

Parcel No. 45-19-01-352-011.000-007

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 048662

2016 AUG -1 AM 11:16

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 Twenty-two (22), North Half Block Twenty-five (25), Dalecarlia, as shown in Plat Book 28, Page 9, in Lake County, Indiana*, the address of such real estate commonly known as 232 Appr 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**

180-
Ch-4857
PVC
Not-conv

4208



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

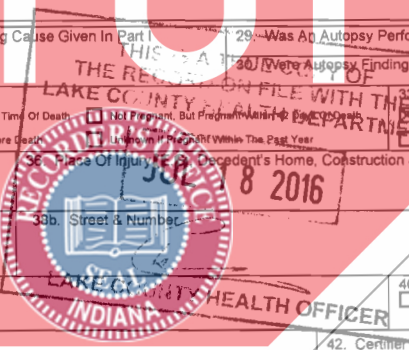
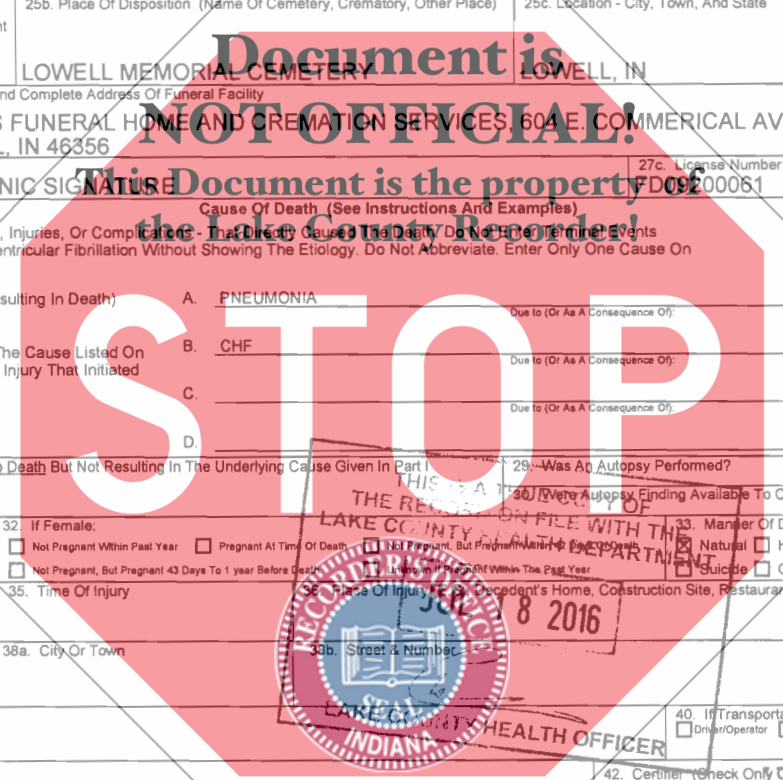
Tracking No. 93840

Local No 000690

EDR No 000000498062

State No 009809

1. Decedent's Legal Name (First, Middle, Last) GEORGE JAMES BALL			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 07:42 PM	4. Date Of Death (Month/Day/Year) 02/26/2016	
5. Social Security Number [REDACTED]	6a. Age - Yrs 87	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) 03/20/1928		8. Birthplace (City and State or Foreign Country) WHITING, IN
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) 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 type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" 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 CARPENTER		17. Kind Of Business/Industry UNION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town LAKE DALECARLIA				
18c. Street And Number 232 WEST LAKEVIEW DRIVE					18d. Apt. No.	18e. Zip Code 46356	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JAMES E BALL			23. Mother's Name (First, Middle, Last) CLARA BALL			23a. Mother's Maiden Last Name STAVETSKY		
24. Informant's Name JAMES BALL		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 238 WEST LAKEVIEW DRIVE, LAKE DALECARLIA, IN 46356				
25. Place Of Disposition								
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) LOWELL MEMORIAL CEMETERY, LOWELL, 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 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, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09200061		
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. PNEUMONIA		Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death WEEKS		
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		B. CHF		Due to (Or As A Consequence Of):				
		C. _____		Due to (Or As A Consequence Of):				
		D. _____		Due to (Or As A Consequence Of):				
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
CARDIAC ARREST, COMFORT		30. Were Autopsy Finding Available to Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within The Past Year <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				
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 checked="" 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"/> Bicyclist <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: SHAZEL GHARBI, 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: SHAZEL GHARBI, 1201 S. MAIN ST., CROWN POINT, IN 46307						44. License Number 01074954A		45. Date Certified 03/02/2016
46. Additional Funeral Service Provider:						47. *As:		
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 02 2016		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								



NOT VALID UNLESS



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 93846

Local No 002264

EDR No 000000149094

State No 033140

1. Decedent's Legal Name (First, Middle, Last) KATHERINE JANE BALL				1a. Maiden Name (If female) DUFFALA		2. Sex FEMALE	3. Time Of Death 04:30 PM	4. Date Of Death (Month/Day/Year) 07/09/2010	
5. Social Security Number [REDACTED]		6a. Age - Yrs 77	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) 03/28/1933		8. Birthplace (City and State or Foreign Country) HAMMOND, IN
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) 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		
15. Surviving Spouse's Name GEORGE BALL			15a. (If Wife) Give Maiden Last Name			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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (First, Middle, Last) JOHN DUFFALA			23. Mother's Name (First, Middle, Last) KATHERINE DUFFALA			23a. Mother's Maiden Last Name ODIVAK			
24. Informant's Name GEORGE BALL			24a. Relationship To Decedent HUSBAND			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 <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) LOWELL MEMORIAL CEMETERY			25c. Location - City, Town, And State LOWELL, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 (Of Licensee): FD9200061			
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. RESP FAILURE Due to (Or As A Consequence Of)									
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 B. CHF Due to (Or As A Consequence Of)									
C. HCVD Due to (Or As A Consequence Of)									
D.									
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 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			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				
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"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: TEOFILO VINLUAN, SIGNATURE ON FILE									
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. *As:			
48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 15 2010			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

