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\*\* This document is being re-recorded to correct the grantor

2015 055084 AFFIDAVIT

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2015 AUG 17 AM 9:53  
MICHAEL B. BROWN  
RECORDER

On this 31<sup>st</sup> July 2015 before me personally appeared Georgette Mayes  
(insert date)

2015 070799

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 \_\_\_\_\_  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

3. Said George Gilbert Blystone  
(fill in name of life estate tenant who died)

died on 1/12/15

45-09-18-458 001.000-021

4. The legal description of the premises in question is: see  
lot 19, block 23, East Gary 2nd  
County, Indiana  
Lake Station, IN 46405

\*\* AKA George G. Blystone

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2015 OCT 19 AM 9:51  
MICHAEL B. BROWN  
RECORDER

5. 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.

FILED

OCT 14 2015

JOHN E. PETALAS 014505  
LAKE COUNTY AUDITOR

6. Where this affidavit relates to a Life Estate Interest only

7. Affiant's relationship to the deceased was daughter

FILED  
AUG 12 2015  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

FIDELITY NATIONAL  
TITLE COMPANY

92015-0147

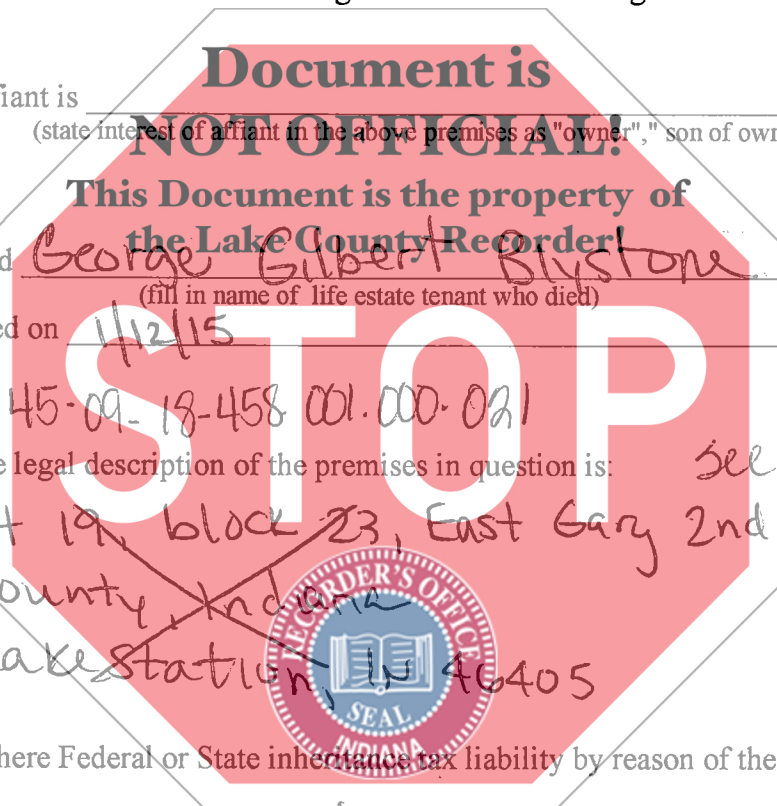
22329

ADD TO M  
11700  
M-E

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: \_\_\_\_\_



Signature: Georgette Mayes  
Printed Name Georgette Mayes  
Address: \_\_\_\_\_  
\_\_\_\_\_

Subscribed and sworn to before me by the affiant

This 31<sup>st</sup> day of July, 2015  
(insert date)

