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2015 070109

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 OCT 15 PM 12:35
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA }
 }
COUNTY OF LAKE } SS:

AFFIDAVIT OF SURVIVORSHIP

Margaret S Love, being of legal age, and duly sworn on 10/15/15 oath deposes and says:

That Margaret S Love is the owner in fee simple title of the following described real estate located in Lake County, Indiana, to-wit:

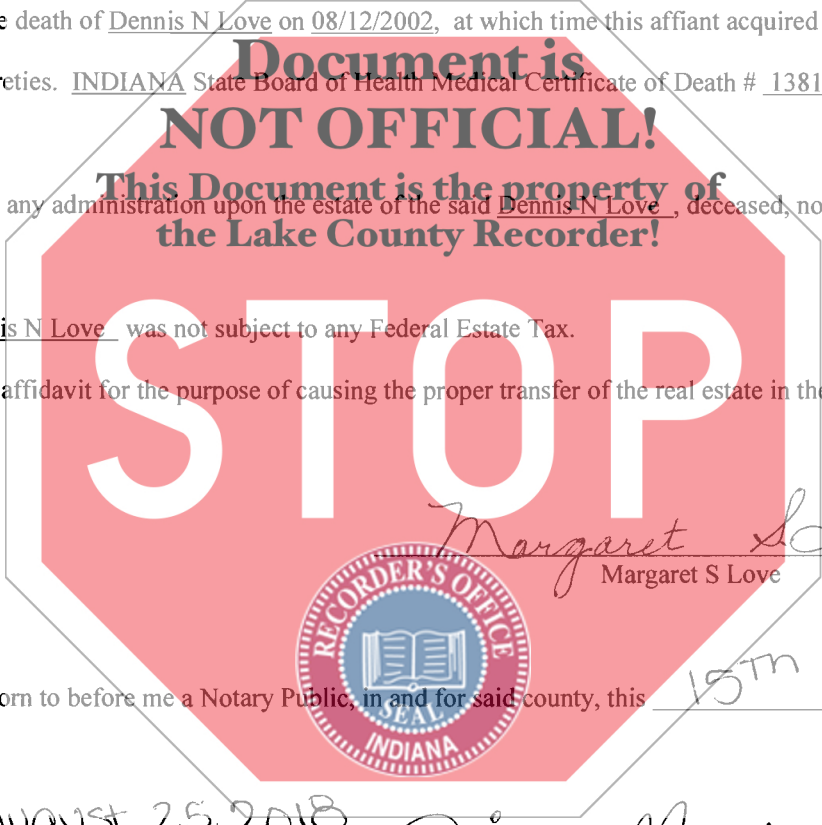
See Exhibit A.

Affiant further states that Margaret S Love and now deceased Dennis N Love, were married at the time they acquired title to aforesaid real estate until the death of Dennis N Love on 08/12/2002, at which time this affiant acquired title to said real estate as a surviving tenant by the entireties. INDIANA State Board of Health Medical Certificate of Death # 1381-02 issued Lake County/State of Indiana.

There has not been any administration upon the estate of the said Dennis N Love, deceased, nor is any administration contemplated.

The estate of Dennis N Love was not subject to any Federal Estate Tax.

Affiant makes this affidavit for the purpose of causing the proper transfer of the real estate in the Offices of the Auditor of Lake County, Indiana.



Margaret S Love
Margaret S Love

Subscribed and sworn to before me a Notary Public, in and for said county, this 15th day of October ~~2013~~ 2015.

My commission expires August 25, 2018



Gina Marie Sears
Notary
I live in Jasper County, IN

The preparer has taken reasonable steps to redact all social security numbers and other private information on this document.

