

2016 014478

2016 MAR 10 AM 11:20

MICHAEL B. BROWN
RECORDER

4

AFFIDAVIT OF SURVIVORSHIP

45-08-13-100-013-000-017

Dean G Ewen, of adult age, being first duly sworn, upon deposes and says:

That Dean G Ewen, is the Son of Glen Luther Ewen A/K/A Glen L Ewen, deceased, who died on October 27, 1975 a resident of Cook, IL County, Indiana.

That Marie Ewen A/K/A Marie E Ewen 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 Henry Ewen and Elvira Ewen recorded September 18, 1972 as Document No. 167236 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant 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 he 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 Dean G Ewen, surviving spouse of the decedent.

And further affiant sayeth not this 29th day of February, 2016.



Dean G Ewen R.R.
Dean G Ewen

State of Indiana, County of Lake ss: JOHN E. PETAL Notary Public in and for the County and State aforesaid, this 29th day of February, 2016.

WITNESS my hand and Notarial Seal.

My Commission Expires: 7-20-22

Laura J. Brasovan
Signature of Notary Public

LAURAJ BRASOVAN
Printed Name of Notary Public

Lake County, 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:
3400 West Central Avenue
Lake Station, IN 46405

Grantee's Address and Mail Tax Statements To:

405 NORTHFIELD LAKE
VALPARAISO, IN 46383
File No.: 15-43956

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

011442

HOLD FOR MERIDIAN TITLE CORP

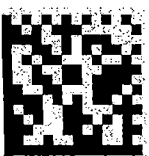


2055594-1753

171
not
for

LEGAL DESCRIPTION

Parcel III: All that part of the Northwest 1/4, except the West 1121.54 feet of Section 13, Township 36 North, Range 8 West, lying North of the Little Calumet River and South of the R/W of the Gary Connecting Rys, containing 2.909 acres.



2055594:1753

(STATE OF ILLINOIS)
(County of Cook)

DAVID ORR, COUNTY CLERK

JULY 20, 2012

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is the true and correct copy of the original Record on file, all of which appears from the records and files in my office.
IN WITNESS THEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the City of Chicago, in said County.

David J. Orr
COUNTY CLERK

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REGISTRATION DISTRICT NO. 16.10

STATE OF ILLINOIS

STATE FILE NUMBER 625713

MEDICAL CERTIFICATE OF DEATH

DECEASED—NAME: **Documentis**

1. SEX: **MALE** 2. DATE OF DEATH: **OCTOBER 27, 1975**

3. RACE: **WHITE** 4. AGE—LAST BIRTHDAY (YRS.): **50** 5. UNDER 1 YEAR: **0** 6. UNDER 1 DAY: **0** 7. DATE OF BIRTH (MONTH, DAY, YEAR): **JULY 5, 1925** 8. PLACE OF BIRTH: **Chicago** 9. COUNTY: **Cook**

10. DECEASED: **INDIANA** 11. NORTHWESTERN MEMORIAL HOSPITAL

12. SOCIAL SECURITY NUMBER: **[REDACTED]** 13a. USUAL OCCUPATION: **FARMER** 13b. KIND OF BUSINESS OR INDUSTRY: **HUSBANDRY** 13c. J.S. WAR VETERAN (YES/NO): **NO** 13d. WAR OR DATES OF SERVICE: **NONE**

14a. RESIDENCE STATE: **INDIANA** 14b. CITY: **Lake** 14c. COUNTY: **GARY** 14d. STREET AND NUMBER: **2600 COLORADO ST.**

15. FATHER—NAME: **Henry Eben** 16. MOTHER—MAIDEN NAME: **Elvira Larson**

17a. INFORMANT'S SIGNATURE: **Michelle C. Males** 17b. RELATIONSHIP TO DECEASED: **SISTER** 17c. HOSPITAL MAILING ADDRESS: **250 E. SUPERIOR CHICAGO, ILL.**

18. DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) CARDIAC ARREST	75 MINUTES
(b) HYPOTENSION	75 MINUTES
(c) PNEUMONIA—LEFT UPPER AND LOWER LOBES	7 DAYS

PART II. OTHER SIGNIFICANT CONDITIONS: **DIABETES MELLITUS, CHRONIC RENAL FAILURE**

19a. AUTOPSY (YES/NO): **YES** 19b. **YES**

20a. DATE OF OPERATION, IF ANY: **JULY 1, 1974** 20b. MAJOR FINDINGS OF OPERATION: **[REDACTED]**

21a. I ATTENDED THE DECEASED FROM: **JULY 1, 1974** 21b. I WAS LAST SEEN ALIVE BY: **OCT. 27, 1975** 21c. I WAS LAST SEEN ALIVE BY: **HIM** 21d. HOUR OF DEATH: **OCT. 25, 1975 6:30 A.M.**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THIS DEATH OCCURRED ON THE DATE, AT THE TIME AND PLACE, AND FROM THE CAUSE(S) STATED.

