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



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 certificated status attached is reference property of
- 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 chitchen, Carolyn Flanigan, Marilyn K. Bougie, and James J. Ball.

WHEREFORE, on behalf of the Estate of George Bali, 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 18. 27 Ch - 1857 Not on

4208

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.
JAMES J. BALL DOCUM	nent is
reisonal representative of the Estate	
of George J. Ball, deceased NOT OF	FICIAL!
This Document is	s the property of
Marlen & Borgie the Lake Cour	nty Recorder!
MARILYN'K. BOUGIE	
Personal Representative of the Estate	
of George J. Ball, deceased	
STATE OF INDIANA) (SS:	R's Con
COUNTY OF LAKE	
Before me the undersigned, a Notary Public for I appeared James J. Ball and Marilyn K. Bougie,	
foregoing instrument and, being first duly swam	
the foregoing instrument are true. Signed and sea	
2016.	
My commission expires:	Signature: Au & Rung
	Signature.

FEB. 21, 2023

Printed: DAWN L. ZURBRIGGEN

LAKE Co. RESIDENT
Prepared by: Holany Holl, Mille Fisher Law, 8927 Boardway, Marrillville, IN 46410
Return Send tox bills to: James J. Pall, 238 W Lakeview Drive, Lowell, IN 46356

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Tracking No. 93840

Local No		EDR No 0000	004980	62		State No 009809							
Decedent's Legal Name (First, M.	1a. Maiden Nam	2. Sex	3. Time	Of Death (Month/Day/Year)									
GEORGE JAMES BALL	_						MA		42 PM		02/26/2016		
Social Security Number 6a. April 6a. Apri	ge - Yrs 68	b. Under 1 Ye	ear 6c. Under 1 N	Month 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mor	nth/Day/Year) 8.	Birthplace (Cit	y and State	or Foreign Country)		
	87 M	lonths	Days	Hours	Minutes		03/20/19		VHITING,	IN			
9. Ever in U.S. Armed Forces?	10. If Death O	occurred In A	Hospital:		10a. If Death Occ		where Other ecedent's Ho		Home/Long-terr	n Care Faci	lity		
☑ Yes ☐ No ☐ Unknown		☐ Emergend	cy Department Outp	atient 🔲 Dead on Arrival		_		ino in interioring	Tromor Long ton	04.01 40.	,		
11. Facility Name (If Not Institution			OWN DOIN			_							
ST ANTHONY MEDICAL CENTER OF CROWN POINT 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death													
		☐ Married ☐ Married, But Separated ☐ Divorc ☑ Widowed ☐ Never Married ☐ Unknown											
15. Surviving Spouse's Name	307			15a. (If Wife)Give Maide	LAKE n Last Name	 ,	16. Deced	ent's Usual Occupa			Of Business/Industry		
•													
18. Residence - State	8. Residence - State 18a. County 18b. City Or Town										<u> </u>		
to. Residence - State		'	oa. County		iob. City Of Te	JWII .							
INDIANA		L	KE		LAKE DAL	ECARL	iA	18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?		
18c. Street And Number								Tou. Apr. No.	100. Zip	Code	Yes No		
232 WEST LAKEVIEW	DRIVE								46	Li fes Ed No			
19. Decedent's Education			20. Decedent Of h	Hispanic Origin	21.	Decedent's	Race						
9TH - 12TH GRADE; NO		MA	NOT HISPA	NIC	Whit								
22. Father's Name (First, Middle, La	st)				23. Mother's Name	(First, Midd	ile, Last)		23a. i	Mother's Ma	iden Last Name		
JAMES E BALL					CLARA BALI	L			STA	VETSK	Y		
