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2016 017946

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDER

2016 MAR 23 PM 1:58

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVING SPOUSE

STATE OF INDIANA)
COUNTY OF Lake) SS:

Serene K. Phillips, being first duly sworn upon oath, deposes and says:

1. That Dwight A. Phillips died on September 25, 2015 at Crown Point, Indiana. A certified copy of the death certificate is attached hereto as Exhibit A.

2. That Dwight A. Phillips and Serene K. Phillips were duly and legally married at the time they acquired title as husband and wife to the following described real estate, recorded on April 6, 1971 as Ref No. 95291 in the records of Lake County, Indiana:

Fashion Terrace Unit No. 31 Lot 84

Property address: 249 Walnut Lane, Crown Point, Indiana 46307
Parcel ID: 45-16-07-276-013.000-042

3. 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) ~~her~~ death.

4. That Serene K. Phillips makes these representations to set forth the present ownership of title to the above real estate pursuant to IC 32-17-3-1(c).

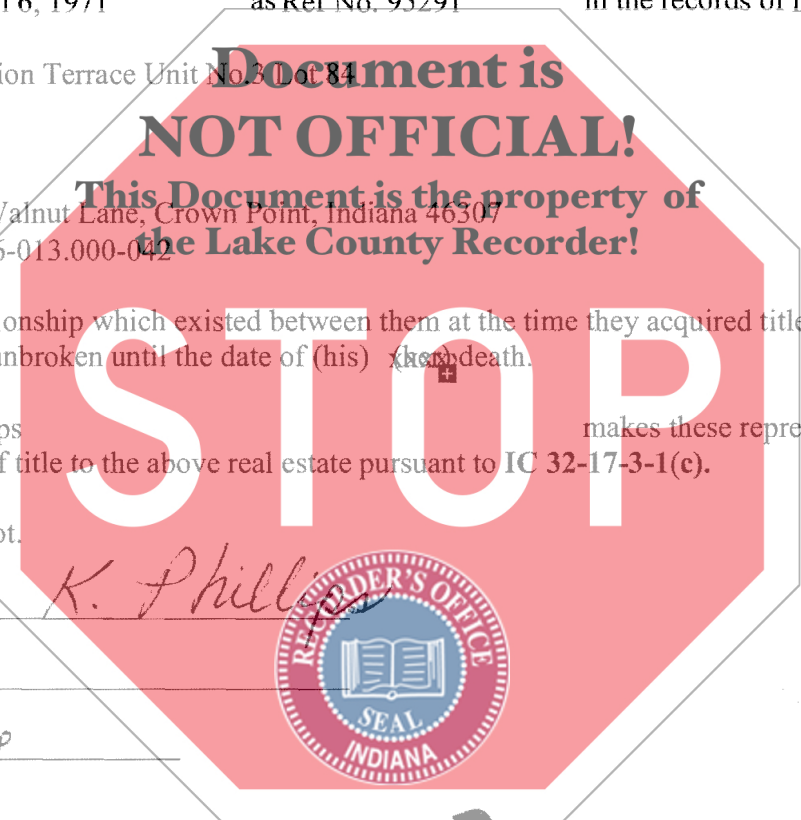
Further affiant sayeth not.

Serene K. Phillips

Affiant signature
Serene K. Phillips

Print name
3-23-2016

Date



FILED

MAR 23 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

011939

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CS

1 Ref

ACKNOWLEDGEMENT

STATE OF INDIANA)
COUNTY OF Lake) SS:

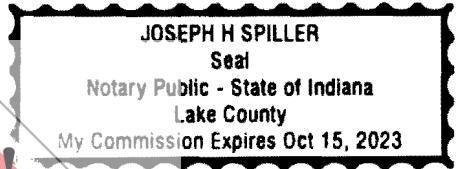
Before me, a notary public in and for said county and state, and a resident of Lake County, Indiana, personally appeared Serene K. Phillips who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and notary seal this 23 day of March, 2016.

Notary signature: Joseph H. Spiller

Print name: Joseph H. Spiller

My commission expires: Oct 15, 2023



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.

This document was prepared and affirmation made by:

Serene K. Phillips
Preparer's signature
Serene K. Phillips
Print name

After recording, please return instrument to:





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

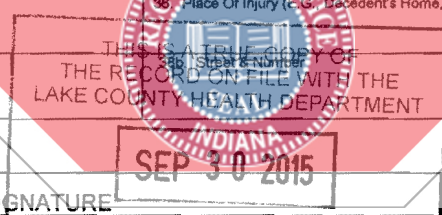
Tracking No. 66161

Local No 003211

EDR No 00000470963

State No

1. Decedent's Legal Name (First, Middle, Last) DWIGHT A PHILLIPS				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 06:45 PM	4. Date Of Death (Month/Day/Year) 09/25/2015		
5. Social Security Number [REDACTED]		6a. Age - Yrs 79	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) 05/11/1936		8. Birthplace (City and State or Foreign Country) CROWN POINT, IN	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		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 checked="" 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) 203 FRANCISCAN DR										
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					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 SERENE PHILLIPS			15a. (If Wife) Give Maiden Last Name LANTER			16. Decedent's Usual Occupation SUPERVISOR		17. Kind Of Business/Industry FORD MOTOR CO		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town CROWN POINT			18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 249 WALNUT STREET			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) LESLIE IVAN PHILLIPS				23. Mother's Name (First, Middle, Last) LEOTA PHILLIPS			23a. Mother's Maiden Last Name STEVENS			
24. Informant's Name SERENE PHILLIPS			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 249 WALNUT STREET, CROWN POINT, IN 46307					
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) NWI CREMATION SERVICES			25c. Location - City, Town, And State CROWN POINT, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307					27a. Funeral Home License Number: FH83002445			
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. BURNS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD01009461						
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. COMPLICATIONS FROM ACUTE ON CHRONIC DIASTOLIC CONGESTIVE HEART FAILURE			MONTH			
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. HYPERNATREMIA SECONDARY TO ANOREXIA			WEEK			
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I				C.			D.			
NONE				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Finding 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 checked="" type="checkbox"/> No <input 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			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 (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number			38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)						
41. Signature Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, BY ELECTRONIC SIGNATURE				42. Certifier (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: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307				44. License Number 02002441A		45. Date Certified 09/30/2015				
46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICER				47. *Akas:						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): SEP 30 2015						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										



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