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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069989

2015 OCT 14 PM 12:46

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:
)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Jonathan K. Lawton, 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 13 in Robins Nest Unit No. 1, an Addition to the Town of Cedar Lake, as per plat thereof, recorded in Plat Book 79 page 80, and amended by Plat of Correction recorded in Plat Book 80 page 5, in the Office of the Recorder of Lake County, Indiana.

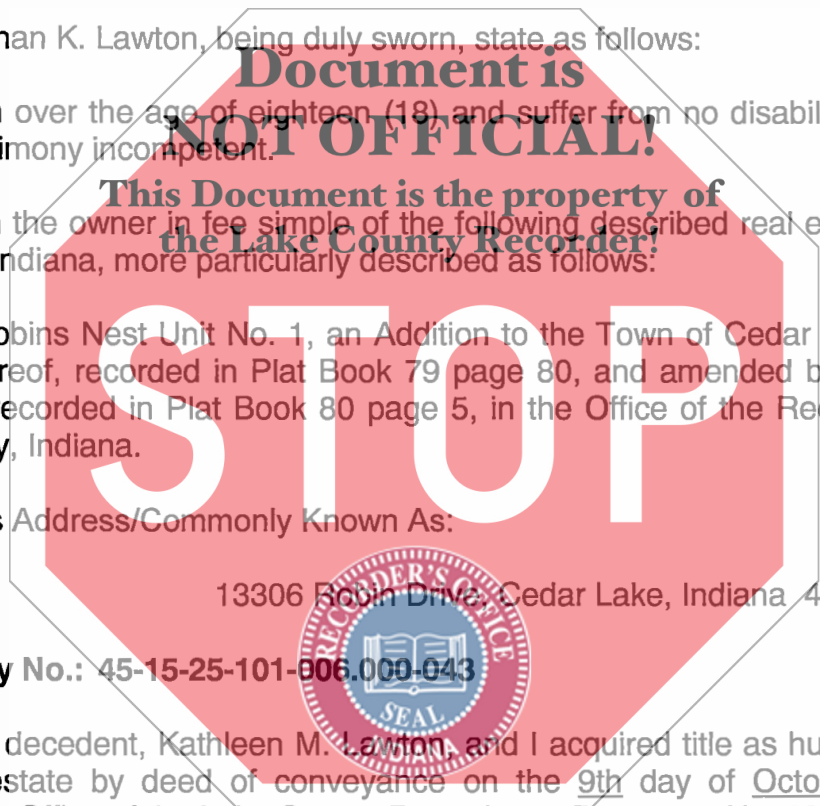
Affiant's Address/Commonly Known As:

13306 Robin Drive, Cedar Lake, Indiana 46303

Tax Key No.: 45-15-25-101-006.000-043

3. The decedent, Kathleen M. Lawton, and I acquired title as husband and wife to said real estate by deed of conveyance on the 9th day of October, 2009, and recorded in the Office of the Lake County Recorder as Document No. 2009 071267.

4. The decedent and I jointly held title to said real estate until the death of Kathleen M. Lawton on the 8th day of September, 2015, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Kathleen M. Lawton.



DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

OCT 14 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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MM
#7749

22304

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.


Jonathan K. Lawton, Affiant

STATE OF INDIANA

COUNTY OF LAKE

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Jonathan K. Lawton, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 13th day of October, 2015.

My commission expires: 02/03/2018



Signature: 

