

\* This document being rerecorded to correct and remove Sukran Supergesi from Title \*

3

2003 049011  
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2003 MAY 14 AM 9:59  
MICHAEL E. STIGLICH  
RECORDER

Chicago Title Insurance Company

620032383

SURVIVORSHIP AFFIDAVIT

On this MAY 5 2003 before me personally appeared NEVAL E. BAKER  
(Insert date)

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

- Affiant resides at the address given below affiant's signature;
- Affiant is OWNER OF POOL ESTATE  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Neval E. Baker and Sukran Baker ~~Sukran Supergesi~~  
(in name of co-tenant who died)
- Said Sukran Baker ~~Sukran Supergesi~~  
died on 4-25-03 leaving NO will;  
(Insert "a" or "no"; if will left, attach a copy)

- The legal description of the premises in question is:  
The North 85 feet of lot 2 in South Elmwood, in the City of Crown Point as per plat thereof, recorded in Plat Book 8 page 22, in the office of the Recorder of Lake County, Indiana
- Is there Federal Estate 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 071422

2015 OCT 21 AM 10:32

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
MICHAEL E. STIGLICH  
RECORDER

CHICAGO TITLE INSURANCE COMPANY

mg 14-  
CT  
RM

000947

ct  
PAP

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 Husband

Signature: Neval E. Baker

Printed Name Neval E. Baker

Address: 140 Elmwood Place

Crown Point, Indiana 46307

Subscribed and sworn to before me by the affiant

this MAY 15 2003

(Insert date)

Andrea A. Widlowski

Notary Public

Printed Name Andrea A. Widlowski

My County of Residence is: Lake

In the State of Indiana

My Commission Expires \_\_\_\_\_

This instrument prepared by Neval E. Baker

Document is

**NOT OFFICIAL!**

**This Document is the property of  
the Lake County Recorder!**

**STOP**

NOTARY SEAL  
Andrea A. Widlowski, Notary Public  
Lake County, State of Indiana  
My Commission Expires 9/17/2009



ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to have 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. 1052-03

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IO 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEASED—NAME (Last, Middle, First) SUKRAN BAKER

SEX FEMALE

TIME OF DEATH 12:55 AM

DATE OF DEATH (Month, Day, Year) APRIL 25, 2003

AGE—Last Birthday (Years) 34

UNDER 1 YEAR Months Days

UNDER 1 DAY Hours Minutes

DATE OF BIRTH (Month, Day, Year) October 8, 1968

BIRTHPLACE (City and State or Foreign Country) ONTARIO, CANADA

PLACE OF DEATH (Check only one box) HOSPICE CARE RESIDENCE

FACILITY NAME (If not resident, give street and number) FRANCISCAN COMMUNITY SERVICES-HOSPICE CARE

CITY, TOWN, OR LOCATION OF DEATH CROWN POINT

COUNTY OF DEATH LAKE

MARITAL STATUS MARRIED

SUBVIVING SPOUSE NEVAL BAKER

DECEDENT'S USUAL OCCUPATION (Do not use retired) TEACHER

INDUSTRY EDUCATION (PRE-SCHOOL)

RESIDENCE—STATE INDIANA

COUNTY LAKE

CITY, TOWN, OR LOCATION CROWN POINT

STREET AND NUMBER 140 ELMWOOD PL.

ZIP CODE 46307

INSIDE CITY LIMITS Yes

CITY OF WHAT COUNTRY? CANADA

WAS DECEDENT OF HISPANIC ORIGIN? No

RACE—American Indian, Black, White, etc. TURKISH

DECEDENT'S EDUCATION (Specify only highest grade completed) 12

FATHER'S NAME (First, Middle, Last) VEHDI SURJECI

MOTHER'S NAME (First, Middle, Maiden Surname) TULIN AKCA

INFORMANT'S NAME (Type/Print) NEVAL BAKER

MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 140 ELMWOOD PL., CROWN POINT, INDIANA 46307

Relationship HUSBAND

METHOD OF DISPOSITION Burial

DATE AND PLACE OF DISPOSITION APRIL 28, 2003

LOCATION—City or Town, State SCHERERVILLE, INDIANA

EMBALMER'S NAME SCOTT J. PREWITT

EMBALMER'S LICENSE NO. FDO1006861

WAS DEATH REPORTED TO CORONER? Yes

SIGNATURE OF FUNERAL DIRECTOR

LICENSE NUMBER (of Licenses) FDO1006015

NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME FH1020006

8580 WICKER AVE., ST. JOHN, IN, 46373

PART 1: Enter the DISEASE, INJURY, or circumstances that caused the death. Do not enter names for terms such as cancer or leukemia.

THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY CLERK AS A CONSEQUENCE OF THE DEATH OF SUKRAN BAKER ON APRIL 25, 2003.

Part 4: Other significant conditions - Conditions contributing to death but not primarily stated in Part 1.

WAS DECEDENT A MOTOR VEHICLE DRIVER? NO

WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NO

CERTIFIER: HEALTH OFFICER

SIGNATURE AND TITLE OF CLERK: DR. BRENT JACO BUS

MEDICAL LICENSE NO. 02001090

DATE SIGNED (Month, Day, Year) 4/25/03

NAME AND ADDRESS OF PERSON WHO COMPLETES CAUSE OF DEATH ITEM 201 (Type/Print) DR. BRENT JACO BUS 10607 RANDOLPH ST. CROWN POINT, IN 46307

HEALTH OFFICER'S SIGNATURE: Susan W. But. D.O.

DATE FILED (Month, Day, Year) April 25, 2003

MANNER OF DEATH: Natural

DATE OF INJURY

TIME OF INJURY

INJURY AT WORK

DESCRIBE HOW INJURY OCCURRED

PLACE OF INJURY

LOCATION (City and Number or Rural Route Number, City or Town, State)

DATE PRONOUNCED DEAD

MOTOR VEHICLE ACCIDENT?

