STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 OCT 20 AM 10: 11
MICHAEL B. BROWN
RECORDER

2015 071093

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

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STOP

I, Mannus J. Boyle, being duly sworn, states 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 36, except the Northwesterly 87.40 feet thereof (by parallel lines and as measured at right angles to the Westerly line thereof), in Hunters Run, Phase IV, a Planned Unit Development, as per plat thereof, recorded in Plat Book 76, page 52, in the Office of the Recorder of Lake County, Indiana.

> Grantee Address/Commonly known as: 11344 Valley Drive
> St. John, IN 46373

RECORDER'S OFFICE SEAL INDIANA

3. The decedent, Geraldine J. Boyle, and myself acquired title as husband and wife to said real estate by deed of conveyance on the 25th day of June, 1998 and recorded in the Office of the Lake County Recorder as Document No. 98049958.

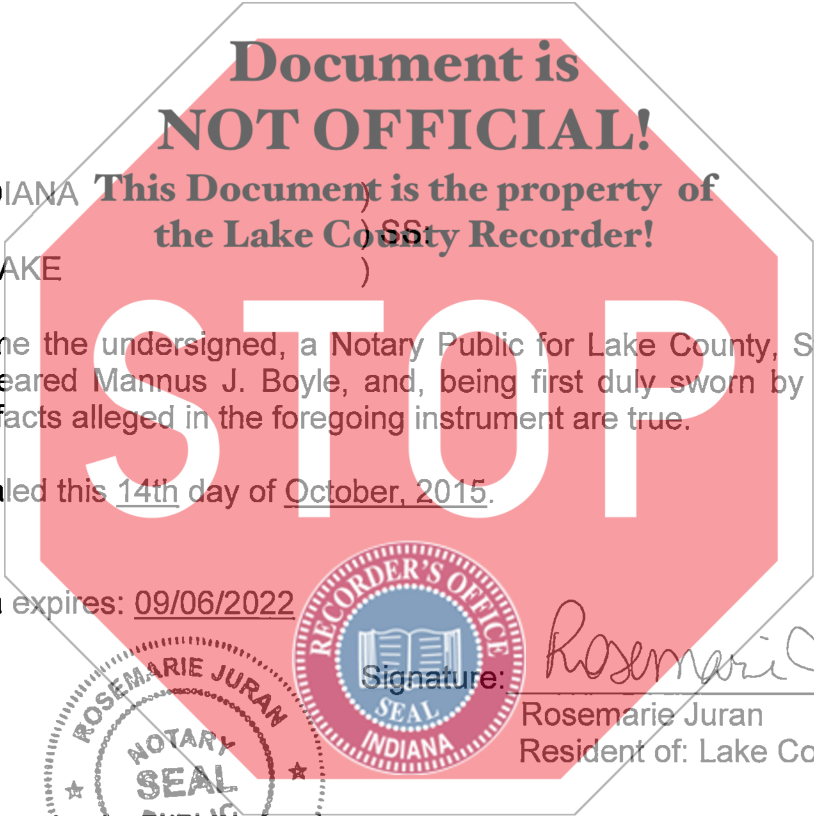
4. The decedent and myself jointly held title to said real estate until the death of my wife Geraldine J. Boyle on the 1st day of December, 2006, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Geraldine J. Boyle.

FILED
OCT 17 2015
22454 JOHN E. PETALAS
LAKE COUNTY AUDITOR

15. ck. 7755 DN

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.

Mannus J. Boyle, Affiant

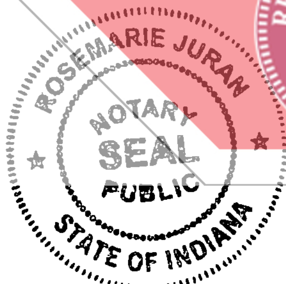


STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 14th day of October, 2015.

My commission expires: 09/06/2022



Signature:
Rosemarie Juran
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."

/s/Gary P. Bonk

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

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 01813-06

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED–NAME (First, Middle, Last): GERALDINE JEAN BOYLE
2. SEX: FEMALE
3a. TIME OF DEATH: 9:45 A M
3b. DATE OF DEATH (Month, Day, Yr): December 1, 2006
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE – Last Birthday (Years): 72
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): January 8, 1934
7. BIRTHPLACE (City and State or foreign Country): East Chicago, IN
8a. WAS DECEDENT A U.S. VETERAN?: NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: ---
9a. PLACE OF DEATH (Check only one. See instructions.): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence
9b. FACILITY NAME (If not institution, give street and number): St. Margaret Mercy South Campus
9c. CITY, TOWN OR LOCATION OF DEATH: Dyer
9d. COUNTY OF DEATH: Lake
10. MARITAL STATUS (Specify): Married
11. SURVIVING SPOUSE (If wife, give maden name): Mannus Boyle
12a. DECEDENT'S USUAL OCCUPATLON (Give kind of work done during most of working life. Do not use retired): Housewife
12b. KIND OF BUSINESS/ INDUSTRY: Own Home
13a. RESIDENCE — STATE: IN
13b. COUNTY: Lake
13c. CITY, TOWN, OR LOCATION: St. John
13d. STREET AND NUMBER: 11344 Valley Dr.
13e. ZIP CODE: 46373
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM?: ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY?: USA
15. WAS DECEDENT OF HISPANIC ORIGIN?: ☒ No ☐ 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

PARENTS

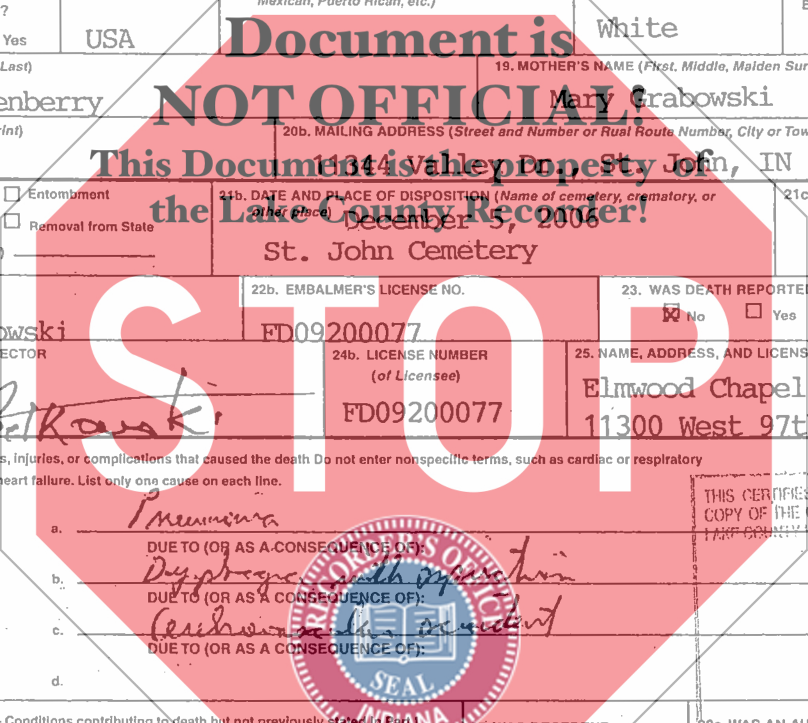
18. FATHER'S NAME (First, Middle, Last): Ernest Quisenberry
19. MOTHER'S NAME (First, Middle, Maiden Surname): Mary Grabowski

INFORMANT

20a. INFORMANT'S NAME (Type/Print): Mannus Boyle
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 11344 Valley Dr., St. John, IN 46373
20c. Relationship: Husband

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): December 5, 2006 St. John Cemetery
21c. LOCATION—City or Town, State: Hammond, IN
22a. EMBALMER'S NAME: James F. Betkowski
22b. EMBALMER'S LICENSE NO.: FD09200077
23. WAS DEATH REPORTED TO CORONER?: ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: James F. Betkowski
24b. LICENSE NUMBER (of Licensee): FD09200077
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: Elmwood Chapel FHD#19900052, 11300 West 97th Ln. St. John, IN 46373



CAUSE OF DEATH

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.

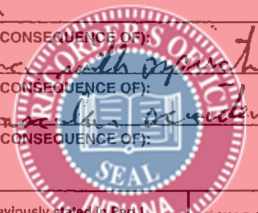
IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Pneumonia
DUE TO (OR AS A CONSEQUENCE OF):
b. Dysphagia with aspiration
DUE TO (OR AS A CONSEQUENCE OF):
c. Cerebrovascular accident
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, starting the underlying cause last

Approximate Interval Between Onset and Death

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

DEC 0 4 2006



PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I: Chronic obstructive pulmonary disease; Chronic congestive heart failure

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or No): No
28a. WAS AN AUTOPSY PERFORMED? (Yes or No): No
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)

CERTIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowlrdge. death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation. in my openion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER On the basis of examination and/or investigation, in my openion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: James B. Walsh
29c. MEDICAL LICENSE NO.: 01027487
29d. DATE SIGNED (Month, Day, Year): 12/4/06
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): James B. Watkins 5510 Hohman Ave, Hammond, IN 46320

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Susan W Best. D.O.
32. DATE FILED (Month, Day, Year): December 4, 2006

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or No)
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.

SDH 06 004 State Form 10110 (R5/1-99)