Lesa A. Potacki
Resident of: Lake County, Indiana

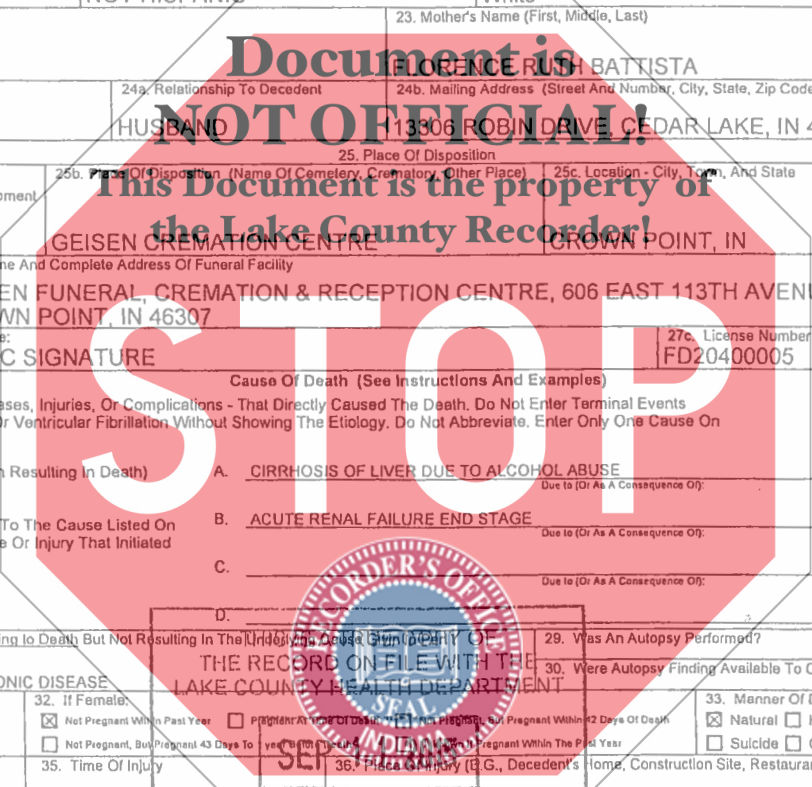


"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law." Gary P. Bonk

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



1. Decedent's Legal Name (First, Middle, Last) KATHLEEN MARIA LAWTON				1a. Maiden Name (If female) BATTISTA		2. Sex FEMALE	3. Time Of Death 01:04 PM	4. Date Of Death (Month/Day/Year) 09/08/2015	
5. Social Security Number [REDACTED]		6a. Age - Yrs 62	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 11/10/1952		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
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) METHODIST HOSPITAL SOUTHLAKE									
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410					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 JONATHAN K LAWTON			15a. (If Wife) Give Maiden Last Name			18. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CEDAR LAKE			18d. Apt. No.	18e. Zip Code 46303	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 13306 ROBIN DRIVE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) JOSEPH BATTISTA				23. Mother's Name (First, Middle, Last) FLORENCE RUSH BATTISTA			23a. Mother's Maiden Last Name MOYER		
24. Informant's Name JONATHAN LAWTON		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 13306 ROBIN DRIVE, CEDAR LAKE, IN 46303					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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 Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE			25c. Location - City, Town, And State CROWN POINT, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH10700031	
27b. Signature Of Indiana Funeral Service Licensee: KEVIN KNAGA, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20400005			
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. <u>CIRRHOSIS OF LIVER DUE TO ALCOHOL ABUSE</u> Due to (Or As A Consequence Of): <u>2 MONTHS</u> 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. <u>ACUTE RENAL FAILURE END STAGE</u> Due to (Or As A Consequence Of): <u>2 MONTHS</u> C. _____ Due to (Or As A Consequence Of): _____ D. _____								Approximate Interval: Onset To Death	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Only If THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT) ASCITES, DEHYDRATION, ANEMIA OF CHRONIC DISEASE								29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Old Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To Year Before Time 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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town SWANSEA, IN		38b. Street & Number LAKE COUNTY HEALTH OFFICER			38c. Apt. No.	38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger - Pedestrian <input type="checkbox"/> Other (Specify):			
41. Signature, Of Person Certifying Cause Of Death: ARSHAD PERVEZ MALIK, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ARSHAD PERVEZ MALIK, 8560 BROADWAY, MERRILLVILLE, IN 46410						44. License Number 01034378A		45. Date Certified 09/10/2015	
46. Additional Funeral Service Provider:						47. Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 10 2015			



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED