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



2016 048661 AFFIDAVIT OF SURVIVORSHIP

2016 AUG - 1 AM 11: 16 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 times they acquired title as husband and wife to said real estate.
- 4. Katherine J. Ball, a/k/a Katherine Jane Ball, diedron July 9, 2010. A certified copy of her death certificate is attached hereto. the Lake County Recorder!
- 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 be essuate 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 Georgean Ball, deceased, and in order to clear title in this aforementioned real estate, we file this Affidavit of Survivorship.

FILED

JUL 1 8 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR 1207

OF 18:357

JAMES J. BALL Personal Representative of the Estate of George J. Ball, deceased Personal Representative of the Estate of George J. Ball, deceased VERIFICATION We confirm, under the penalties for perjury, that the foregoing representations are true. Personal Representative of the of George J. Ball, deceased This Document is the property of the Lake County Recorder! Personal Representative of the Estate of George J. Ball, deceased STATE OF INDIANA COUNTY OF LAKE Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared James J. Ball and Marilyn K. Boagie, who acknowledged the execution of the foregoing instrument and, being first duly swort by the upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 13th day of 2016. My commission expires: Signature:

Repared by: Hilay R. Hall, Milla Fisher Law, 8927 Broading, Martillville, IN 46410
Return/Sand tax bills to: James J. Ball, 238 W Lakeview Drive, Lawell, IN 46356

FEB. 21, 2023

LAKE COUNTY RESIDENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Tracking No. 93835

Local No 00069(Local No 000690 EDR No 00000498062					State No 009809 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Year)					
1. Decedent's Legal Name (First, Middle, Last)		1a. Maiden Nam	e (irremale)		2. Sex	3. Time	Of Death	. Date Of D	eath (Month/Day/Year)		
GEORGE JAMES BALL 5. Social Security Number 6a. Age - Yrs 6b. Univ	to d Van 1 Se Haday d March	Cd. Under 1 Day	Co. Undo. 4 House	7 Dete	MALE		42 PM		2/26/2016		
5. Social Security Number 6a. Age - Yrs 6b. Uno	der 1 Year 6c. Under 1 Month	6d. Under i Day	6e. Under 1 Hour	/. Date	of Birth (Month/Da	y/Year) 8.	Birthplace (City ar	d State or F	oreign Country)		
87 Months	Days	Hours	Minutes		03/20/1928		VHITING, IN				
9. Ever in U.S. Armed Forces? 10. If Death Occurred	d In A Hospital:		10a. If Death Occur Hospice Facility	_	where Other Than ecedent's Home		Home/Long-term C	are Facility			
☑ Yes ☐ No ☐ Unknown ☑ Inpatient ☐ Er	nergency Department Outpatient	Dead on Arrival	Other (Specify)	_							
11. Facility Name (If Not Institution, Give Street and Nur ST ANTHONY MEDICAL CENTER O											
12. City Or Town, State, And Zip Code	F CROWN POINT		13. County O	f Death			14. Marital Status	At Time Of	Death		
						1			Separated_ Divorced		
CROWN POINT, IN, 46307 15. Surviving Spouse's Name	1450	(If Wife)Give Maider	LAKE		16. Decedent's L				lamed Unknown Business/industry		
13. Surviving Spouse's Name	154	. (II WIIE)GIVE MAIGEI	i Last Ivame		io. Decedents C	suai Occupai	uon l	7. Kind Or i	business/industry		
					CARPENTE	R	U	NION			
18. Residence - State	18a. County		18b. City Or Tow	'n							
INDIANA	LAKE		LAKE DALE	CARL	Α						
18c. Street And Number						Apt. No.	18e. Zip Coo	ie	18f. Inside City Limits?		
232 WEST LAKEVIEW DRIVE							4005	_	Yes 🛛 No		
19. Decedent's Education	20. Decedent Of Hispan	nic Origin	21. De	ecedent's	Race		4635	0			
OTIL 40TH CD 10T 110 TIP CT		•									
9TH - 12TH GRADE; NO DIPLOMA 22. Father's Name (First, Middle, Last)	NOT HISPANIC		23. Mother's Name (F		le Last)		23a Mot	er's Maiden	Last Name		
			Lo. Modici o Manie (F	at, midd	io, Lusty		23a. MUU	, or or related to	East Hallio		
JAMES E BALL			CLARA BALL				STAVE	TSKY			
24. Informant's Name	24a. Relationship T	o Decedent	24b. Mailing Address	(Street A	and Number, City, S	State, Zip Cod	le)				
JAMES BALL	SON		238 WEST LA	KEVIE	W DRIVE, L	AKE DA	LECARLIA,	IN 4635	6		
25a. Method Of Disposition	25b. Place Of Disposition (Na		e Of Disposition	7 25c 1	cation - City, Towr	And State					
Bunal □ Cremation □ Donation □ Entombment	1 ' / '	inte Or Cernetery, Cre	arratory, Other Place,		Caudit - City, Town	I, ATIU Glate					
Removal From State		Jocus	ment	15							
Other (Specify): 26. Was Coroner Contacted? 27. Name Ar	LOWELL MEMORIA d Complete Address of Funeral	AL CEMETER	Y	LOW	ELL, IN			7a Funera	Home License Number:		
SHEETS	FUNERAL HOME A	D CREMATIO	N SERVICES	604	E COMMER	NCAL AV	1	.ru. runoru	Tionio Boonso Hambor.		
LOWELL LOWELL	IN 46356			, , , , , , , , , , , , , , , , , , , ,		/	F	H83004	277		
27b. Signature Of Indiana Funeral Service Licensee: MOLLY E. TUCKER, BY ELECTRON	HC SIGNATURE	cument	is the pi	cope	erty ²⁷ 09	ense Number	r (Of Licensee):				
28. Part I. Enter The Chain Of Events - Diseases,	the fa	use Of Death (See	Instructions And F	xamples	ler!	-			Approximate		
28. Part I. Enter The <u>Chain Of Events</u> - Diseases, Such As Cardiac Arrest, Respiratory Arrest, Or Ver	Injuries, Or Complications - The tricular Fibrillation Without Sh	nat Directly Caused owing The Etiology.	The Death. Do Not E Do Not Abbreviate.	nter Terr Enter On	ninal Events Iv One Cause On				Interval: Onset To Death		
A Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Res	ulting In Death) A.	PNEUMONIA		Due to (Or A	s A Consequence Of):				WEEKS		
Secure tielle Liet Conditions MASS Londing To	on Cause Listad On B.	CHF									
Sequentially List Conditions, If Any, Leading To TI Line A. Enter The Underlying Cause (Disease) Or I	o Cause Fisted OII -			Due to (Or A	s A Consequence Of:						
The Events Resulting In Death) Last	C			Due to /Or A	s A Consequence Of):						
				545 (5) 21	e A Consudución Diy.						
Part II. Enter Other Significant Conditions Contributing to	Death But Not Resulting In The U	Inderlying Cause Give	en in Part I	29. Was	An Autopsy Perfor	med?		53.44			
			and the state of t				☐ Yes ⊝mplete The Caus	No e Of Death?	Yes No		
	2. If Female:	T		COPY	· · · · · · · · · · · · · · · · · · ·	. Manner Of					
☐ Yes ☐ Probably ☐ No ☒ Unknown	Not Pregnant Within Past Yeer Not Pregnant, But Pregnant 43 Days To	Pregnant At Time Director	Thomas Objected	L DE D	STAREAUT D		_	_	Pending Investigation		
34. Date Of Injury (Month/Day/Year)	Not Pregnant, But Pregnant 43 Days To 35. Time Of Injury		e Of Injury (F.G., Dece				could Not Be Deter		njury At Work?		
				0010			,	- 1	Yes No		
38. Location Of Injury - State	38a. City Or Town	38b. St	reet & Humber	2016		/ -	38c. Apt. No.	38d.	Zip Code		
				and the second and and				ĺ			
39. Describe How Injury Occurred		- E 30	EAL		140	If Transport	ation Injury Specify	, 			
, co. 2000, co. 1, co. 1, co. 1, co. 1		Central	DIANA		/ 17	Driver/Operator	ation Injury, Specify	Z Pit	UNLESS		
41. Signature, Of Person Certifying Cause Of Death:		LAKE	COUNTY HEAI	TH O	42. Cortifier	(Check Only (<u> </u>		UITELUU		
SHAZEL GHARBI, BY ELECTRONIC 43. Name, Address And Zip Code Of Person Certifying C	SIGNATURE \				□ CertifyIng		Coroner		ealth Officer Date Certified		
To realis, Address And Zip Code Of Person Centrying C	Jacob Of Death,					44. LICENS	e Humber	-5. L	ALS COLUNGS		
SHAZEL GHARBI , 1201 S. MAIN ST	T., CROWN POINT, II	N 46307				010749			03/02/2016		
46. Additional Funeral Service Provider:						47. Aka	s:				
48. Signature of Local Health Officer:					49. For Registra	r Only - Dat	e Filed (Month/Day	/Year):			
SUSAN W. BEST, VIA ELECTRONIC					DIOWAL:		MAR 02 20	16			
	AMENDME	NI TO CERTIFICAT	E OF DEATH (ENT	KY UR C	RIGINAL)	- 			13,		
						;	•				
						- 1					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary an RAGED SEAD AFFIXED

