

3
Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

2016 038642

On this 16th of June 2016 before me personally appeared _____
(insert date)

Ruth Ann Gaper

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is wife of owner
state interest of affiant in the above premises as "owner", "son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Michael Kenneth Gaper and Ruth Ann Gaper

4. Said Michael Kenneth Gaper
(if in name of co-tenant who died)
died on 09/12/05
leaving no will;
(insert "a" or "no"; if will left, attach a copy)

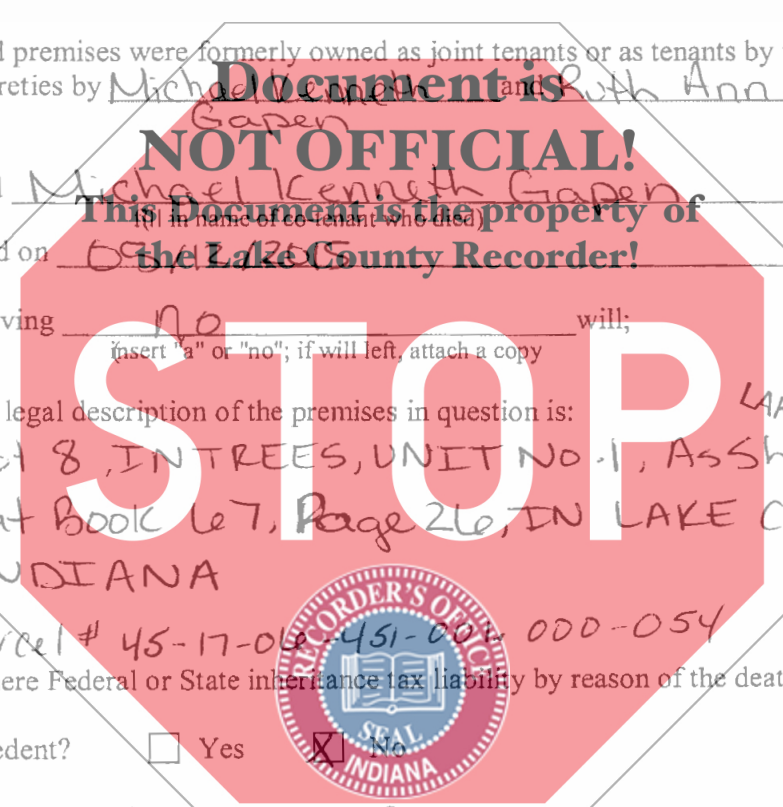
5. The legal description of the premises in question is:
Lot 8, IN TREES, UNIT NO. 1, As Shown
Plat Book 67, Page 26, IN LAKE COUNTY,
INDIANA

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 JUN 22 AM 10:54
MICHAEL B. BROTH
RECORDER
FILED
JUN 21 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR



CHICAGO TITLE INSURANCE COMPANY

①1602724

Chicago Title Insurance Company

013447

16-
nun cm
am

CKH 1820500862

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes", identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was wife

Signature: Ruth Ann Gaper

Printed Name Ruth Ann Gaper

Address: 101692 Green Pl.

Crown Point, IN 46307

Subscribed and sworn to before me by the affiant

This 06/11/20
(insert date)

[Signature]
Notary Public

Printed Name Melissa Wayte

My County of Residence is: Porter

In the State of IN

My Commission Expires 11/03/2022

This instrument prepared by Melissa Wayte

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. [Signature]

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

STOP

MELISSA WAYTE
Notary Public - Seal
State of Indiana
Porter County
My Commission Expires Nov 3, 2022



