2015 070408

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 16 AM 10: 05 MICHAEL B. BROWN

RECORDER

SURVIVORSHIP AFFIDAVIT

Comes now Sherry A. Lewis, being first duly sworn upon her oath and states and follows:

- 1. That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana more particularly described as follows: Lots 184 to 189, both inclusive, Pon & Co's Wildwood Shores, as shown in Plat Book 26, page 38.
- on August 3, 1970. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by This Document is the property of deed of conveyance, datedeseptember 8,1987e and decorded in the Office of the Lake County Recorder.
- 3. That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Raymond T. Lewis on January 3, 2015, at which time the affiant acquired title to the real estate as surviving tenant by the entirety.

JOHN E. PETALAS JOHN E. PETALAS JAKE COUNTY AUDITO

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- 4. That 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.
- 5. That the decedent's estate was not subject to Indiana Inheritance Taxes.

Further, your affiant sayeth not.

Sherry A. Dewis

Public in and for said Subscribed and swo County and State, this Wood of October, 2015 This Document is the property of STATE OF INDIANA SS: the Lake County Recorder! COUNTY OF LAKE Before me the undersigned, a Notary Public in and for said County and State, personally appeared Sherry A. Lewis, who acknowledged the execution of the foregoing Survivorship Affidavit. WITNESS my hand and Notarial Seal this day of October, 2015. OTARY PUBLIC My Commission Expires: My County of Residence: nission Expires Aug 21, 2022

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 41187 CERTIFICATE OF DEATH

Decedent's Legal Name (First, Midd	000122		EDR No 0000			State No.			
RAYMOND THOMAS LEV	, ,		ta. Maiden Nati	e (ir leitlale)	2. Sex				Death (Month/Day/Year
5. Social Security Number 6a. Age	- Yrs 6b. Under 1	1 Year 6c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/I		40 PM Birthplace (City		1/06/2015 Foreign Country)
67		Days	Hours	Minutes	11/28/194	7 М	EMPHIS.	TN	
9. Ever in U.S. Armed Forces? 10	0. If Death Occurred In	A Hospital:		10a. If Death Occurre Hospice Facility	ed Somewhere Other Tha	n A Hospital	iome/Long-term		
			tpatient Dead on Arrival	Other (Specify)	2 Beenger a House	rearising r	torrie/Long-tern	n Care Facility	
11. Facility Name (If Not Institution, Gi 5817 WEST 249TH AVEN		r)		-					*
12. City Or Town, State, And Zip Code				13. County Of	Death		14. Marital Sta	tus At Time Of	Death
LOWELL, IN, 46356			LAKE				Married ☐ Married, But Separated ☐ Divo		
15. Surviving Spouse's Name		 -	15a. (If Wife)Give Maide		16. Decedent's	Usual Occupati	on		Business/Industry
SHERRY LEWIS			IRONS		INSTRUCT	OR		STEEL N	A11 1
18. Residence - State		18a. County		18b. City Or Town		<u>Oit</u>		OIELL IV	1166
INDIANA		LAKE		LOWELL					ans. 3
18c. Street And Number					18	d. Apt. No.	18e. Zip (Code	18f. Inside City Limits?
5817 WEST 249TH AVEN 19. Decedent's Education	INE						463	356	Yes 🛭 No
		20. Decedent Of	f Hispanic Origin	21. Dec	cedent's Race .				1 3
ASSOCIATE DEGREE (A. 22. Father's Name (First, Middle, Last)	A, AS)	NOT HISPA	ANIC	White 23. Mother's Name (Fi	ret Middle Lost	· · · · · · · · · · · · · · · · · · ·	00-1	latharia Marini	Last Name
				Lo. Modici s Name (Fil	ist, Middic, Last)		23a. N	lother's Maider	ı Lası Name
ANCIL LEWIS 24. Informant's Name		24a Relation	nship To Decedent	LUCILLE LEWI	Street And Number, City	State 75 Code		HSON	
SHERRY LEWIS		SPOUSE				•	•		
			25. Plac	e Of Disposition	9TH AVENUE, L	OWELL, II	N 46356		
25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation	Entombment	5b. Place Of Dispositi	ion (Name Of Cemetery, Cre	matory, Other Place)	25c. Location - City, Tow	vn, And State			
Removal From State	_	EIDEN OFFI	Docur	nent i	S				
Other (Specify): 26. Was Coroner Contacted?		DEISEN CREIV Demplete Address Of F	ATION CENTRE uneral Facility		CROWN POINT	, IN		27a Funera	Home License Number
☐ Yes ☒ No	SHEETS FU	INERAL HOM	E AND CREMATIC	ON SERVICES,	604 E. COMME	RICAL AV	ENUE,		
27b. Signature Of Indiana Funeral Serv	LOWELL, IN		loorement :					FH83004	1277
27b. Signature Of Indiana Funeral Serv JENNIFER LYNN OSBUR	IN , BY ELECT	RONICIBIEN	ATUREITIETIU	is the pro	pherral LPS	1300043	,		
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