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Tracking No. 93841

Local No 00	• 002264 EDR No 000001490				94			No 033140				
			1a. Maiden Nam	la. Maiden Name (If female)			2. Sex 3. Time Of		Of Death 4. Date Of Death (Month/Day/Yo			
KATHERINE JANE BALL 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	DUFFALA 6d. Under 1 Day	6e. Under 1 Hour	7 Date	FEM	ALE (04:30 PM		07/09/2010 or Foreign Country)		
					7. Dute			1		or y oreign country)		
9. Ever in U.S. Armed Forces? 10. If Dea	Months th Occurred In A Hos	Days pital:	Hours	Minutes 10a. If Death Occur	rred Some	03/28/19 where Other			OND, IN			
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)									diity			
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				13. County C	of Death				ital Status At Time			
CROWN POINT, IN, 46307				LAKE				□ Wd		But Separated Divorced ver Married Unknown		
15. Surviving Spouse's Name		15a	. (If Wife)Give Maider	Last Name		16. Deced	ent's Usual Occ	upation	17. Kin	d Of Business/Industry		
GEORGE BALL						HOMEN	IAKER		OWN	HOME		
18. Residence - State	18a.	County		18b. City Or Tow	vn							
INDIANA	LAK	<u>E</u>		LOWELL			40d A-4 N-	1 40	7:a Coda	18f. Inside City Limits?		
18c. Street And Number						1	18d. Apt. No.	186	e. Zip Code	16f. Inside City Limits? ☐ Yes ☒ No		
232 WEST LAKEVIEW DRIVE		D							46356	168 2 160		
19. Decedent's Education HIGH SCHOOL GRADUATE (Decedent Of Hispar	nic Origin	21. 0	ecedent's	Race						
COMPLETED 22. Father's Name (First, Middle, Last)	N	<u>OT HISPANIC</u>		23. Mother's Name (de, Last)			23a. Mother's M	aiden Last Name		
,,												
JOHN DUFFALA 24. Informant's Name		24a. Relationship T	o Decedent	24b. Mailing Address			City, State, Zip		DDIVAK			
GEORGE BALL					24b. Mailing Address (Street And Number, City, State, Zip Code) 232 WEST LAKEVIEW DRIVE, LOWELL, IN 46356							
25. Place Of Disposition 25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Losation - City, Town, And State												
⊠ Burial □ Cremation □ Donation □ Entombment □ Removal From State												
Other (Specify):			AL CEMETER	Υ		VELL, IN						
SI SI	Name And Complete	RAL HOME AT		ON SERVICES	604	E. COM	MERICAL	AVENUE	≣,	uneral Home License Number:		
PH83004277 27b. Signature Of Indiana Funeral Service Licensee Signature Of Indiana Funeral Service Signature Of Indiana Funeral Servic												
MOLLY E. TUCKER, SIGNAT	URE ON FILE		use Of Death (See				D0920006	X				
28. Part I. Enter The <u>Chain Of Events</u> - Such As Cardiac Arrest, Respiratory Arre A Line. Add Additional Lines If Necessa	est, Or Ventricular Fi	or Complications - TI	hat Directly Caused	The Death, Do Not I	Enter Ter	minal Event	s se On			Approximate Interval: Onset To Death		
Immediate Cause (Final Disease Or Cor	dition Resulting In D	eath) A.	RESP FAILURE		Due to (Or A	Às A Consequence	DO:	<u> </u>		 -		
Sequentially List Conditions, If Any, Lea	diag To The Course	Listad On B.	CHF									
Line A. Enter The Underlying Cause (Di The Events Resulting In Death) Last		Initiated			Due to (Or A	As A Consequence	Of):					
The Lyonia Resulting in Dealin, Last		C	HCVD		Due to (Or A	As A Consequence	s Of):					
		D										
Part II. Enter Other Significant Conditions Con	tributing to Death But	Not Resulting In The I	Underlying Cause Give	en In Part I		s An Autopsy			Yes 🔯 No	a eth?		
31. Did Tobacco Use Contribute To Death?	32. If Fema	ale:	TII.	THIIII)			33. Manne	Of Death:		L TES LINO		
Yes Probably No V Unknown	Not Pregr	nent Within Past Year	Pregnant At Time Of Death	Not Pregnant) But Pregn	of Pregnant But Pregnant Within 42 Days or Deam			Nature! Homicide Accident Pending Inve				
34. Date Of Injury (Month/Day/Year)	35. Time (STONE PRO	OCHONICAL PRO	eptently	preg Censtru	ction Site, Rest			37. Injury At Work?		
			High St.	INTYPERE	DEPA	RTMEN				Yes No		
38. Location Of Injury - State	38a. City C	or Town	386 3	IN 1 0	2016			38c.	Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred			DIANA LILIA	2010		40. If Trans	sportation Inju	ry, Specify:	ÎD UNLESS			
41. Signature, Of Person Certifying Cause Of Death: TEOFILO VINLUAN , SIGNATURE ON FILE			V Cortifien				Check Only One) Physician Coroner Health Officer					
43. Name, Address And Zip Code Of Person			LAKE	OUNTY HEAL	HOF	FICER		cense Numbe	or .	45. Date Certified		
TEOFILO VINLUAN , 17648 I	MORSE ST, LO	OWELL, IN 46	356					7042A Alas:		07/15/2010		
						T40 = =		<u>. </u>	1 47			
48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE					egistrar Only	ar Only - Date Filed (Month/Day/Year): JUL 15 2010						
		AMENDME	NT TO CERTIFICA	TE OF DEATH (ENT	RY OR C	ORIGINAL)						
								1				

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary an RAISIED SEIAL AFFIXED