A PERSIN

p.1

MAY 26 2015

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 53602

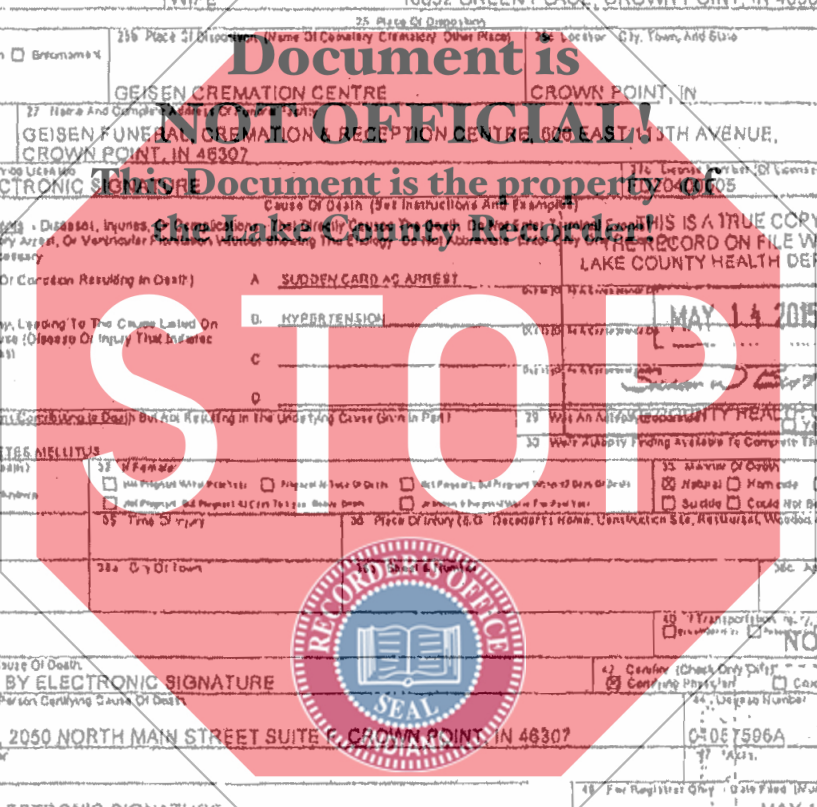


Local No 001652

EDR No 000000448610

State No 023243

1. Decedent's Legal Name (First, Middle, Last) MICHAEL KENNETH GAPEN		12. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 08:05 PM	4. Date Of Death (Month/Day/Year) 06/12/2015	
5. Social Security Number	6a. Age - Yr 89	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) 09/18/1945	
8. Birthplace (City and State or Foreign Country) CHICAGO, IL		10. 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) ST ANTHONY MEDICAL CENTER OF CROWN POINT		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		15a. (If Wife) Give Maiden Last Name MANTEL		15b. Decedent's Usual Occupation INSURANCE AGENT	
16. Surviving Spouse's Name RUTH ANN GAPEN		16a. County LAKE		16b. City or Town CROWN POINT		17. Kind Of Business (Industry) INSURANCE	
18a. Street and Number 10692 GREEN PLACE		18b. Apt. No.		18c. ZIP Code 46307		18d. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Usual Language or Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) ANTHONY GAPEN		23. Mother's Name (First, Middle, Last) EILEEN GAPEN		23a. Mother's Marital Status MALLOY			
24. Informant's Name RUTH ANN GAPEN		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street and Number, City, State, Zip Code) 10692 GREEN PLACE, CROWN POINT, IN 46307			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Burial in Crypt <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE, CROWN POINT, IN		25c. Location - City, Town, and State			
26. West Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Home GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 600 EAST 13TH AVENUE, CROWN POINT, IN 46307		27a. Funeral Home License Number PH10700031			
27b. Signature Of Indiana Funeral Home Licensee KEVIN KNAGA, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee ED2040005		28. Part I: Enter The Chain Of Events - Diseases, Injuries, Complications, Interventions, and Events Leading to Death. (Use Additional Lines as Necessary) THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT			
28a. Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) List HYPERLIPIDEMIA, OBESITY, DIABETES MELLITUS		28b. Immediate Cause (Final Disease Or Condition Resulting In Death) A. SUDDEN CARDIAC ARREST		28c. Contributing Cause (Disease Or Injury That Contributed To Death) B. HYPERTENSION		28d. Manner Of Death Accidental	
29. Was An Autopsy Routinely Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Was A Autopsy Finding Available To Complete This Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Date Of Injury (Month/Day/Year) MAY 14 2015		32. Location Of Injury - State IN	
33. Date Of Injury (Month/Day/Year) MAY 14 2015		34. Location Of Injury - State IN		35. Place Of Injury (e.g. Decedent's Home, Construction Site, Restaurant, Wooded Area) Home		36. Year, at Yearly <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
37. Name, Address And Zip Code Of Person Certifying Cause Of Death CHANDANA VAVILALA, 2050 NORTH MAIN STREET SUITE C, CROWN POINT, IN 46307		38. Signature (Check Only If Certified Physician) CHANDANA VAVILALA		39. License Number 02057596A		40. Date Certified 05/13/2015	
41. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		42. For Registrar Only - Date Filed (Month/Day/Year) MAY 14 2015		43. Registrar's Office			



LISA L. COOK

RAISED SEAL REFIXED