

STATE OF INDIANA)
COUNTY OF LAKE)

2015 071934

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2015 OCT 23 AM 9:19
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

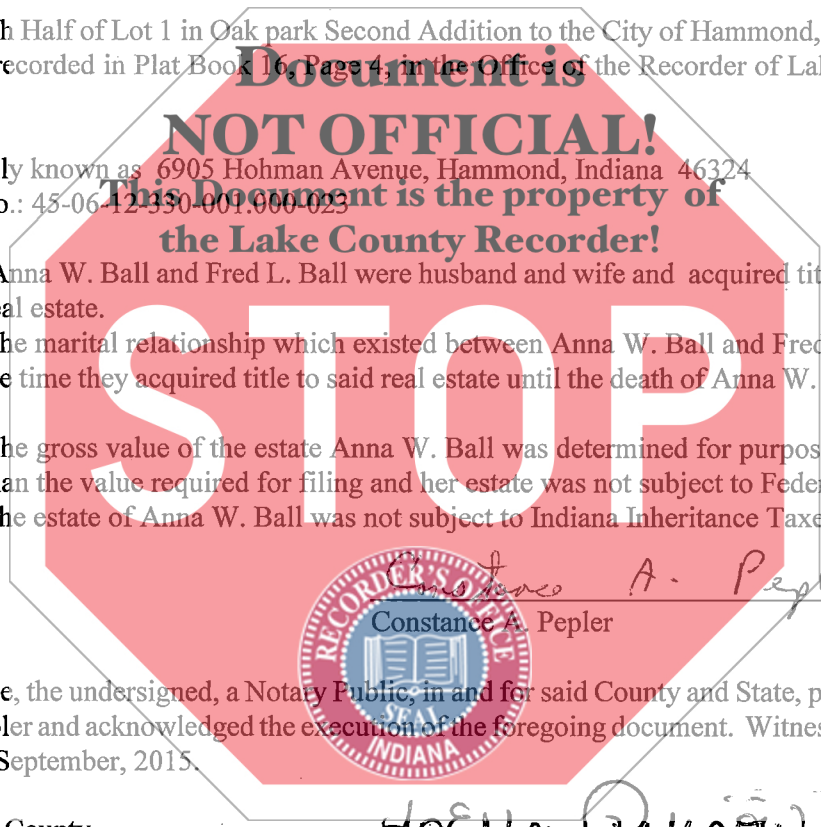
Comes now Constance A. Pepler, being duly sworn upon her oath and states as follows:

1. That she is competent and has personal knowledge of the facts contained herein.
2. That at the time of her death, Anna W. Ball was the owner in fee simple of the following described real estate located at 6905 Hohman Avenue, Hammond, Indiana 46324 and more particularly described as follows:

The North Half of Lot 1 in Oak park Second Addition to the City of Hammond, as per plat thereof, recorded in Plat Book 16, Page 4, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 6905 Hohman Avenue, Hammond, Indiana 46324
Parcel No.: 45-06-12-350-001.000-023

3. That Anna W. Ball and Fred L. Ball were husband and wife and acquired title as tenants by the entirety to said real estate.
4. That the marital relationship which existed between Anna W. Ball and Fred L. Ball continued unbroken from the time they acquired title to said real estate until the death of Anna W. Ball on the 6th day of May, 2008.
4. That the gross value of the estate Anna W. Ball was determined for purpose of Federal Estate Taxes was less than the value required for filing and her estate was not subject to Federal Estate Tax.
5. That the estate of Anna W. Ball was not subject to Indiana Inheritance Taxes.



Constance A. Pepler
Constance A. Pepler

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Constance A. Pepler and acknowledged the execution of the foregoing document. Witness my hand and seal this 30 day of September, 2015.

Resident of Lake County

Joellen Pilipow
Joellen Pilipow, Notary Public

My Commission Expires: February 27, 2016

Mail tax notices to: Constance A. Pepler, Trustee, 526 S. Lafayette, Griffith, IN 46319.

