

2016 036204

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 JUN 10 AM 10:47

MICHAEL S. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Rebecca L Dykes, of adult age, being first duly sworn, upon deposes and says:

That Rebecca L Dykes, is the Wife of Michael L Dykes, deceased, who died on 2/25/2015 a resident of Lake County, Indiana.

That affiant and said decedent, as 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 Terrence J Dykes recorded August 2, 1994 as Document No. 94-054804 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 Rebecca L Dykes, surviving spouse of the decedent.

And further affiant sayeth not this 27th day of May, 2016.



*Rebecca L Dykes*  
Rebecca L Dykes

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 27th day of May, 2016.

WITNESS my hand and Notarial Seal.

My Commission Expires:

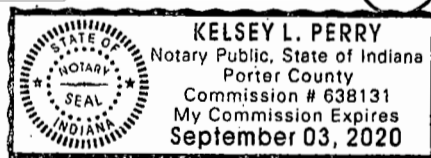
*03 Sept 2020*

*[Signature]*  
Signature of Notary Public

Printed Name of Notary Public

*Kelsey L. Perry*  
*Porter Co. 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:  
12425 Ripley Court  
Crown Point, IN 46307

Grantee's Address and Mail Tax Statements To:  
12425 Ripley Court  
Crown Point, IN 46307

File No.: 16-10227

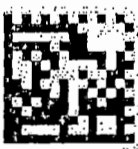
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Debra A, Guy

**FILED**

JUN 08 2016

**HOLD FOR MERIDIAN TITLE CORP 013398**

JOHN E. PETALAS  
LAKE COUNTY AUDITOR



2069132-1753

*815-00*

*M-Z*  
*M-T*

**LEGAL DESCRIPTION**

Lots Numbered 11 and 12, as marked and laid down on the recorded plat of the Town of Palmer, recorded in Plat Book 1, Page 72 in the Office of the Recorder of Lake County, Indiana.

Also, that part of Palmer Avenue vacated December 20, 2001 in Instrument No. 2001-104698 described as follows:  
Beginning at the Northwest corner of Lot 11, as marked and laid down on the recorded plat of the Town of Palmer, thence Northeasterly to the Southwest corner of Lot 9, thence East 132 feet to the Southeast corner of Lot 10, thence South 50 feet to the Northeast corner of Lot 11, thence West 140 feet to the point of beginning.

Tax ID Number(s):

11-10-0043-0015

45-17-16-353-001.000-044

11-10-0043-0016

45-17-16-353-002.000-044



2069132-1753



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

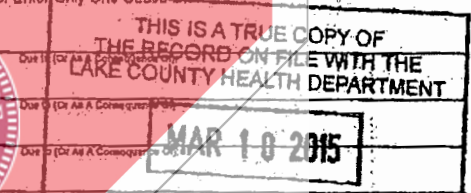
Tracking No. 46877

Local No 000812

EDR No 00000434980

State No 011624

1. Decedent's Legal Name (First, Middle, Last) <b>MICHAEL L DYKES</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>10:30 AM</b>		4. Date Of Death (Month/Day/Year) <b>02/25/2015</b>		
5. Social Security Number		6a. Age - Yrs <b>57</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		7. Date of Birth (Month/Day/Year) <b>04/29/1957</b>		
8. Birthplace (City and State or Foreign Country) <b>VALPARAISO, IN</b>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival <input 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) <b>METHODIST HOSPITAL SOUTHLAKE</b>												
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</b>						13. County Of Death <b>LAKE</b>			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 <b>BECKY DYKES</b>				15a. (If Wife) Give Maiden Last Name <b>CONNERS</b>				16. Decedent's Usual Occupation <b>OWNER</b>		17. Kind Of Business/Industry <b>SIGN COMPANY</b>		
18. Residence - State <b>INDIANA</b>			19a. County <b>LAKE</b>			19b. City Or Town <b>PALMER</b>			18d. Apt. No.		18a. Zip Code <b>46307</b>	
18c. Street And Number <b>12425 RIPLEY PLACE</b>												
18e. Inside City Limit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>MAYNARD DYKES</b>						23. Mother's Name (First, Middle, Last) <b>JUNIAH DYKES</b>						
24. Informant's Name <b>BECKY DYKES</b>						24a. Relationship To Decedent <b>WIFE</b>						
24b. Mailing Address (Street And Number, City, State, Zip Code) <b>12425 RIPLEY PLACE, PALMER, IN 46307</b>						25a. Mother's Maiden Last Name <b>WESTBAY</b>						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) <b>SALEM CEMETERY</b>				25c. Location - City, Town, And State <b>HEBRON, IN</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>GEISEN FUNERAL, CREMATION &amp; RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number <b>FH10700031</b>				
27b. Signature Of Indiana Funeral Service Licensee <b>KEVIN KNAGA, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee) <b>FD20400005</b>						
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. <u>CANCER OF THE LUNG</u> B. <u>SEPSIS</u> C. <u>ANEMIA/PANCYTOPENIA</u> D. <u>THROMBOCYTOPENIA</u> 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												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Give In Part I)												
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"/> Accidental <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				
41. Signature Of Person Certifying Cause Of Death: <b>GEOFFREY O ONYEUKWU, BY ELECTRONIC SIGNATURE</b>						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: <b>GEOFFREY O ONYEUKWU, 2010 E COLUMBUS DR, EAST CHICAGO, IN 46312</b>						44. License Number <b>01043017A</b>		45. Date Certified <b>03/10/2015</b>				
45. Additional Funeral Service Provider:						47. "Alas:"						
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAR 10 2015</b>						



RAISED SEAL AFFIXED