

CHICAGO TITLE INSURANCE COMPANY

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2015 072034

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 23 AM 10:39

MICHAEL B. BROWN
RECORDER

Parcel #45-10-01-279-007.000-034

Return Recorded Instrument to:
Michael D. Dobosz, Attorney
2637 45th St., Highland, IN 46322

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS:

BT 1508794
(4)

Document is NOT OFFICIAL!
SURVIVORSHIP AFFIDAVIT

This Document is the property of

VICKIE ANN EVANS, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving natural daughter of decedent, DOLORES EVANS, who died February 4, 2008, as evidenced by the redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "A", and the surviving natural daughter of decedent, the surviving joint tenant of real estate owned with decedent, namely: WARREN F. EVANS a/k/a WARREN FRANKLIN EVANS a/k/a WARREN EVANS.

That the parties were husband and wife when they took title and lived continuously together as husband and wife, until the death of DOLORES EVANS, on the date given above, which real estate is described real estate, to-wit:

LOT 233 IN NORTHGATE FOURTH ADDITION TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 41, PAGE 103, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 811 HARRISON PL., DYER, IN 46311

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, DOLORES EVANS, at the time of her death, within the meaning of the Federal Estate Tax laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

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decedent was not subject to any Federal Estate Tax.

Affiant further states that decedent's interest in this property was not subject to Indiana inheritance tax.

Affiant further states that there is no estate proceeding pending or contemplated for DOLORES EVANS, deceased.

Affiant further states that to the best of her knowledge, all outstanding debts and obligations of the decedent, DOLORES EVANS, including funeral expenses and expense of last illness, were fully paid and discharged and, and there are no outstanding claims or obligations against said decedent.

Affiant further says that:

This Document is the property of the Lake County Recorder!

Vickie Ann Evans
VICKIE ANN EVANS, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared VICKIE ANN EVANS, who acknowledged the execution of this instrument this 15th day of October, 2015.



Karen Craig
NOTARY PUBLIC SIGNATURE

KAREN CRAIG
Notary Public - Seal
State of Indiana
Lake County
My Commission Expires Nov 4, 2022

THIS INSTRUMENT PREPARED BY:
MICHAEL D. DOBOSZ, ATTORNEY #14539-45
HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP
2637--45TH ST., HIGHLAND, IN 46322
PH: (219) 924-2427 FAX: (219) 924-2481





I hereby affirm that I have redacted all social security numbers from this document. Michael D. Dobusz, Attorney

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 351-08

State No.

1. Decedent's Legal Name (First, Middle, Last) DOLORES EVANS				1a. Maiden Last Name (If Female) BROWN		2. Sex F	3. Time Of Death 11:57 AM	4. Date Of Death (Month/Day/Year) FEBRUARY 4, 2008
5. Social Security Number 71	6a. Under 1 Year Months	6b. Under 1 Year Days	6c. Under 1 Year Hours	6d. Under 1 Year Minutes	7. Date Of Birth (Month/Day/Year) January 8, 1937	8. Residence (City And State Or Foreign Country) SPROUL, PENNSYLVANIA		
9. Burial In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		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 type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street And Number) ST. MARGARET MERCY HEALTHCARE								
12. City Or Town, State, And Zip Code DYER				13. County Of Death LAKE		14. Manner Status At Time Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Natural, But Suspected <input type="checkbox"/> Divorced <input type="checkbox"/> Withdrew <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Marrying Spouse's Name WARREN F. EVANS			15a. If Widowed, Maiden Last Name N/A		16. Decedent's Usual Occupation PRESSER		17. Kind Of Business/Industry DRY CLEANING	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER				
19a. Street And Number 811 HARRISON PLACE			19b. Apt. No.		19c. Zip Code 46311		19d. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Decedent's Education High school graduate or GED completed			20a. Decedent's Hispanic Origin No, not Spanish/Hispanic/Latino		20b. Decedent's Race White			
21. Father's Name (First, Middle, Last) CHESTER BROWN			21a. Mother's Name (First, Middle, Last) MARGARET BROWN			21b. Mother's Maiden Last Name UNKNOWN		
24. Informant's Name WARREN F. EVANS			24a. Relationship To Decedent HUSBAND		24b. Informant's Address (Street And Number, City, State, Zip Code) 811 HARRISON PLACE, DYER, INDIANA 46311			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Organ Donor <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Reinterment From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHapel LAwn MEMORIAL GARDENS		25c. Place Of Disposition SCHERERVILLE, INDIANA		25d. Location - City, Town, And State		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUPER FUNERAL HOME 6035 KLEINMAN RD., HIGHLAND, INDIANA 46322			27a. Funeral Home License Number FH10300021			
27b. Signature Of Indiana Funeral Director (Licensee) <i>C.A. [Signature]</i>			27c. License Number (Of Licensee) FD01014511		28. Cause Of Death (See Instructions And Examples) Part I. Enter The Cause(s)—Disease(s), Injury, Or Complication(s)—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 Or Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. Cardio pulmonary Arrest Underlying Cause (Disease Or Injury That Is Resulting In Death) B. Chronic obstructive pulmonary disease			
28a. Enter The Underlying Cause (Disease Or Injury That Is Resulting In Death) List			28b. Approximate Interval: Occur To Death Seconds DAYS weekly		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown			32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant This Growth <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant, But Pregnant 43 To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Presence Of Disease: <input checked="" type="checkbox"/> Fractured <input type="checkbox"/> Headless <input type="checkbox"/> Amputated <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Unknown <input type="checkbox"/> Could Not Be Determined		34. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (City, State/County Name, Construction Site, Workplace, Watercraft, Wintered Area)		37. Injury At Work?		
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		
36d. Zip Code		36e. State		36f. City		36g. Country		
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)					
41. Signature Of Person Certifying Cause Of Death <i>John A. Hoehn</i>			42. Gender (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 JOHN A. HOEHN, D.O. 505 W. LINCOLN HWY. SCHERERVILLE, IN 46375			44. License Number 02000872		45. Issue Certified 02/05/08			
46. Address Of Funeral Service Provider			47. *Name					
48. Signature Of Health Officer <i>Juan W. But...</i>			49. Date (Month/Day/Year) February 5, 2008					

