

Parcel No. 45-19-12-101-003.000-007

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG -1 AM 11:16

2016 048661
AFFIDAVIT OF SURVIVORSHIP

MICHAEL B. BROWN
RECORDER

Come now James J. Ball and Marilyn K. Bougie, personal representatives of the Estate of George J. Ball, deceased, who testifies as follows:

1. We are personal representatives of the Estate of George J. Ball, deceased, and thus are duly authorized and mandated by law to act on behalf of the Estate. We are both over age twenty-one and competent to testify about matters at hand.

2. Part of the Estate of George J. Ball is the following described real estate: *Lot Two (2), in the South Half Block Twenty-five (25), Dalecarlia, as shown in Plat Book 24, Page 41, and Lot Twenty-three (23); in North Half of Block Twenty-five (25), Dalecarlia, as shown in Plat Book 28, page 9, all in Lake County, Indiana*, the address of such real estate commonly known as 232 Lakeview Drive, Lowell, IN 46356.

3. Said real estate was initially recorded in the office of the Lake County Recorder under the ownership "George J. Ball and Katherine J. Ball, husband and wife." George J. Ball, a/k/a George Ball, a/k/a George James Ball, and Katherine J. Ball, a/k/a Katherine Ball, a/k/a Katherine Jane Ball, were duly and legally married at the time they acquired title as husband and wife to said real estate.

4. Katherine J. Ball, a/k/a Katherine Ball, a/k/a Katherine Jane Ball, died on July 9, 2010. A certified copy of her death certificate is attached hereto.

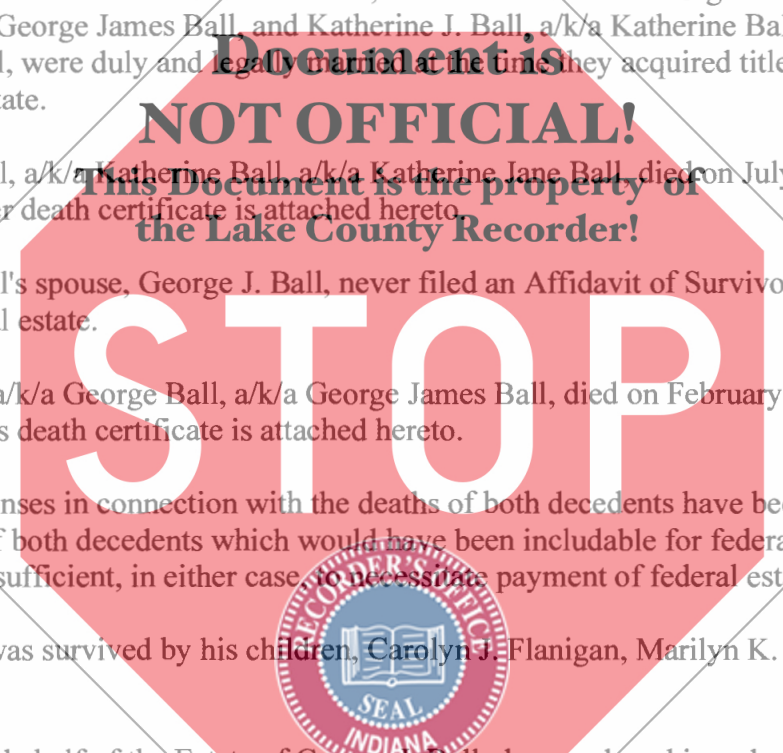
5. Katherine J. Ball's spouse, George J. Ball, never filed an Affidavit of Survivorship in the aforementioned real estate.

6. George J. Ball, a/k/a George Ball, a/k/a George James Ball, died on February 26, 2016. A certified copy of his death certificate is attached hereto.

7. All funeral expenses in connection with the deaths of both decedents have been paid in full, and all the assets of both decedents which would have been includable for federal estate tax purposes were not sufficient, in either case, to necessitate payment of federal estate tax.

8. George J. Ball was survived by his children, Carolyn J. Flanigan, Marilyn K. Bougie, and James J. Ball.

WHEREFORE, on behalf of the Estate of George J. Ball, deceased, and in order to clear title in this aforementioned real estate, we file this Affidavit of Survivorship.



FILED

JUL 18 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 93835

Local No 000690

EDR No 00000498062

State No 009809

Form containing fields for decedent information (Name, Sex, Date of Birth, etc.), cause of death (PNEUMONIA, CHF), funeral home (SHEETS FUNERAL HOME), and certifying physician (SHAZEL GHARBI).