24. Informant's Name			24a. Relations	ship To Decedent	24b. Mailing Addres		And Number,	City, State, Zip Coo	de)				
JAMES BALL			SON		238 WEST L	AKEVIE	W DRIV	<u>(E, LAKE DA</u>	LECARLIA	A, IN 46	356		
25a. Method Of Disposition		25h	Place Of Disposition	25. Pla n (Name Of Cemetery, Cri	ce Of Disposition) 25c N	ocation - City	, Town, And State					
Burial Cremation Dona	tion 🔲 Entom		. Flace Of Dispositio	IT (Ivamie Of Cemetery, Ch	ematory, Other Place	250. L	acadon - Ony	, TOWII, AND GLACE					
Removal From State			NAVELL BAENAC	Docu	meni	tis	121 120						
Other (Specify): 26. Was Coroner Contacted?	27. Na		WELL MEMO plete Address Of Fu			E041	VELL, IN			27a. Fur	neral Home License Number.		
☐ Yes ☒ No		ETS FUN	IERAL HOME	AND CREMATI	ON SERVICE	s, 604		MÈRICAL AV		FH830	004277		
27b. Signature Of Indiana Funeral MOLLY E. TUCKER, B	Sancina License	00.		Joonmani	t is the t	2*02	27	C. License Numbe	r (Of Licensee):				
28. Part I. Enter The <u>Chain Of</u> Such As Cardiac Arrest, Respir A Line. Add Additional Lines If	Events - Dise	eases, Injurie	s, Or Complication	Cause Of Death (Sec S - That Directly Caused out Showing The Etiology	e Instructions And	Example:	ninal Event	s			Approximate Interval: Onset To Death		
Immediate Cause (Final Diseas	e Or Conditio	on Resulting	In Death)	A. PNEUMONIA		Que to (Or A	As A Consequence	o Of):			WEEKS		
Sequentially List Conditions, If Line A. Enter The Underlying (The Events Resulting In Death	Any, Leading Cause (Diseas) Last	To The Cau se Or Injury 1	That Initiated	B. CHF			As A Consequence						
Part II. Enter Other Significant Cond	itions Contribu	ting to Death	But Not Resulting In	The Underlying Cause Giv	ven In Part I	29Was	s An Autopsy	Performed?	☐ Yes	————			
CARDIAC ARREST, COMFORT					THE RECORD	A.	1 1 1	nding Available To	Complete The C	ause Of De	eath? Yes No		
31. Did Tobacco Use Contribute To	Death?	32. If F		LAF	CCOUNTY :		E WITH	11433. Manuer Of		Assident	Pending Investigation		
☐ Yes ☐ Probably ☐ No ☒	Unknown		Pregnant within Paat Tear Pregnant, But Pregnant 43	Pregnant At Time Of Death Days To 1 year Before Ceath	Linghown I Promoter				Could Not Be				
34. Date Of Injury (Month/Day/Year	r)	35. Ti	me Of Injury		sa Of Injury (48), De	cedent's Ho	ome, Constru	ction Site, Restaura	wit, Wooded Are	a) 3	7. injury At Work?		
				/S/ m		E 0 21	016				Yes No		
38. Location Of Injury - State		38a. C	Or Town	33b. S	treet & Number	NIII		1	38c. Apt. I	No. 3	8d. Zip Code		
39. Describe How Injury Occurred				LE LA	REGISTATION	TEAL TU	OFFICE	40. If Transpor	tation Injury, So				
41 Signature Of Barres Carl's for	Cause Of D	ath:	$\overline{}$	The state of the s	VOIANIMA				NUT	VAC	D'UNLESS		
41. Signature, Of Person Certifying SHAZEL GHARBI, BY	ELECTRO	ONIC SIC						rtiner (Check Only rtifying Physician	Oniii) ☐ Corone		Health Officer		
43. Name, Address And Zip Code (Of Person Cert	ifying Cause (Of Death:					44. Licen	se Number	4	5. Date Certified		
SHAZEL GHARBI , 120	O1 S. MAI	N ST., C	ROWN POIN	IT, IN 46307				010749	954A		03/02/2016		
46. Additional Funeral Service Prov								47. *A	18:				
48. Signature of Local Health Office	er:						49. For R	egistrar Only - Da	te Filed (Month	/Day/Year):			
SUSAN W. BEST, VIA					MAR 02	2016							
			AMEN	DMENT TO CERTIFICA	TE OF DEATH (EN	TRY OR C	JRIGINAL)						