This instrument prepared by _____ for
Form BRP100

015962

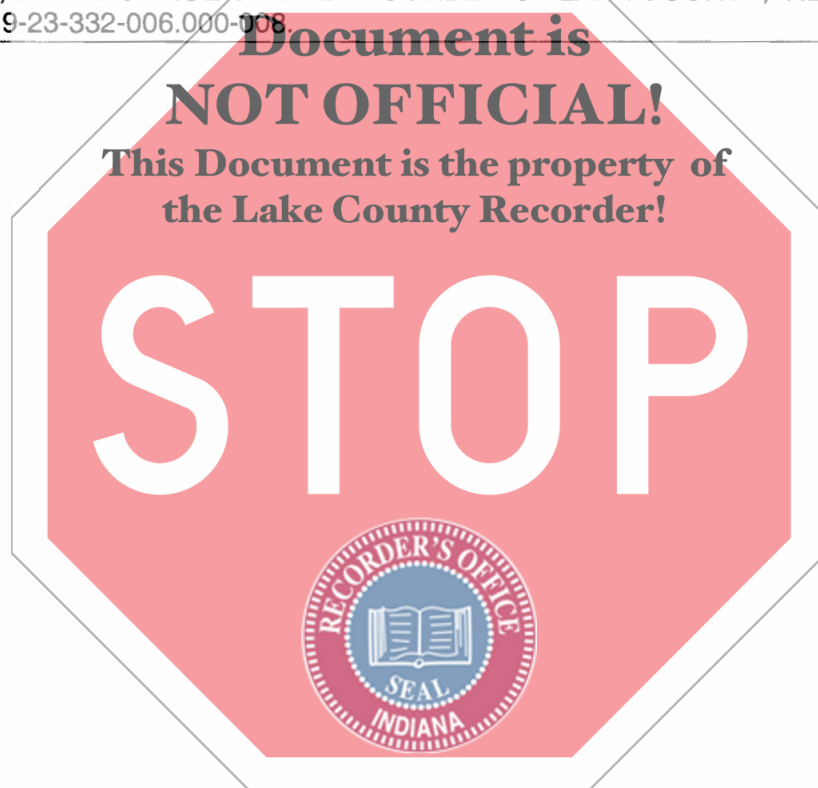
FILED

OCT 15 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

15
MM
Cash

THE NORTH 83 FEET OF LOT A2, HALSTED'S SECOND ADDITION TO THE TOWN OF LOWELL, AS PER PLAT THEREOF, RECORDED IN MISCELLANEOUS RECORD A PAGE 516, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
TAX ID: 45-19-23-332-006.000-008



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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assume 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. 1381-02

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

MENTS

FORMANT

POSITION

USE OF ATH

TIFIER

LTH CER

1 DECEASED—NAME (First, Middle, Last) Dennis N. Love				2 SEX Male		3a TIME OF DEATH 12:05P M		3b DATE OF DEATH (Month, Day, Yr.) August 12, 2002				
4 *SOCIAL SECURITY NUMBER [REDACTED]		5a AGE—Last Birthday (Years) 63		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo, Day, Yr.) Dec 21, 1938		7 BIRTHPLACE (City and State or Foreign Country) Lake Village, IN		
8a WAS DECEDENT A U.S. VETERAN? Yes		8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1959		9a PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input type="checkbox"/> Residence								
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus				9c CITY, TOWN OR LOCATION OF DEATH Merrillville				9d COUNTY OF DEATH Lake				
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Margaret S. Nomanson		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use "retired") Warehouse Clerk				12b KIND OF BUSINESS/INDUSTRY Dept. Store				
13a RESIDENCE—STATE IN		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Lowell		13d STREET AND NUMBER 263 Clark						
13e ZIP CODE 46356		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+) 1		
18 FATHER'S NAME (First, Middle, Last) Samuel R. Love				19 MOTHER'S NAME (First, Middle, Maiden Surname) Eleanor May Sinks								
20a INFORMANT'S NAME (Type/Print) Margaret S. Love				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 263 Clark Lowell, IN 46356				20c Relationship Wife				
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) August 16, 2002 Orchard Grove Cemetery				21c LOCATION—City or Town, State Lowell, IN						
22a EMBALMER'S NAME Molly E. Tucker Hawkins				22b EMBALMER'S LICENSE NO. FD09200061		23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes						
24a SIGNATURE OF FUNERAL DIRECTOR <i>Molly E. Tucker Hawkins</i>				24b LICENSE NUMBER (of License) FD09200061		25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Sheets Funeral Home, FH83004277 604 E. Commercial Ave. Lowell, IN						
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.										Approximate Interval Between Onset and Death		
IMMEDIATE CAUSE (Final disease or condition resulting in death) a SEPTICEMIA DUE TO (OR AS A CONSEQUENCE OF)										3 DAYS		
b ACUTE MYELOID LEUKEMIA DUE TO (OR AS A CONSEQUENCE OF)										1 1/2 yrs		
c POLYCYTHEMIA RUBRA VERA DUE TO (OR AS A CONSEQUENCE OF)										7 yrs		
d												
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I												
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)		28a WAS AN AUTOPSY PERFORMED? (Yes or no)		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)								
		No										
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>		29c MEDICAL LICENSE NO. 01030107		29d DATE SIGNED (Month, Day, Year) 8-14-02						
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Bharat Barai MD, 125 E. 89th Ave., Merrillville, IN 46410												
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>										32 DATE FILED (Month, Day, Year) August 19, 2002		
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 DISBURSE RECORDS TO THE COMPLETE COPY OF THIS CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT. AUG 19 2002				
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.										