

21

1503938

Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 10/2/15 before me personally appeared Joel D. Edgington, Sr.
(insert date)

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is Son
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Minnie M. Edgington

4. Said Minnie M. Edgington
(state name of decedent) died on 10/2/87

leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

** see attached **

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

2015 070553

2015 OCT 16 AM 10:46
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



Chicago Title Insurance Company

1001-1000
\$18.00
M.E.
C.T.

22341

FILED

OCT 14 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes" , identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Son

Signature: Jed R Edgington Sr.

Printed Name _____

Address: _____

Subscribed and sworn to before me by the affiant

This _____

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(insert date) 10-2-15

Notary Public

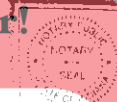
Printed Name _____

My County of Residence is: _____

In the State of _____

My Commission Expires _____

This instrument prepared by _____



CORIE KALE
Lake County
My Commission Expires
August 31, 2017

STOP



J. Edgington

I affirm, under the penalty for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Andrea A. Plascencia

Exhibit "A"

File No. 1503938

LOTS NUMBERED THIRTY (30) AND THIRTY-ONE (31) AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF THE TOWN OF PALMER, IN LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 1, PAGE 72, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA, AND

PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER, SECTION TWENTY-ONE (21), TOWNSHIP THIRTY-FOUR (34) NORTH, RANGE SEVEN (7) WEST OF THE 2ND P.M., DESCRIBED AS:

COMMENCING AT THE SOUTHEAST CORNER OF LOT 31, AS MARKED AND LAID DOWN OF RECORDED PLAT OF THE ORIGINAL TOWN OF PALMER, THENCE EAST TO THE RIGHT OF WAY OF THE CHICAGO & ERIE RAILWAY COMPANY, THENCE NORTH-WESTERLY ALONG SAID RIGHT OF WAY TO THE NORTHEAST CORNER OF SAID LOT 30, AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF THE ORIGINAL TOWN OF PALMER, THENCE SOUTH TO THE PLACE OF BEGINNING, CONTAINING TWO (2) ACRES, MORE OR LESS, IN LAKE COUNTY, INDIANA.

ALSO, PART OF THE NORTHWEST QUARTER OF THE NORTHWEST QUARTER OF SECTION 21, TOWNSHIP 34 NORTH, RANGE 7 WEST OF THE SECOND PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT THE SOUTHEAST CORNER OF LOT 31 IN THE TOWN OF PALMER AS SHOWN IN PLAT BOOK 1, PAGE 72; THENCE EAST TO THE CHICAGO AND ERIE RAILROAD (FORMERLY CALLED THE CHICAGO AND ATLANTIC RAILROAD) AND THE POINT OF BEGINNING; THENCE NORTHEASTERLY AT RIGHT ANGLES TO THE SOUTHWESTERLY RIGHT-OF-WAY OF SAID RAILROAD 150 FEET; THENCE NORTHWESTERLY PARALLEL TO SAID SOUTHWESTERLY RIGHT-OF-WAY TO AN EXTENSION OF THE WEST LINE OF LOTS 30 AND 31 IN THE TOWN OF PALMER; THENCE SOUTH TO THE NORTHWEST CORNER OF SAID LOT 30; THENCE SOUTHEASTERLY TO THE POINT OF BEGINNING.

Return to: 12525 Ripley Place, Crown Point, IN 46307

TYPE OR PRINT
PLAINLY, WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

EMBALMER'S NAME Robert P. Geisen LICENSE No. FDE1000328
 FUNERAL DIRECTOR'S SIGNATURE [Signature] FUNERAL DIRECTOR'S LICENSE No. FDE1000328
 FUNERAL HOME No. FDH3001253

Local No. 3305-87

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

1 DECEASED - NAME Minnie FIRST M. MIDDLE Edgington LAST Edgington SEX Female DATE OF DEATH (MONTH, DAY, YEAR) Dec 2, 1987

2 RACE (of White, Black, American Indian, Chinese, Japanese, Korean, Mexican, Puerto Rican, etc.) White AGE (at death) (YEAR, MONTH, DAY) 84 UNDER 1 YEAR (MONTHS, DAYS) 0 UNDER 1 DAY (HOURS, MINUTES) 0 DATE OF BIRTH (MONTH, DAY, YEAR) Dec 4, 1902 COUNTY OF DEATH Lake

3 CITY, TOWN OR LOCATION OF DEATH Crown Point CITIZEN OF WHAT COUNTRY USA HOSPITAL OR OTHER INSTITUTION (Name of institution, street and number) Lutheran Home of Northwest IN. IF HOSP OR INST. (Name, room or inpatient/outpatient) Inpatient

4 SOCIAL SECURITY NUMBER [REDACTED] 5 MARRIED, NEVER MARRIED, WIDOWED, SEPARATED Widowed SURVIVING SPOUSE (Name, street and number) _____

6 RESIDENCE - STATE Indiana COUNTY Lake CITY, TOWN OR LOCATION Crown Point KIND OF BUSINESS OR INDUSTRY St. John & Winfield Township

7 RESIDENCE WHERE DECEASED OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 12525 Ripley Place IS RESIDENCE ON A FARM? NO INSIDE CITY LIMITS (SPECIFY CITY OR TOWN) NO

8 USUAL RESIDENCE WHERE DECEASED LIVED IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 12525 Ripley Place IS DECEASED OF SPANISH DESCENT? (IF YES SPECIFY MEXICAN, SPAN, PUERTO RICAN, ETC.) NO

9 FATHER - NAME (FIRST, MIDDLE, LAST) Joel Pinkstaff MOTHER - MARDEN NAME (FIRST, MIDDLE, LAST) Laura Bowen

10 INFORMATION - NAME (If type of burial) Burial RELATIONSHIP Son MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 12227 Hendricks Court, Crown Point, Indiana 46307

11 BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial CEMETERY OR CREMATORIUM - FUNERAL HOME Derr Cemetery FUNERAL HOME - NAME AND ADDRESS Geisen Funeral Home, Inc., 109 N East St, Crown Point, IN46307

12 DATE (MONTH, DAY, YEAR) Dec 5, 1987 DATE SIGNED (MAY BE DAY 1) 12/13/87 HOUR OF DEATH 6:00P

13 M.D. OR D.O. D. B. Templin M.D.

14 NAME OF ATTENDING PHYSICIAN (Type or Print) D. B. Templin M.D.

15 MAILING ADDRESS 308 E. Commercial Avenue, Lowell, Indiana 46356

16 HEALTH OFFICER - SIGNATURE [Signature] DATE RECEIVED BY LOCAL HEALTH OFFICER December 4, 1987

17 CONDITIONS WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE CAUSE LAST

18 (a) Constrictive Heart Failure

18 (b) Coronary Occlusion

18 (c) Barbiturate overdose

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