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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 93846

	Local N		2264								State No 033140					
Decedent's Legal Name (First, Middle, Last)						1a. Maiden Name (If female)			2. Sex		3.	3. Time Of Death		4. Date Of Death (Month/Day/Year)		
KATHERINE JA						DUFFALA		FEMALE			04:30 PM		07/09/2010			
Social Security Num	nber 6a. A	ge - Yrs	Yrs 6b. Under 1 Year 6c. Under 1			th 6d. Under 1 Day 6e.		Under 1 Hour	7. Date of Birth (Month/Day		nth/Day/Year)	8. Bir	8. Birthplace (City and State or Foreign		or Foreign Country)	
		77	Months		Days	Hours		utes	<u> </u>	03/28/1			MMOND	, IN		
9. Ever in U.S. Armed	Forces?	10. If Deal	h Occurred In	A Hosp	ital:			i. If Death Occ Hospice Facilit		ewhere Other Decedent's Ho			ne/Long-term	Care Faci	iity	
☐ Yes ☒ No ☐					partment Outpatie	ent Dead on Arri	val 🔲	Other (Specify)							
11. Facility Name (If N					- WN POINT											
12. City Or Town, Stat								13. County	Of Death				. Marital Stat			
CROWN POIN	T IN 46	307						LAKE					Married Mdowed	Married, B	tut Separated Divorced by Married Divorced	
15. Surviving Spouse's		301			1	5a. (If Wife)Give Ma	iden Last			16. Deced	lent's Usual O	ccupation		17. Kind	Of Business/Industry	
GEORGE BALL HOMEMAKER OWN HOME												IOME				
18. Residence - State		_		18a. (County		1	18b. City Or To	own	HOWEN	MAKEK			OVVIN	IONE	
INDIANA				LAKE	•		_ _{1.4}	OWELL								
18c. Street And Numb	er				-			OVVLLL			18d. Apt. N	lo.	18e. Zip (Code	18f. Inside City Limits?	
232 WEST LAN	(FVIFW	DRIVE											463	256	☐ Yes ⊠ No	
19. Decedent's Educa		DINIVE		20.	Decedent Of His	panic Origin		21.	Decedent	s Race			400	000		
HIGH SCHOOL	L GRADI	UATE C	R GED	NC.	T HISPANI	C		Whi	to							
22. Father's Name (Fir	st, Middle, La	ast)		INC	/ HISPAIN		23. N	Mother's Name		dle, Last)			23a. N	other's Ma	iden Last Name	
IOLIN BUEFA								THERME		A 1 A			001	/AV		
JOHN DUFFAL 24. Informant's Name					24a. Relationship	o To Decedent		THERINE Mailing Addres			City, State, Z	ip Code)	ODIV	AN		
GEORGE BAL	L				HUSBAND		232	WEST L	AKEVI	EW DRI\	/E, LOW	ELL, II	N 46356			
				EL DIO	Of Dissessition	25. I	Place Of I	Disposition) 25- I	castian City	. Town And S	State				
25a. Method Of Dispos ☑ Burial ☐ Cremati		ation 🔲 En	-	SD. Plac	e Of Disposition	(Name Or Cemetery,	Cremator	ry, Other Flace	7) 200.1	Location - City	y, Town, And S	State				
Removal From Sta	ite				III MEMO	NAL GEMETE	50 1	ent	100	VELY IN						
Other (Specify): 26. Was Coroner Cont	acted?	27.	Name And Co	omplete	Address Of Fune	ral Facility	PIL	CHIC		AELD' 114				27a. Fur	neral Home License Number:	
☐ Yes ☒ No						AND CREMA	TION:	SERVICE	S, 604	E. COM	MERICAI	LAVE	NUE,	FHOSE	004077	