NOT VALID UNLESS



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

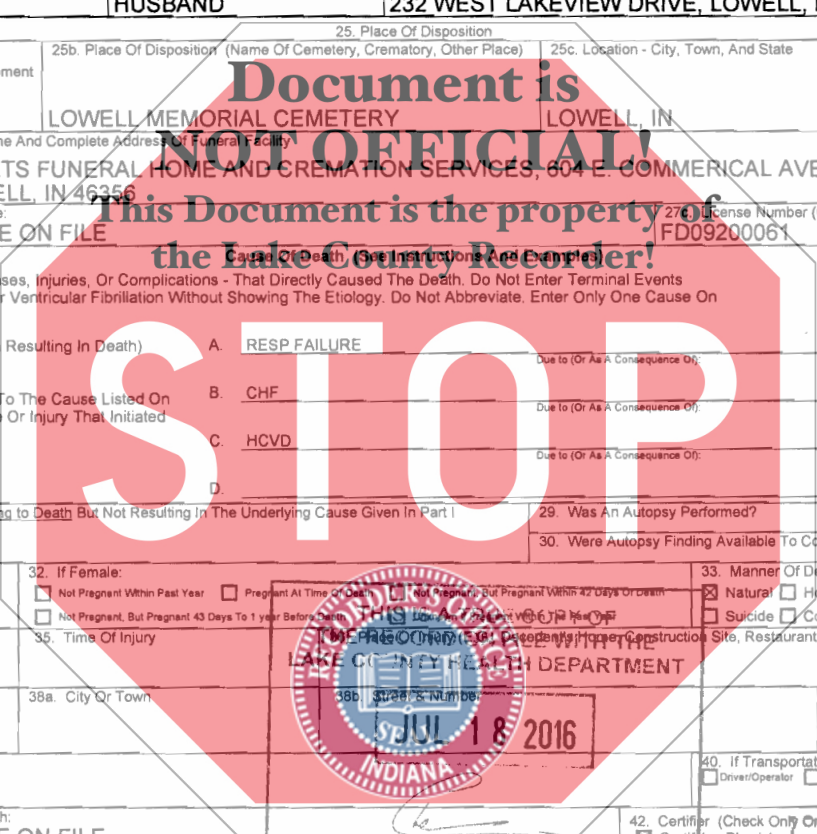
Tracking No. 93841

Local No 002264

EDR No 00000149094

State No 033140

Form fields including: 1. Decedent's Legal Name (KATHERINE JANE BALL), 2. Sex (FEMALE), 3. Time Of Death (04:30 PM), 4. Date Of Death (07/09/2010), 5. Social Security Number, 6a. Age - Yrs (77), 7. Date of Birth (03/28/1933), 8. Birthplace (HAMMOND, IN), 11. Facility Name (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 (Married), 15. Surviving Spouse's Name (GEORGE BALL), 16. Decedent's Usual Occupation (HOMEMAKER), 17. Kind Of Business/Industry (OWN HOME), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (LOWELL), 18c. Street And Number (232 WEST LAKEVIEW DRIVE), 18d. Apt. No., 18e. Zip Code (46356), 18f. Inside City Limits? (No), 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 (JOHN DUFFALA), 23. Mother's Name (KATHERINE DUFFALA), 23a. Mother's Maiden Last Name (ODIVAK), 24. Informant's Name (GEORGE BALL), 24a. Relationship To Decedent (HUSBAND), 24b. Mailing Address (232 WEST LAKEVIEW DRIVE, LOWELL, IN 46356), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) (LOWELL MEMORIAL CEMETERY), 25c. Location - City, Town, And State (LOWELL, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356), 27a. Funeral Home License Number (FH83004277), 27b. Signature Of Indiana Funeral Service Licensee (MOLLY E. TUCKER, SIGNATURE ON FILE), 27c. License Number (FD09200061), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (A. RESP FAILURE, B. CHF, C. HCVD), 28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I, 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (Unknown), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Natural), 34. Date Of Injury (Month/Day/Year), 35. Time Of Injury, 36. Place Of Injury (Lake County Health Department), 37. Injury At Work? (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: (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (TEOFILO VINLUAN, SIGNATURE ON FILE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (TEOFILO VINLUAN, 17648 MORSE ST, LOWELL, IN 46356), 44. License Number (01057042A), 45. Date Certified (07/15/2010), 46. Additional Funeral Service Provider, 47. *Asis, 48. Signature of Local Health Officer (SUSAN W. BEST, SIGNATURE ON FILE), 49. For Registrar Only - Date Filed (Month/Day/Year) (JUL 15 2010)



NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)