

STATE OF NAME OF LAKE COUNTY FILED FOR NECONS

2016 014934

2016 MAR | | PM 3:07

MICHAEL B. EAGWII RECORDER

AFFIDAVIT OF SURVIVORSHIP

45-06-24-127-012-000-027

Donald Falgier, of adult age, being first duly sworn, upon deposes and says:

That Donald Falgier, is the Husband of Sharon J. Falgier, deceased, who died on October 6, 2014 a resident of Lake County, Indiana.

That affiant 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 Sharon Falgier recorded September 26, 2012 as Document No. 2012-67738 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 deceded 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.

This Document is the property of

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 Donald Falgier, surviving spouse of the decedent.

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

Donald Falgier

Donald Falgier

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 29th day of February, 2016.

WITNESS my hand and Notarial Seal.

My Commission Expires:

HULTLE MONTONES

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:

8135 Hohman Avenue Munster, IN 46321 Grantee's Address and Mail Tax Statements To:

Signature of Notary Public

ANNE

8135 Hohman Avenue Munster, IN 46321

File No.: 16-3723

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

FILED

MAR 0.8 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE CORP

#16.00 ME 001343



LEGAL DESCRIPTION

The South 13 feet of Lot Numbered 16 and the North 18 feet of Lot Numbered 17 in Block 6 in Hollywood Manor in the Town of Munster, as per plat thereof, recorded in Plat Book 19, Page 26 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s): 18-28-0065-0016

18-28-0065-0016 45-06-24-127-012.000-027





Tracking No. 32002

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003193 EDR No 000000408810 State No 045739 2 500 PAKOVICH 6d. Under 1 Day 10/06/2014 or Foreign Country SHARON J FALGIER **FEMALE** 09:46 AM 6c. Under 1 Mont 07/26/1944 SOUTH BEND, IN 10. If Death Occurred In A Hospital 10a. If Death Occur newhere Other Than A Hospita ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☑ Emergency Department Outpatient ☐ Dead on Arrival Other (Specify) Facility Name (if Not Institution, Give Street and Number)
 COMMUNITY HOSPITAL
 City Or Town, State, And Zip Code 13. County Of Deat Married Married, But Separated Divorced Widowed Never Married Unknown MUNSTER, IN, 46321 LAKE 17. Kind Of Business/Industry DONALD R FALGIER **HOMEMAKER** OWN HOME 18b. City Or Town **INDIANA** MUNSTER LAKE 18c. Street And Number 18f. Inside City Limits? 18d, Apt No 18e, Zip Code ⊠ Yes □ No 1605 ORIOLE DRIVE 46321 20. Decedent Of Hispanic Origin 19. Decedent's Education 21. Decedent's Race HIGH SCHOOL GRADUATE OR GED White 23. Mother's Name (First, Middle, Last) NOT HISPANIC COMPLETED

22. Father's Name (First, Middle, Last) 23a. Mother's Maiden Last Name NOT AVAILABLE NOT AVAILABLE MILDRED MCCOY **PAKOVICH** 24a. Relationship To Decedent ress (Street And Number, City, State, Zip Code) DONALD FALGIER SPOUSE 1605 ORIOLE DRIVE, MUNSTER, IN 46321 25. Place Of Disposition
tery, Cramatory, Other Place) 25c. Location - City, Town, And State 25a. Method Of Disposition ☐ Burial ☑ Cremation ☐ Donation ☐ Entombren ☐ Removal From State Other (Specify):
26. Was Coroner Contacted? CREMATORYMENT MERRILLVILLE, IN 27a. Funeral Home License Number: 27 Name RENDINA FUNERAL HOME INC. 5100 CLEVELAND STREET, GARY, IN 46408 FH83007819 TAYLOR R WISE , BY ELECTRONIC SIGNATURE

Deactor Death Select The Obel Of Signature Country of the proximate erval: Onset Death 28. Part I. Enter The <u>Chain Of Events</u> - Disease Such As Cardiac Arrest, Respiratory Arrest, OV A Line. Add Additinal Lines If Necessary. uries, Or Complications - That Directly Caused The Death. On Not Enter Terminal Events - THIS IS A TRUE COPY OF Juliar Fibrillation When I Sharing the Clipical De Not Wibbrevielle Enter Only One Cause The RECORD ON Fill F WITH 1 ON FILE WITH THE HEALTH DEPARTMENT TO YEARS LAKE COUNT Immediate Cause (Final Disease Or Condition Resulting In Death) CHRONIC OBSTRUCTIVE PULMONARY DISEAS TOBACCO USE OCT 1 4 2014 OVER 30 YEARS 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 DBut sa Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in The Underlying Utops PRACTICOUNTY HEALTH OF MER 29. Was A Yes 🔲 No DIABETES MELLITUS 2, HYPERTENSION, CHRONIC KIDNEY DISEASE
31. Did Tobacco Use Contribute To Death?

32. If Female: n Past Year Pregnant Al Natural | Not Pregnant V ☑ Yes ☐ Probably ☐ No ☐ Unknown ould Not Be Deter 34. Date Of Injury (Month/Day/Year) 37. Injury At Work? ☐ Yes ☐ No 38d. Zip Code 38. Location Of Injury - State 38c. Apt. No. 39. Describe How Injury Occurred Description Injury, specify: 41. Signature, Of Person Certifying Cause Of Death:
LINUS B. GANDHI, BY ELECTRONIC SIGNATURE

42. Name Address And Zip Code Of Person Certifying Cause Of Death: (Check Only One)

In Physician Coroner

44. License Number Only One Coroner Heath Officer.

icense Number 45, Date Certified 57, Date Certified 7, Date Certified LINUS B. GANDHI , 2727 HIGHWAY AVENUE, HIGHLAND, IN 46322 46 Additional Funeral Service Provider. 01057594A Cate Filed (Month/Day/Year) 48. Signature of Local Health Office SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and tree will be no penalty for exist. IXED