27b. Signature Of Indi	iana Funeral	Service Lice	WELL, IN	7				101	44.4		7c. License N	lumbe r (C	of Licensee):	FH830	104277	
MOLLY E. TUC	CKER, S	IGNAT	URE ON	FILE	his Do	cument	See Insti	the pr	CODE Example	rty	PC 92000)61			Approximate	
28. Part I. Enter Th Such As Cardiac A	e Chain Of	Events - C	Diseases, Inju	iries, Oi	Complications	That Direct Caus	ed The	Beath Do Not	Enter Te	minal Event	ts use On				Interval: Onset To Death	
A Line. Add Addition	onal Lines If	Necessar	/. Vericio	ulai i il	milation ventiout	Showing the Edolo	ъу. Бот	Of Abbiogiate	5. LINO, O	Thy One Cad	130 011				10 200	
Immediate Cause ((Final Disea	se Or Cond	dition Resultin	ng In De	eath) A.	RESP FAILURE			Due to (Or	As A Consequence	on Offi					
Sequentially List C	onditions If	Anv. Lead	ling To The C	ause L	isted On B.	CHF										
Line A. Enter The The Events Resulti	Underlying (Cause (Dis			Initiated	1101/15			Due to (Or	As A Consequence	æ O():					
The Event House		, 200			C.	HCVD			Due to (Or	As A Consequence	ce Of).					
					D.							_				
Part II. Enter Other Sig	Initicant Cond	ditions Conti	ibuting to Dea	th But N	lot Resulting In Th	e Underlying Cause	Given in	Part		as An Autopsy ere Autopsy F	inding Availab	le To Cor	Yes	⊠ No ause Of De	-#-2	
31. Did Tobacco Use	Contribute To	Death?	32. 1	If Femal	e:	1	HIS IS	A TRUE			-	er Of Dea			Yes No	
Yes Probably	/ □ No 🖾	Unknown		Not Pragna	int Within Past Year [int, But Pregnent 43 Day	Pregnant At Times Of Bea	REED RR4	ot Pragnent, But Pre	Within The Pas	Hathe			micide		Pending Investigation	
34. Date Of Injury (Mo	onth/Day/Yea	r)		Time O			lece of	nur) (E.S. De	C ITHIT IN		ction Site, Re				7. Injury At Work?	
									FAMELINGALPS-ITS-HIRISANA	T .		<u> </u>			Yes No	
38. Location Of Injury	- State		38a.	City Or	Town	3 8b.	Street	Number 1	2016				38c. Apt. N	lo. 3	8d. Zip Code	
							O-Marine				<i>X</i>					
39. Describe How Inju	iry Occurred					E.	(4	1112			40. If Tra	erator	on Injury, Spe		D'UNLESS	
41. Signature, Of Per						LAKE	coni	TY HEAL	TH OF	FIEFR C	ertifier (Check ertifying Physic					
TEOFILO VINL					ath:		Marie San San San	p-vermapelpo-phytospe-go-goglep		X C		cian License l			Health Officer 5. Date Certified	
			, ,			10050						i				
TEOFILO VINL 46. Additional Funeral	.UAN , 1 Service Pro	1 / 648 N vider:	IUKSE S	I, LC	WELL, IN 4	10350						057042 *Akas:	<u> </u>		07/15/2010	
48. Signature of Local										49 For D	egistrar Only	i	iled (Month)	Day/Yearl		
SUSAN W. BE			E ON FIL	E						10. 701 K	giotiai Oilly		JUL 15 2			
					AMEND	MENT TO CERTIFIC	CATE OI	F DEATH (EN	NTRY OR	ORIGINAL)		-				
												:				

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