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2016 029080

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 MAY 13 AM 10:14
MICHAEL B. BROWN
RECORDER

This document is being re-recorded to correct the grantor

Case # 920160669

SURVIVORSHIP AFFIDAVIT

Comes now Daniel J. Somers, who being duly sworn upon his oath, deposes and says

That, Daniel J. Somers is the son of Barbara Ann Somers, deceased who died domiciled in Lake County, Indiana, on November 16, 2014. **AKA Barbara Somers

That Daniel J. Somers and Barbara Ann Somers acquired title to certain real estate as joint tenants with rights of Survivorship, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

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 and definite title of the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Daniel J. Somers.

Executed: May 6, 2016

Signature Daniel J. Somers
Daniel J. Somers

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 6th day of May, 2016.

[Signature]

Notary Public Lisa M. Matson
Resident of Lake County
My Commission expires: 2/1/2024

LISA M. MATSON
Lake County
My Commission Expires
February 1, 2024

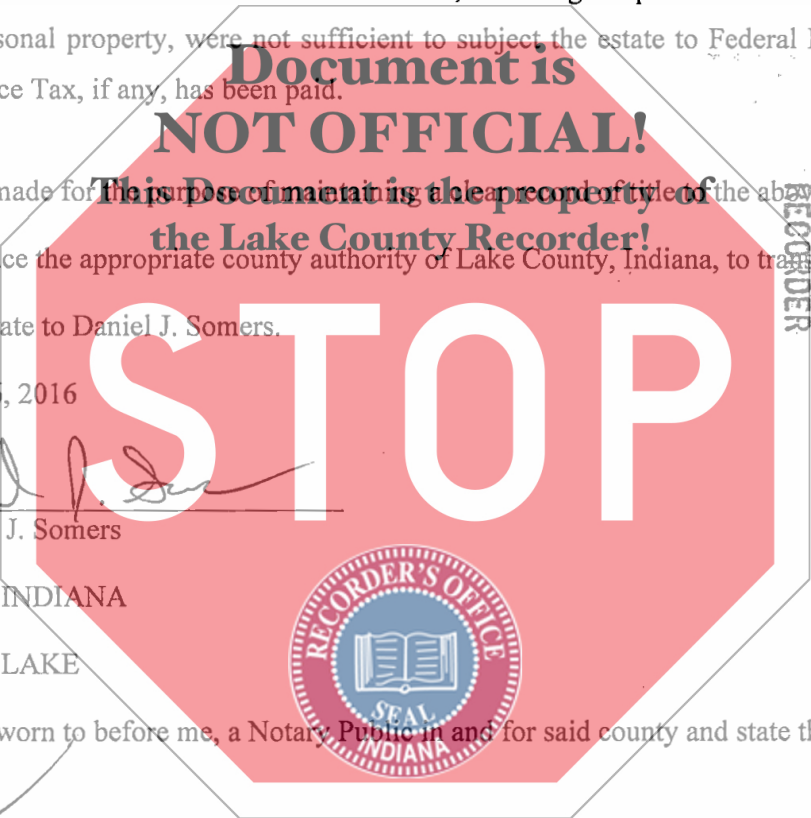
Prepared by: Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

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 Lisa M. Matson.

Return to: 15704 87th Ave.
Dyer IN 46311

2016 055862

STATE OF INDIANA
LAKE COUNTY
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2016 JUN - 9 AM 10:36
MICHAEL B. BROWN
RECORDER



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FIDELITY NATIONAL
TITLE COMPANY

92016-0669

FILED

JUN 06 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED

MAY 12 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

23234

15-
FLC
[Signature]

22576

EXHIBIT "A"

Commencing at a point 745 feet East of the Southwest corner of Lot 2, in Pon and Co's 2nd Addition to Dyer Acres, as per plat thereof, recorded in Plat Book 26 page 76, in Lake County, Indiana, said point lying on the South line of the Northeast Quarter of the Northwest Quarter of Section 25, Township 35 North, Range 10 West of 2nd Principal Meridian, said point being the Point of Beginning; thence North a distance of 20 feet: thence North 19 degrees 39 minutes 54 seconds West, a distance of 149.85 feet, thence North 88 degrees 44 minutes 22 seconds West, a distance of 50 feet to a point on the East line of Well's 1st Subdivision to Lake County, as per plat thereof, recorded in Plat Book 48 Page 31, in the Office of the Recorder of Lake County, Indiana, thence South, along the aforesaid East line, a distance of 160 feet to a point on the South line of the Northeast Quarter of the Northwest Quarter of said Section 25, thence South 88 degrees 44 minutes 22 seconds East, along said South line, a distance of 100 feet to the Point of Beginning.

Property Address: 15704 87th Ave., Tax ID No.: 45-10-25-126-020.000-032,





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 35491

Local No 003625

EDR No 00000415245

State No 051713

1. Decedent's Legal Name (First, Middle, Last) BARBARA ANN SOMERS				1a. Maiden Name (If female) SLOWIAK		2. Sex FEMALE	3. Time Of Death 08:28 AM	4. Date Of Death (Month/Day/Year) 11/16/2014		
5. Social Security Number	6a. Age - Yrs 73	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) 02/17/1941		8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) PINNACLE HOSPITAL										
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 type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation MANAGER		17. Kind Of Business/Industry CURRENCY EXCHANGE	
18. Residence - State INDIANA			18a. County NEWTON		18b. City Or Town LAKE VILLAGE					
18c. Street And Number 9967 NORTH 108 WEST						18d. Apt. No.	18e. Zip Code 46349	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JOSEPH JOHN SLOWIAK				23. Mother's Name (First, Middle, Last) MARGARET ELIZABETH SLOWIAK				23a. Mother's Maiden Last Name NORKUS		
24. Informant's Name ANTHONY PANOZZO			24a. Relationship To Decedent SON			24b. Home Address (Street or Number, City, State, Zip Code) 11490 NORTH 700 WEST, DEMOTTE, IN 46310				
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) NORTHWEST INDIANA CREMATION SERVICE CROWN POINT, IN			25c. Location - City, Town, And State					
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 E. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD20700059				
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. OVARIAN CANCER B. BRAIN METASTATIC CANCER C. STAT'S EPILEPTICUS D. 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 (Enter In Part I)						29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 checked="" 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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)			38. Zip Code			
34. Location Of Injury - State		35a. City Or Town		36a. Street & Number			36c. Apt. No.		36d. Zip Code	
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)				
41. Signature, Of Person Certifying Cause Of Death: WILLIAM J PIERCE, 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 WILLIAM J PIERCE, 210 E 90TH DRIVE, MERRILLVILLE, IN 46410						44. License Number 01025010A		45. Date Certified 11/16/2014		
46. Additional Funeral Service Provider:						47. *Atas:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 18 2014				



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
NOV 19 2014

NOT VALID UNLESS

