STATE OF MARK LAKE OSCIATION FILED FOR RECORD

2016 053710

2016 AUG -5 AM 11: 38

MICHAEL B. BROWN RECORDER

STATE OF INDIANA)
	1)SS
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Marilynn Huge aka Marilynn J. Huge, and upon being duly sworn does attest and say:

- 1. That the affiant is the surviving spouse of Gordon W. Huge, deceased.
- 2. That Marilynn Huge aka Marilynn J. Huge and Gordon W. Huge, acquired the following property as Husband and Wife during the term of their marriage to wit:

Apartment Unit Number 1/A, 631 Hidden Oak Trail, in Barrington Woods Condominium, a Horizontal Property Regime, as created by certain Declaration recorded October 11, 1994 as Document No. 94070058, and also filed in Plat Book 77, page 44, in the Office of the Recorder of Lake County, Indiana, together with an undivided interest in and to the common and limited common areas and facilities appurtenant thereto.

This Document is the property of

Commonly known ashe Laby Gidden Oak Terilo Veter-A, Hobart, Indiana 46342
Parcel Number: 45-13-05-380-001.000-018

- 3. That Marilynn Huge aka Marilynn J. Huge and Gordon W. Huge remained married until the death of Gordon W. Huge on the 27th day of March, 2016.
- 4. That Marilynn Huge aka Marilynn J. Huge became the fee simple owner of the above described property upon the death of Gordon W. Huge.

I affirm under the penalties for perjury that the foregoing statements are true.

AUG **0 5** 2016

25055

Marilynn Huge aka Marilynn J. Huge

JOHN E. PETALAS LAKE COUNTY AUDITOR

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STATE OF INDIANA)

COUNTY OF HEIGHT (S)

Subscribed and sworn to before me this 15th day of AUGUST, 2016.

NOTARY SEAL PUBLIC PUBLIC SEAL

My Commission Expires: 6/13/20

Resident of Henry ricks County

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.



5341 Central Ave., Portage, IN 46368 (219) 947-1692.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Tracking No. 84027