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.

FILED

Robert L. Taylor

OCT 22 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

22525

AMOUNT \$ 14-
 CASH _____ CHARGE _____
 CHECK # 2561
 OVERAGE _____
 COPY _____
 NON-COM
 CLERK rw



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1677-08

State No.

1. Decedent's Legal Name (First, Middle, Last) Anna W Ball
1a. Maiden Last Name (If Female) Mathews
2. Sex Female
3. Time Of Death 2:03 pm
4. Date Of Death (Month/Day/Year) May 6, 2008
5. Social Security Number -7979
6a. Age - Yrs 86
6b. Under 1 Year Months
6c. Under 1 Month Days
6d. Under 1 Day Hours
6e. Under 1 Hour Minutes
7. Date Of Birth (Month/Day/Year) November 14, 1921
8. Birthplace (City And State Or Foreign Country) Vandergrift, PA
9. Ever In U.S. Armed Forces? [X] No
10. If Death Occurred In A Hospital: [X] Inpatient
10a. If Death Occurred Somewhere Other Than A Hospital: [X] Nursing Home/Long-Term Care Facility

11. Facility Name (If Not Institution, Give Street And Number) Hartsfield Village Nursing Care

12. City Or Town, State, And Zip Code Munster, Indiana 46321
13. County Of Death Lake
14. Marital Status At Time Of Death [X] Married

15. Surviving Spouse's Name Fred Ball
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation Nurse
17. Kind Of Business/Industry Steel

18. Residence - State Indiana
18a. County Lake
18b. City Or Town Hammond

18c. Street And Number 6905 Hohman Avenue
18d. Apt. No.
18e. Zip Code 46324
18f. Inside City Limits? [X] Yes

19. Decedent's Education 14
20. Decedent Of Hispanic Origin
21. Decedent's Race White

22. Father's Name (First, Middle, Last) Stanley S Mathews
23. Mother's Name (First, Middle, Last) Emma C Mathews
23a. Mother's Maiden Last Name Hallman

24. Informant's Name Fred Ball
24a. Relationship To Decedent Husband
24b. Mailing Address (Street And Number, City, State, Zip Code) 6905 Hohman Avenue, Hammond, IN 46324

25a. Method Of Disposition [X] Burial
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Milton Cemetery
25c. Location - City, Town, And State Milton, PA

26. Was Coroner Contacted? [X] No
27. Name And Complete Address Of Funeral Facility Fagen Miller Funeral Home 2828 Highway Ave, Highland, IN 46322
27a. Funeral Home License Number: FH83003035

27b. Signature Of Indiana Funeral Service Licensee [Signature]
27c. License Number (Of Licensee): FD20400030

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 On A Line. Add Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. PNEUMONIA
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 B.
C.
D.
Cause Of Death (See Instructions And Examples)

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.
DIFFUSE ARTERIO-SCLEROTIC VASCULAR DISEASE
29. Was An Autopsy Performed? [X] Yes
30. Were Autopsy Findings Available To Complete The Cause Of Death? [X] Yes

31. Did Tobacco Use Contribute To Death? [X] No
32. If Female: [X] Not Pregnant Within Past Year
33. Manner Of Death: [X] Natural

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? [X] Yes

38. Location Of Injury - State
38a. City Or Town
38b. Apt. No.
38c. Zip Code

39. Describe How Injury Occurred
40. If Transportation Injury, Specify: [X] Driver/Operator

41. Signature, Of Person Certifying Cause Of Death: James B. Walsh
42. Certifier (Check Only One) [X] Certifying Physician

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: James B. Walsh, 9122 Columbia Ave, Munster, IN 46321
44. License Number 01627487
45. Date: Certified 5/7/08

46. Additional Funeral Service Provider: BAUER - BLY FUNERAL HOME 125 E. MAIN ST. DAYTON, PA. 16222
47. *Akas:
48. Signature Of Local Health Officer: [Signature]
49. For Registrar Only - Date Filed (Month/Day/Year):

