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2016 AUG 17 AM 9:27

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

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TAX: I.D. NO. 45-15-32-251-003.000-013

Julie K. Pralle, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **James L. Pralle a/k/a James Lester Pralle**, died without leaving a will on January 27, 2015 at Crown Point, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

SEE ATTACHED EXHIBIT 'A'

Commonly known as: **14425 MAGOUN STREET, CEDAR LAKE, IN 46303**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Document is NOT OFFICIAL!

FURTHER, you Affiant said naught.
This Document is the property of the Lake County Recorder!

DEANNA L. GRIGGS
LAKE COUNTY
My Commission Expires
February 20, 2021

Julie K. Pralle

JULIE K. PRALLE

STATE OF INDIANA, COUNTY OF 19ke SS:

Subscribed and sworn to before me, a Notary Public this 9 day of August, 2016

My Commission Expires: 2-2021 Signature: *[Signature]*
County of Residence: 19ke Printed: DEANNA L GRIGGS, Notary Public

This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No. 278134-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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

[Signature]

Signature of Preparer

DEANNA L GRIGGS

Printed Name of Preparer

FILED

AUG 15 2016

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

Community Title Company
File No. 1610282

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CMI
Don*

4513



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 42978

Local No 000327

EDR No 000000429340

State No 004340

1. Decedent's Legal Name (First, Middle, Last) JAMES LESTER PRALLE				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 01:40 AM		4. Date Of Death (Month/Day/Year) 01/27/2015		
5. Social Security Number		6a. Age - Yrs 63		6b. Under 1 Year Months: Days: Hours: Minutes:		6c. Under 1 Month		6d. Under 1 Day		7. Date of Birth (Month/Day/Year) 01/16/1952		
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 type="checkbox"/> Inpatient <input checked="" 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 JULIE PRALLE				15a. (If Wife) Give Maiden Last Name SCHOCK				16. Decedent's Usual Occupation MECHANIC		17. Kind Of Business/Industry AGRICULTURE FACTORY		
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town CEDAR LAKE				
18c. Street And Number 14425 MAGOUN				18d. Apt. No.		18e. Zip Code 46303		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) JAMES A PRALLE				23. Mother's Name (First, Middle, Last) ALMA R PRALLE				23a. Mother's Maiden Last Name PARKS				
24. Informant's Name JULIE PRALLE				24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street And Number, City, State, Zip Code) 14425 MAGOUN, CEDAR LAKE, IN 46303				
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 JENNIFER LYNN OSBURN, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD21300013				27d. Signature Of Registrar JAN 29 2015				
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 Of Death. Add Additional Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIOPULMONARY ARREST												
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. ATRIAL FIBRILLATION												
C. AMYOTROPHIC LATERAL SCLEROSIS												
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 Findings 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within 1 Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unspecified If Pregnant Within The Past Year <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				33. Manner Of Death				
34. Date Of Injury (Month/Day/Year)				35. Time Of Injury				36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)				
37. Location Of Injury - State				38. City Or Town				39. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger				41. Signature Of Person Certifying Cause Of Death JOHN ALLEN HOEHN, 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 JOHN ALLEN HOEHN, 505 W. LINCOLN HWY, SCHERERVILLE, IN 46375				44. License Number 02000872A				
45. Date Certified 01/27/2015				46. Additional Funeral Service Provider				47. *Ages				
48. Signature Of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year) JAN 28 2015				50. *Ages				



**EXHIBIT "A"
LEGAL DESCRIPTION**

File No.: 1610282

PART OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 32, TOWNSHIP 34 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, DESCRIBED AS FOLLOWS:

COMMENCING AT A POINT ON THE WEST LINE OF SAID SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 THAT IS 171.03 FEET SOUTH OF THE NORTHWEST CORNER THEREOF, THENCE SOUTH ALONG SAID WEST LINE 133.74 FEET TO THE NORTHWEST CORNER OF A TRACT OF LAND

DEEDED TO CHARLES A HOYT AND DOROTHY HOYT, HUSBAND AND WIFE, SAID NORTHWEST CORNER BEING 357.39 FEET NORTH OF THE SOUTHWEST CORNER OF SAID SOUTHWEST 1/2 OF THE

SOUTH 1/4 OF THE NORTHEAST 1/4; THENCE EASTERLY ALONG THE NORTH LINE OF SAID HOYT

TRACT 357.56 FEET TO THE SOUTH LINE OF SAID SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4; THENCE NORTH ALONG SAID EAST LINE 348.00 FEET; THENCE WEST PARALLEL TO

THE SOUTH LINE OF SAID SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 601.14 FEET;

THENCE NORTH PARALLEL TO THE WEST LINE OF SAID SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE

NORTHEAST 1/4 143.30 FEET THENCE WEST PARALLEL TO THE NORTH LINE OF SAID HOYT TRACT

709.42 FEET TO THE POINT OF BEGINNING, IN LAKE COUNTY, INDIANA. EXCEPTING THEREFROM THE

FOLLOWING: THE SOUTH 348 FEET OF THE SOUTH 1/2 OF THE SOUTHWEST 1/4 OF THE NORTHEAST

1/4 OF SECTION 32, TOWNSHIP 34 NORTH, RANGE 9 WEST OF THE 2ND PRINCIPAL MERIDIAN, EXCEPT THEREFROM THE WEST 609.42 FEET, IN LAKE COUNTY, INDIANA.