Local No 00103	37	EDR No 00000503692 State					State No	e No 014804			
Decedent's Legal Name (First, Middle, Last)		11	a. Maiden Name	(If female)		2. Sex	3. Time O	f Death	4. Date C	f Death (Month/Day/Year)	
GORDON W HUGE						MALE		0 AM		03/27/2016	
5. Social Security Number 6a. Age - Yrs 6b. 0	Jnder 1 Year 6c.	Under 1 Month 6d.	Under 1 Day	6e. Under 1	Hour 7. Date	of Birth (Month/Day	/Year) 8. B	irthplace (City	and State o	or Foreign Country)	
9. Ever in U.S. Armed Forces? 10. If Death Occu	hs Day urred in A Hospital:	s Hou	rs	Minutes 10a. If Death	Occurred Som	10/24/1934 lewhere Other Than A		ARY, IN	_		
		nent Outpatient 🔲 [Dead on Arrival	☐ Hospice F	acility 🔲 🗅		☐ Nursing H	ome/Long-term	n Care Facili	ty	
11. Facility Name (If Not Institution, Give Street and I				Other (Sp	ecity)						
METHODIST HOSPITAL SOUTHLA 12. City Or Town, State, And Zip Code	AKE			13_ Cc	ounty Of Death			4 Marital Stat	tus At Time	Of Death	
iz. Ony or rown, olde, And zip oods				10. 00	diny of beaut			14. Marital Status At Time Of Death ☑ Married ☐ Married, But Separated ☐ Divorced			
MERRILLVILLE, IN, 46410 15. Surviving Spouse's Name		15a (If W	Mfe)Give Maiden	LAKI Last Name	<u> </u>	16. Decedent's U		Widowed Never Married Unknown cupation 17. Kind Of Business/Industry			
		,	·								
MARILYNN HUGE 18. Residence - State	18a. Coun	NURS	<u> </u>	18b. City	Or Town	BEARING R	EPAIRMA	<u> </u>	STEEL		
INDIANA	LAKE	•		HOBAR							
18c. Street And Number	LAKE			ПОВАК	.1	18d.	Apt. No.	18e. Zip (Code	18f. Inside City Limits?	
631 HIDDEN OAK TRAIL							1 1	463	242	⊠ Yes □ No	
19. Decedent's Education		edent Of Hispanic Ori	gin		21. Decedents	s Race	1 A	403	042		
HIGH SCHOOL GRADUATE OR G		HISPANIC		Ι,	Vhite						
22. Father's Name (First, Middle, Last)	1.1011				lame (First, Mid	dle, Last)		23a. N	lother's Maid	den Last Name	
WALTER HUGE				SELMA H	UGE			BAR ⁻	ΤZ		
24. Informant's Name	24a	Relationship To Dec				And Number, City, S	tate, Zip Code)				
MARILYNN HUGE	SP	OUSE		631_HIDD	EN OAK	TRAIL APT 1	A, HOBAI	RT, IN 46	342		
25a. Method Of Disposition	25b. Place Of	Disposition (Name O		e Of Disposition matory, Other F		ocation - City, Town	And State				
Burial ☐ Cremation ☐ Donation ☐ Entombre Beneval Free State					4						
Removal From State Other (Specify):	CALUME	PARK CEM	EFRA11	nen	t 1 SE	RRILLVILLE, I	N				
26. Was Coroner Contacted? 27. Name	And Complete Addr	ess Of Funeral Facility			TA				27a. Fund	eral Home License Number:	
	FUNERAL H	ME, HOBAR	T CHAPEL	, 600 W C	LD RIDG		RT, IN 4 <mark>6</mark>		FH830	03069	
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRO	NIC SIGNAT	WRD OCUM	nent i	s the	prope	27c. Lici FD61	esse Numbe r (006463	Of Licensee):			
28. Part I. Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or		Cause C	Of Death (See	Instructions	And Example	es)				Approximate Interval: Onset To Death	
A Line. Add Additinal Lines If Necessary. Immediate Cause (Final Disease Or Condition F	Pasultina In Death)	A ASPII	RATION PNEU	IMONIA						7 DAYS	
I I I I I I I I I I I I I I I I I I I	dodning in Dodnin	7.01	31101111120		Due to (Or	As A Consequence Of).			_	, 5,11,0	
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease (The Cause Listed	On B			Due to (Or	As A Consequence Of):			<u>-</u>		
The Evants Resulting In Death) Last		C			Due to (Or	As A Consequence Oi):		_			
		D.			243 (0 (2)						
Part II. Enter Other Significant Conditions Contributing	to Death But Not Re	esulting In The Underl	ying Cause Givin	n In Part I	29. Wa	s An Autopsy Perform	med?	☐ Yes	⊠ No		
ALZHEIMERS DISEASE, SEPSIS, URINARY TRA					30. We	ere Autopsy Finding A			suse Of Dea	th? Yes No	
31. Did Tobacoo Use Contribute To Death?	32. If Female: Not Pregnant With	in Past Year Pregnan	nt At Time Of Death	THIS I	S ASTRUBES	2000 Stocker			Accident [Pending Investigation	
34. Date Of Injury (Month/Day/Year)	Not Pregnant, But 35. Time Of Inju	Pregnant 45 Days 10 1 year t	Belore Citate		Straf Day Con Lab	COMPACTOR COMPANY		ould Not Be De Wooded Area		. Injury At Work?	
		· /		1	E	TUEPARTME	NI	,	,	Yes No	
38. Location Of Injury - State	38a. City Or Tow	n	38b. Str	eet & Number	20			38c. Apt. N	o. 38	d. Zip Code	
					R 30	2016					
39. Describe How Injury Occurred			ELLINDI	ANA	/	40.	If Transportat Oriver/Operator	on Injury, Spe		 วันีฟิLESS	
41. Signature, Of Person Certifying Cause Of Death:	TDONIO OIO	MATNE	7000	Meaders	- w) 65	Certifier (Check Only Or			-717177	
ZAFAR ULLAH KHALID, BY ELEC 43. Name, Address And Zip Code Of Person Certifyin		NATORE	LA	KE COUP	ITY HEAL	TH OFFICER		Coroner Number	1	Heath Officer Data Decided	
ZAFAR ULLAH KHALID , 8550 BR	OADWAY SL	JITE C, MERR	RILLVILLE,	IN 46410			0103436	9A	4	03/29/2016	
							47. ARES				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRON	IC SIGNATU	RF				49. For Registra		Filed (Manify) MAR 30 2	20 20	The second of th	
COS, III TY. BEGT, VIA ELECTRON	io digitalio	AMENDMENT TO	CERTIFICAT	E OF DEATH	(ENTRY OR	ORIGINAL)	F.	77.12.99		tin directions	
							1/- 2			Comments of Sections 1 1 2 20 1 200	
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