STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 054632

2016 AUG 11 AM 9: 23

MICHAEL B. BROWN RECORDER

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Му

SURVIVORSHIP AFFIDAVIT

On this 28th day of July, 2016 before me, personally appeared Barbara Spears to me personally known, who being duly sworn on oath did say that:

- 1. Affiant resides at the address given below affiant's signature:
- 2. Affiant is Barbara Spears
- 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by <u>Barbara Spears and Rosemarie Gergel.</u>
- 4. Rosemarie Gergel died on February 22, 2010 leaving a will /www. (circle one);
 - 5. The legal description of the premises in question is:

	Lot 5 in Stratford Estates Unit 1, in the City of Crown Point, as per plat thereof, recorded in Plat Book 68 page 58, in the Office of the Recorder of Lake County, Indiana.
6.	Is there Federal or State inheritance an ability by cash of the death of said descendent? Yes /No (circle one) NOT OFFICIAL!
	If yes, then estimated taxes due are \$ The taxes due are: This Documentaids the property of unpaid
7.	Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? Yes (circle one)
	(If yes, identify the divorce proceedings:
8.	Affiant's relationship to the deceased was: Daughter Barba Aspears Catorbust
	Address) W 46307
scril (L	bed and sworn to before me, a Notary Public, in and for said county and state this \(\sum_{\text{out}} \) day of
ΔΥ ary I	Notary Public
	ame) amission Expires: Commission Expires:

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

Prepared by: Barbara Spears
Return to: 13665 Georgia St, Crown Point, IN 44307.

FILED

014559

AUG 11 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR 13.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 92500

Decedent's Legal Name (First,				1a. Maiden Nam	nn /if formalal		2. Sex			040	O(D16 *****
· · · · · · · · · · · · · · · · · · ·	,								ime Of Death	4. Date	Of Death (Month/Day/Y
OSEMARIE GERGEL Social Security Number 6a. A		6b. Under 1	Year 6c. Under	FRUEHAUF 1 Month 6d. Under 1 Day		7. Date of E	FEMA		08:10 AM 8. Birthplace (C	lity and State	02/22/2010 or Foreign Country)
	74	Months	Days	Hours	Minutes	ns ns	8/24/193	35	CHICAGO	. 11	
Ever in U.S. Armed Forces?		Occurred in	A Hospital:		10e. If Death Occur	red Somewh	ere Other Ti	nan A Hospita	i		
Yes 🛛 No 🗌 Unknown	☐ Inpatie	nt 🔲 Emerg	ency Department Ou	stpatient 🔲 Dead on Arrival	☐ Hospice Facility ☐ Other (Specify)	∐ Dece	dent's Home	Nurs	ing Home/Long-te		ility DAUGHTERS RESIDE
Facility Name (If Not Institution		and Number	7)								
18 WEST 96TH PLA City Or Town, State, And Zip C					13. County O	f Death	St		14. Marital S	Status At Time	Of Death
OMB BOILT IN 16									Married Married	Married, E	But Separated Divi
ROWN POINT, IN, 46 Surviving Spouse's Name	307	· · · · · · · · · · · · · · · · · · ·		15a. (If Wife)Give Maide	LAKE In Last Name	16	6. Deceden	t's Usual Occ			Of Business/Industry
											_
Residence - State			18a. County		18b. City Or Town		ECRETA	ARY		OFFIC	<u>E</u>
LINOÌS			COOK		SOUTH HOL	ΙΙΔΝΏ					
c. Street And Number	- ; "		00010		10001111101	LEANE		8d. Apl. No.	18e. Zi	ip Code	18f. Inside City Lim
849 LANGLEY AVE	NUE								6	0473	⊠ Yes □ No
Decedent's Education			20. Decedent C	Of Hispanic Origin	21. De	ecedent's Ra	ice		1 0	0473	
GH SCHOOL GRAD DMPLETED	UATE O	R GED	NOT HISP	ANIC .	White	1					
Father's Name (First, Middle, L	ast)			5.000 M M M	23. Mother's Name (F		Last)		23a	ı. Mother's Ma	iden Last Namo
RDINAND FRUEHA	ÜF				PAULINE FRU	JEHAUF	:		SC	HOEN	
. Informant's Name			24a. Relatio	onship To Decedent	24b. Mailing Address			ty, State, Zip			
ARBARA SPEARS			DAUGH		1518 WEST 9	6TH PLA	ACE, CF	ROWN P	OINT, IN 48	307	
a. Method Of Disposition		2	25b. Place Of Disposi	25. Pla ition (Name Of Cemetery, Cri	rematory, Other Place)	25c, Loca	tion - City, T	own, And Sta	ite		
Burial Cremation Don Removal From State	ation 🔲 Ent			111	•						
Other (Specify):				METER CUI	nent 1	SED	CBEEN	nànz II	L		
		S	ST. MAKY CE			- V 1//	31 METELA	PARK, II			
Was Coroner Contacted?		Name And Co	omplete Address Of	Funeral Facility						27a, Fut	neral Home License Nur
,	SM	Name And Co	omplete Address Of			2MD ST		HOLLA			
☐ Yes ⊠ No b. Signature Of Indiana Funeral MOTHY SMITS, SIG	SM 604 Service Lice SNATUR	Name And Co ITS DEY 173 nsee: E OM FIL	omplete Address of OUNG VROE	Funeral Facility ECH FUNERAL HO Cause of Death (See	oMF, 649W 162 sthe pro	2MD ST	1 y FD	HOLLA	ND, IL	10300	Approximate Interval: Onsi
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