yes or no) NO	28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
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>[Signature]</i> Dr. Milton Gasparis		29c. MEDICAL LICENSE NO. 01037515	29d. DATE SIGNED (Month, Day, Year) 11-11-04	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Milton Gasparis 1400 S. Lake Park Ave., Hobart, IN 46342 (219) 947-6045					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> Susan W. Best, D.O.			31. DATE FILED (Month, Day, Year) November 12, 2004		
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
34a. 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)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			