

AFFIDAVIT

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
COUNTY OF LAKE) SS:
Tax I.D. No. 45-12-09-352-024.000-030

2016 001294

2016 JAN -8 PM 2:14

MICHAEL B. BROWN
RECORDER

Jack William Hostetler ,being first duly sworn upon oath, deposes and says:

1. That the Affiant is the son and has personal knowledge of the marital status of the Decedent.
2. That **John F. Hostetler** died on January 3, 1999, in Asheboro, Randolph County, North Carolina.
3. That the Decedent and **Patricia J. Hostetler** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:
SEE ATTACHED EXHIBIT "A"
4. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
5. That all funeral expenses in connection with the death of said decedent have been paid in full.
6. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, ~~including~~ **including** ~~but not~~ **but not** ~~including~~ **including** ~~and~~ **and** ~~in~~ **in** ~~addition~~ **addition** ~~to~~ **to** ~~the~~ **the** ~~decedent's~~ **decedent's** ~~life~~ **life** ~~were~~ **were** ~~not~~ **not** ~~sufficient~~ **sufficient** ~~to~~ **to** ~~justify~~ **justify** ~~the~~ **the** ~~payment~~ **payment** ~~of~~ **of** ~~Federal~~ **Federal** ~~Estate~~ **Estate** ~~Tax.~~ **Tax.**

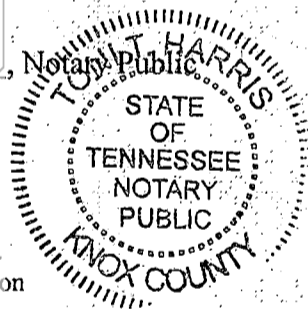


FURTHER, Affiant saith naught.

Jack William Hostetler
Jack William Hostetler

Subscribed and sworn to before me, a Notary Public this 18 day of December, 2015.

My Commission Expires: 7/6/19
County of Residence:



This instrument prepared by **Matthew W. Deulley**, Attorney at Law, Attorney ID No. 27813-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Matthew W. Deulley
Signature of Preparer

Elizabeth Hise
Name of Preparer

COMMUNITY TITLE COMPANY
FILE NO. 159046

AMOUNT \$ 16
 CASH _____ CHARGE CM
 CHECK # _____
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK _____ *ms*

FILED
 JAN 06 2016
 JOHN E. PETALAS
 LAKE COUNTY AUDITOR

000107

**EXHIBIT "A"
LEGAL DESCRIPTION**

File No.: 159046

UNIT 4, IN BUILDING 6, THE COLONIES OF MERRILLVILLE CONDOMINIUM, A HORIZONTAL PROPERTY REGIME, AS INDICATED BY DECLARATION OF CONDOMINIUM RECORDED AS INSTRUMENT NO. 238215, AND AMENDMENT THERETO RECORDED AS INSTRUMENT NO. 488399, AS SHOWN IN PLAT BOOK 44, PAGE 29, LAKE COUNTY, INDIANA; TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN AND TO THE COMMON AREAS SET FORTH IN INSTRUMENT NO. 238215 AND IN INSTRUMENT NO. 488399.



NORTH CAROLINA DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
STATE CENTER FOR HEALTH STATISTICS - VITAL RECORDS SECTION

CERTIFICATE OF DEATH

RECEIVED JAN 13 1999

Registration District No. 076 80 Local No. _____

DECEDENT'S NAME (First, Middle, Last) **1. John F. Hostetler** SEX **2. Male** DATE OF DEATH (Month, Day, Year) **3. January 3, 1999**

SOCIAL SECURITY NUMBER [REDACTED] AGE—Last Birthday (Years) **5. 65** UNDER 1 YEAR Months Days **5b.** UNDER 1 DAY Hours Minutes **5c.** DATE OF BIRTH (Month, Day, Year) **6. 4-12-33** BIRTHPLACE (County and State or Foreign Country) **7. Gary, IN**

WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes or No) **8. NO** 9a. PLACE OF DEATH (Check only one) HOSPITAL: Inpatient ER/Outpatient DOA OTHER: Nursing Home Residence Other (Specify)

FACILITY NAME (If not institution, give street and number) **9b. Carolina House** CITY, TOWN, OR LOCATION OF DEATH **9c. Asheboro** INSIDE CITY LIMITS? (Yes or No) **9d. yes** COUNTY OF DEATH **9e. Randolph**

MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) **10. Married** SURVIVING SPOUSE (If wife, give maiden name) **11. Patricia J. Grimes** DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) **12a. Bricklayer** KIND OF BUSINESS/INDUSTRY **12b. Steel mfg.**

RESIDENCE—STATE **13a. NC** COUNTY **13b. Brunswick** CITY, TOWN, OR LOCATION **13c. Calabash** STREET AND NUMBER **13d. 435 Deer Path S.W.**

INSIDE CITY LIMITS? (Yes or No) **13e. yes** ZIP CODE **13f. 28467** Was Decedent of Hispanic Origin? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes No (Specify) **14.** RACE—American Indian, Black, White, Etc. (Specify) **15. white** DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (13-17+) **16. 12**

FATHER'S NAME (First, Middle, Last) **17. Joseph Hostetler** MOTHER'S NAME (First, Middle, Maiden Surname) **18. Eliza Davis**

INFORMANT'S NAME (Type/Print) **19a. Patricia J. Hostetler** MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **19b. 435 Deer Path S.W., Calabash, NC 28467** DATE AMENDED **19c.**

Part I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. If appropriate, enter tobacco, alcohol, or drug use. List only one cause on each line. (PRINT or TYPE)

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a. This Document is the property of the Lake County Recorder!** DUE TO (OR AS A CONSEQUENCE OF):

Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. **b. Aspiration** DUE TO (OR AS A CONSEQUENCE OF):

c. DUE TO (OR AS A CONSEQUENCE OF):

d. DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I, such as tobacco, alcohol, or drug use; diabetes, etc.

20b. AUTOPSY? (Yes or No) If yes, were findings considered in determining cause of death? **21a. NO** Was case referred to Medical Examiner? (Yes or No) **21c.** TIME OF DEATH **22. 9:26 a.m.**

NOTICE: STATE LAW REQUIRES THAT ALL DEATHS DUE TO TRAUMA, ACCIDENT, HOMICIDE, SUICIDE, OR UNDER SUSPICIOUS, UNUSUAL, OR UNNATURAL CIRCUMSTANCES BE REPORTED TO, AND CERTIFIED BY A MEDICAL EXAMINER ON A MEDICAL EXAMINER'S CERTIFICATE OF DEATH. ANY DEATH FALLING INTO THESE CATEGORIES IS WITHIN THE MEDICAL EXAMINER'S JURISDICTION REGARDLESS OF THE LENGTH OF SURVIVAL FOLLOWING THE UNDERLYING INJURY.

SIGNATURE AND TITLE OF CERTIFIER **23a. Sidney A. Black** DATE SIGNED (Month, Day, Year) **23b. 1/13/99**

NAME AND ADDRESS WHO COMPLETED CAUSE OF DEATH (ITEM 20) (Type or Print) **24. Sidney A Black MD 132A W. Miller St. Asheboro, NC 27203**

METHOD OF DISPOSITION Burial Cremation Removal **25a. [] Donation [] Other** PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **25b. Calumet park Cemetery** LOCATION—City or Town, State, Zip Code **25c. Merrillville, IN**

NAME AND ADDRESS OF FUNERAL HOME **26a. Pugh Funeral Home, Inc. 437 Sunset Ave., Asheboro, NC 27203** SIGNATURE OF FUNERAL DIRECTOR **26b. Jeffrey A. Nobles** LICENSE NUMBER **26c. 1937**

REGISTRAR'S SIGNATURE **27. Mary M. Cooper** DATE FILED (Month, Day, Year) **28. 1-13-99** SIGNATURE OF EMBALMER **26d. John D. Spencer** LICENSE NUMBER **26e. 599**

DECEDENT

PARENTS

INFORMANT

CAUSE OF DEATH

CERTIFIER

DISPOSITION

DEHNR 1872 (Revised 3/98 Review 2/99) VITAL RECORDS



I hereby certify that this is a true and accurate copy which appears on record in the office of the Register of Deeds of Randolph County, N.C.

Witness my hand and seal this the 13 day of January, 1999.

ANN SHAW, REGISTER OF DEEDS

BY: Ann Smith - Deputy
Register of Deeds