

①

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 082510

2015 DEC 10 AM 11:46

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

45-05-32-227-028-000-004

3

Kathryn A. Carwell, of adult age, being first duly sworn, upon deposes and says:

That Kathryn A. Carwell, is the Daughter of Richard Malcolm Kilgore aka Richard M. Kilgore, deceased, who died on 11/24/2014 a resident of Lake County, Indiana.

That Joanne M. Kilgore and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Maria M. De La Garza recorded January 24, 1990 as Document No. 080889 in the Office of the Office of the Recorder of Lake County, Indiana.

That Joanne M. Kilgore and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Joanne M. Kilgore, surviving spouse of the decedent.

And further affiant sayeth not this 4th day of December, 2015.

Kathryn A. Carwell
Kathryn A. Carwell

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 4th day of December, 2015.

WITNESS my hand and Notarial Seal.

My Commission Expires:

10-2-2017

Signature of Notary Public

Paula Barrick

Printed Name of Notary Public

Lake IN

Notary Public County and State of Residence

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

7716 Oak Avenue, Gary, IN 46403

FILED
DEC 08 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR



017271

File No.: 15-37354

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. Debra A. Guy

HOLD FOR MERIDIAN TITLE CORP

15-
MB
AR



2048288-1753

LEGAL DESCRIPTION

The East Half of Lot Numbered 38, all of Lot Numbered 39 and the West Half of Lot Numbered 40 in Block 27 in Norcott's Addition to Indiana City, in the City of Gary, as per plat thereof recorded in Plat Book 1, page 14 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
25-46-0109-0043

45-05-32-227-028.000-004



2048286-1753



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

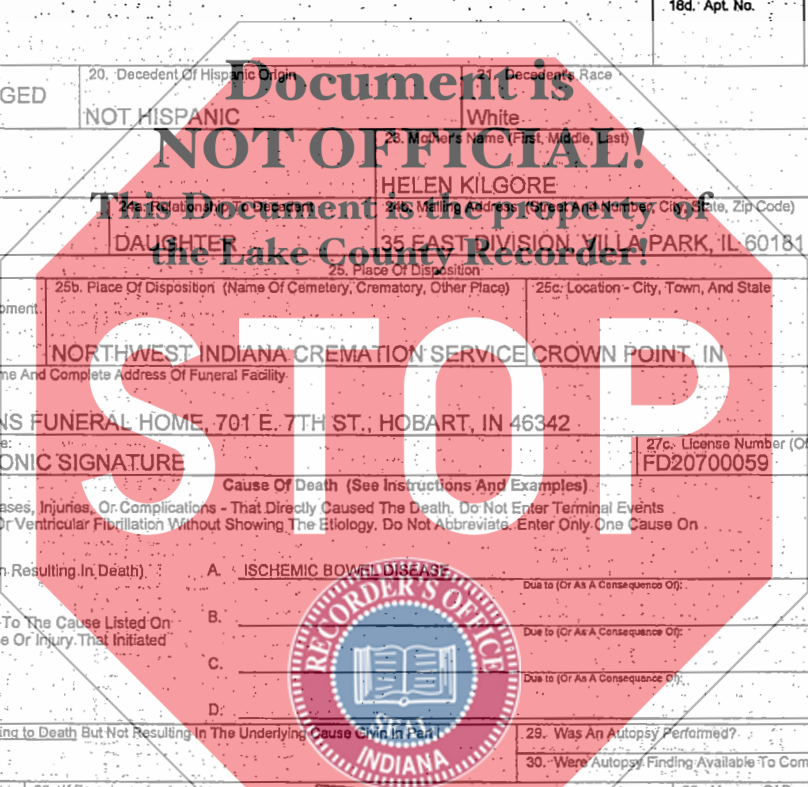
Tracking No. 36406

Local No 003750

EDR No 000000417321

State No 053747

1. Decedent's Legal Name (First, Middle, Last) RICHARD MALCOLM KILGORE				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 13:18		4. Date Of Death (Month/Day/Year) 11/24/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 82		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) 09/12/1932				8. Birthplace (City and State or Foreign Country) MADISON, IN							
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 checked="" 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. MARY MEDICAL CENTER INC.										12. City Or Town, State, And Zip Code	
12. City Or Town, State, And Zip Code HOBART, IN, 46342				13. County Of Death LAKE				14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name JOANNE KILGORE				15a. (If Wife) Give Maiden Last Name MORAN				16. Decedent's Usual Occupation SALES		17. Kind Of Business/Industry STEEL INDUSTRY	
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town GARY			
18c. Street And Number 7714 OAK AVENUE				18d. Apt. No.				18e. Zip Code 46403		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Father's Name (First, Middle, Last) KARL OVERMAN KILGORE				23. Mother's Name (First, Middle, Last) HELEN KILGORE				23a. Mother's Maiden Last Name STOKEY			
24. Informant's Name KATHY CARWELL				24a. Relationship To Decedent DAUGHTER				24b. Mailing Address (Street and Number, City, State, Zip Code) 35 EAST DIVISION, VILLA PARK, IL 60181			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) NORTHWEST INDIANA CREMATION SERVICE CROWN POINT, IN				25c. 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 BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342						27a. Funeral Home License Number: FH83002380			
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20700059							
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. ISCHEMIC BOWEL DISEASE Due to (Or As A Consequence Of):										Approximate Interval: Onset To Death ACUTE	
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. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D.											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Chain In Part I. NO										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
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, But Pregnant Within 45 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death				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 (If In Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number DEC 02 2014				38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred										40. Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify) NOT VALID UNLESS	
41. Signature, Of Person Certifying Cause Of Death: MARK OREN CARTER, BY ELECTRONIC SIGNATURE										42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Other (Specify)	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MARK OREN CARTER, 164 BRACKEN PKWY, HOBART, IN 46342										44. License Number: 01036457	
46. Additional Funeral Service Provider:										47. Date Certified: 11/29/2014	
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE										49. For Registrar Only - Date Filed (Month/Day/Year): DEC 01 2014	



THIS IS A TRUE COPY OF THE ORIGINAL FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT
DEC 02 2014
Susan J. Best, Registrar
LAKE COUNTY HEALTH OFFICER