22a. SIGNATURE: **David Ginsburg, M.D.** 22b. DATE SIGNED: **OCT. 27, 1975** 22c. ILLINOIS LICENSE NUMBER: **36-43276**

23. MAILING ADDRESS—CERTIFIER: **303 EAST SUPERIOR STREET CHICAGO ILLINOIS 60611**

24a. BURIAL, CREMATION, REMOVAL (specify): **Burial** 24b. CEMETERY OR CREMATORY—NAME: **Evergreen** 24c. LOCATION: **Hobart, Indiana** 24d. DATE: **10-30-1975**

25a. FUNERAL HOME: **Blake-Lamb Funeral Homes Inc., 3737 W. 79th Street Chicago, Illinois** 25b. FUNERAL DIRECTOR'S SIGNATURE: **M. J. Lamb, Jr.** 25c. FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER: **F-175**

26a. LOCAL REGISTRAR'S SIGNATURE: **Lawrence C. Brown** 26b. CHICAGO BOARD OF HEALTH: **Chicago Civic Center, Room 103 Concourse Level, Chicago 60602** 26c. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR): **OCT 29 1975**

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ILLINOIS DEPARTMENT OF PUBLIC HEALTH — BUREAU OF VITAL RECORDS

BASED ON 1968 U.S. STANDARD CERTIFICATE

ATTENTION ESTATE: Disclosure of the State we need to pursue our responsibilities voluntarily and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

Local No. 1208-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED - NAME (First Middle Last) MARIE E. EWEN				2. SEX Female		3a. TIME OF DEATH 2:59AM		3b. DATE OF DEATH (Month Day Year) May 14, 2007	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - Last Birthday (Years) 82		5b. UNDER 1 YEAR Months: Days:		5c. UNDER 1 DAY Hours: Minutes:		6. DATE OF BIRTH (Mo Day Yr) February 28, 1925	
7. BIRTHPLACE (City and State or Foreign Country) Hobart, Indiana		8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES		9a. PLACE OF DEATH (Check only one, See Instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) St. Mary's Medical Center				9c. CITY TOWN OR LOCATION OF DEATH Hobart		9d. COUNTY OF DEATH Lake			
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) NONE		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retiree) Homemaker		12b. KIND OF BUSINESS INDUSTRY Home			
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY TOWN OR LOCATION Lake Station		13d. STREET AND NUMBER 2800 Colorado			
13e. ZIP CODE 46405		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE - American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)		17. DECEDENT'S EDUCATION (Specify only highest grade completed) College (1-4 or 5+)		17. DECEDENT'S EDUCATION (Specify only highest grade completed) 12					
18. FATHER'S NAME (First, Middle, Last) Emil Henschel				19. MOTHER'S NAME (First, Middle, Maiden Surname) Rosella Sapper					
20a. INFORMANT'S NAME (Type/Print) Glen Ewen				20b. TRAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5676 Stagecoach Road, Portage, IN 46368				20c. Relationship Son	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) May 17, 2007 Evergreen Memorial Park				21c. LOCATION - City or Town State Hobart, Indiana	
22a. EMBALMER'S NAME James J. Krause				22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Charles D. Schey Jr.</i>				24b. LICENSE NUMBER (of Licensee) FDO1006049		25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Brady Chapel 3781 Central Avenue, Lake Station, IN 46405			
26. PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Congestive heart failure, coronary artery disease b. Myocardial infarction, peripheral vascular disease Conditions if any which gave rise to the immediate cause stating the underlying cause last c. DUE TO (OR AS A CONSEQUENCE OF) d. DUE TO (OR AS A CONSEQUENCE OF)									
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I						27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Ashwani Kumar</i>				29c. MEDICAL LICENSE NO. 01033934		29d. DATE SIGNED (Month Day Year) 5/15/07	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print) Ashwani Kumar MD, 3156 Willowcreek Road, Portage, IN 46368									
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best D.O.</i>							32. DATE FILED (Month Day Year) May 15, 2007		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month Day Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT	
34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number City or Town State) NOV 26 2007							
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, passenger, pedestrian, etc.					