

2016 035846

2016 JUN -9 AM 10:29

MICHAEL B. BROWN
RECORDER

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Case # FB1600307

SURVIVORSHIP AFFIDAVIT

Comes now Michael R. Mayhew, who being duly sworn upon his oath, deposes and says:

That, Michael R. Mayhew is the surviving joint tenants with rights of survivorship of Mary M. Myhew, deceased who died domiciled in Marshall County, Indiana, on September 10, 2014.

That Michael R. Mayhew and Mary M. Myhew acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

45-13-08-276004-000-046

Affiant states that Michael R. Mayhew, and Mary M. Myhew continued as joint tenant with rights of survivorship from the date they took title to the above-described real estate, until the date of Mary M. Myhew's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to.

Executed: 5/17/16

Signature [Handwritten Signature]
Michael R. Mayhew

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 17th day of May, 2016.

[Handwritten Signature]

Notary Public Theresa A. Lepper
Resident of Lake County
My Commission expires: 12/4/2022



Prepared by: Michael R. Mayhew

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Theresa A. Lepper

Return to: 2267 Foxboro Ln Naperville IL 60564

FIDELITY NATIONAL
TITLE COMPANY
FB1600307 ✓

FILED

JUN 06 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

23223

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PA

EXHIBIT "A"

LOT 59 IN BARRINGTON RIDGE, UNIT 18, A PLANNED UNIT DEVELOPMENT IN THE CITY OF HOBART, INDIANA, AS PER RECORD PLAT THEREOF APPEARING IN PLAT BOOK 92, PAGE 87, AND AMENDED BY CERTIFICATE OF AMENDMENT RECORDED 06/03/2003 AS DOCUMENT NO. 2003-059787, ALL IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000271

EDR No 000000404119

State No 040843

1. Decedent's Legal Name (First, Middle, Last) MARY MAGDALENE MAYHEW		1a. Maiden Name (If female) SVETICH		2. Sex FEMALE	3. Time Of Death 10:55 AM	4. Date Of Death (Month/Day/Year) 09/10/2014
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5. Social Security Number	6a. Age - Yrs 80	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) 06/19/1934	8. Birthplace (City and State or Foreign Country) GARY, IN
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9. Ever in U.S. Armed Forces? <input checked="" 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 type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)
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11. Facility Name (If Not Institution, Give Street and Number) CATHERINE KASPER HOME		12. City Or Town, State, And Zip Code DONALDSON, IN, 46513	13. County Of Death MARSHALL	14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
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15. Surviving Spouse's Name	15a. (If Wife) Give Maiden Last Name	16. Decedent's Usual Occupation ADMINISTRATIVE ASSISTANT	17. Kind Of Business/Industry EDUCATION
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town HOBART
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18c. Street And Number 6334 GROSBEAK COURT	18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race White
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22. Father's Name (First, Middle, Last) MICHAEL SVETICH	23. Mother's Name (First, Middle, Last) ANNE SVETICH	23a. Mother's Maiden Last Name FRITZ
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24. Informant's Name MICHAEL MAYHEW	24a. Relationship To Decedent SON	24b. Mailing Address (Street And Number, City, State, Zip Code) 2267 FOXBORO LANE, NAPERVILLE, IL 60564
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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) ANGELCREST CREMATORY	25c. Location - City, Town, And State VALPARAISO, IN
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility MOELLER FUNERAL HOME INC, 104 ROOSEVELT ROAD, VALPARAISO, IN 46383	27a. Funeral Home License Number FH83006821
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27b. Signature Of Indiana Funeral Service Licensee MARTIN L. MOELLER, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee) FD01019561
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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.		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A. ACUTE MYOCARDIAL INFARCTION	Due to (Of As A Consequence Of)	MINUTES
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 (Of As A Consequence Of)	
	C. _____ Due to (Of As A Consequence Of)	
	D. _____ Due to (Of As A Consequence Of)	

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. 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
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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 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
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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
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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39. Describe How Injury Occurred	40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
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41. Signature Of Person Certifying Cause Of Death: BYRON M. HOLM, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: BYRON M. HOLM, 2855 MILLER DRIVE, PLYMOUTH, IN	44. License Number 01024911A	45. Date Certified 09/12/2014
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46. Additional Funeral Service Provider	47. *Akas
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48. Signature Of Local Health Officer: BYRON M. HOLM, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filed (Month/Day/Year) SEP 12 2014
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)