Jessica Kish Document is  
Notary Public

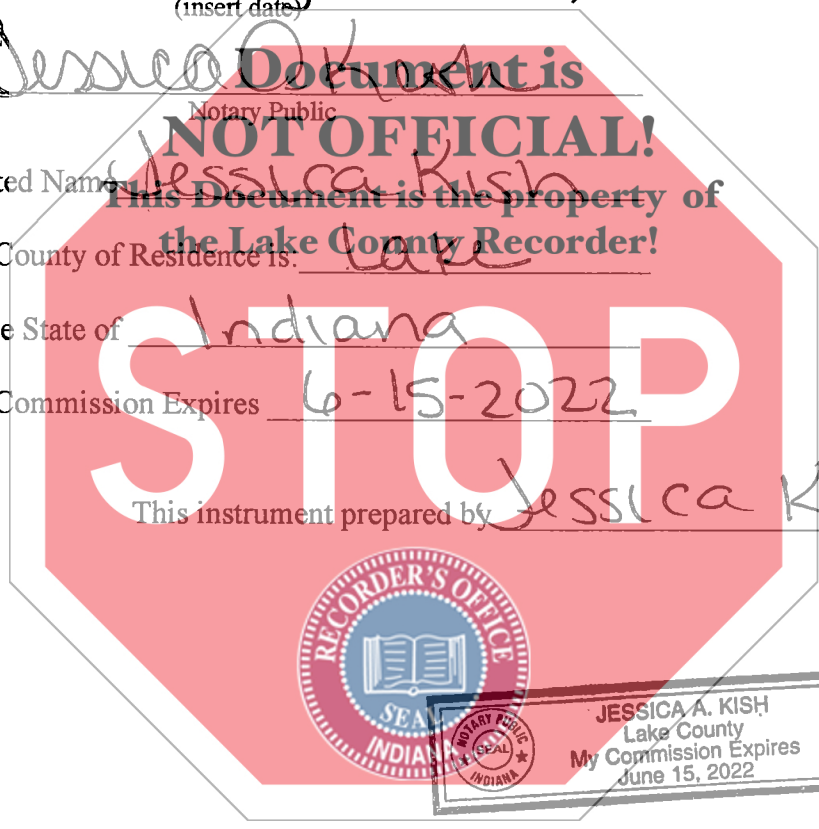
Printed Name: Jessica Kish  
**NOT OFFICIAL!**  
This Document is the property of

My County of Residence is: Lake  
**the Lake County Recorder!**

In the State of Indiana

My Commission Expires 6-15-2022

This instrument prepared by Jessica Kish



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

Jessica Kish



CERTIFICATE OF DEATH

Local No 000161

EDR No 000000426388

State No 002060

1. Decedent's Legal Name (First, Middle, Last) <b>GEORGE GILBERT BLYSTONE</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>12:30 AM</b>		4. Date Of Death (Month/Day/Year) <b>01/12/2015</b>	
5. Social Security Number		6a. Age - Yrs <b>86</b>		6b. Under 1 Year Months: Days: Hours: Minutes:		6c. Under 1 Month Days: Hours: Minutes:		6d. Under 1 Day Hours: Minutes:		7. Date of Birth (Month/Day/Year) <b>01/09/1929</b>	
8. Birthplace (City and State or Foreign Country) <b>WATERMAN, PA</b>		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown									
10. If Death Occurred In A Hospital: <input 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 checked="" type="checkbox"/> Other (Specify) <b>DAUGHTER'S RESIDENCE</b>							
11. Facility Name (If Not Institution, Give Street and Number) <b>1175 SOUTH DECATUR STREET</b>											
12. City Or Town, State, And Zip Code <b>HOBART, IN, 46342</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>STEELWORKER</b>		17. Kind Of Business/Industry <b>STEEL</b>	
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>LAKE STATION</b>			
16c. Street And Number <b>2770 HANCOCK STREET</b>						16d. Apt. No.		18e. Zip Code <b>46405</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>GILBERT BLYSTONE</b>				23a. Mother's Name (First, Middle, Last) <b>LOUISE BLYSTONE</b>				23b. Mother's Maiden Last Name <b>MARSH</b>			
24. Informant's Name <b>GEORGETTE MAYES</b>				24a. Relationship To Decedent <b>DAUGHTER</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1175 SOUTH DECATUR STREET, HOBART, IN 46342</b>			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>CALUMET PARK CEMETERY</b>				25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342</b>						27c. Funeral Home License Number: <b>FH83003069</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>PD01006463</b>					
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 Of Death. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <b>END STAGE CARDIAC DISEASE</b> Due to (Or As A Consequence Of): B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. 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.											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. <b>NATURAL</b>											
31. Did 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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant Or Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant Or 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				38b. Street & Number			
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 <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						NOT VALID UNLESS					
41. Signature Of Person Certifying Cause Of Death: <b>RUPESH J. SHAH, BY ELECTRONIC SIGNATURE</b>						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: <b>RUPESH J. SHAH, 202 E 86TH PLACE, MERRILLVILLE, IN 46411</b>						44. License Number <b>02002106A</b>		45. Date Certified <b>01/15/2015</b>			
46. Additional Funeral Service Provider:						47. *Ages:		48. Signature Of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>			
49. For Registrar Only - Date Filed (Month/Day/Year) <b>JAN 16 2015</b>						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT  
APPROXIMATE INTERVAL: ONSET TO DEATH  
WEEKS  
JAN 16 2015  
J But. so  
DEATH OFFICER

**EXHIBIT A**

Lot 19, Block 23, 2nd Subdivision to the Town of East Gary, as per plat thereof, recorded in Plat Book 7, Page 25 in the Office of the Recorder of Lake County, Indiana.

45-09-18-548-001-000-021



RECORDED  
MAY 15 10 11 AM '18  
LAKE COUNTY  
INDIANA  
OFFICE OF THE  
RECORDER

180220 2105