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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2016 057838

2016 AUG 25 AM 10:10

STATE OF INDIANA )  
COUNTY OF LAKE )

) SS:  
)

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, Ruth A. Kallen, being duly sworn, states as follows:

1. I am over the age of ~~eighteen (18) and suffer from no disability which would render my testimony incompetent.~~

2. I am the owner in fee simple of an undivided one-half interest of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 7, SCHILLING'S FIRST ADDITION TO SCHERERVILLE, AS SHOWN IN PLAT BOOK 27, PAGE 13, IN LAKE COUNTY, INDIANA

(COMMONLY KNOWN AS THE SOUTHWEST CORNER OF SUNSET AVENUE AND WICKER BOULEVARD (U.S. HIGHWAY 41), SCHERERVILLE, INDIANA; AKA 2310 U.S. 41, Schererville, IN 46375).

Grantee Address: 3427 Highway Avenue, Highland, IN 46322

Key No. 45-11-17-477-091000-036

3. The decedent, James N. Kallen, and I acquired title as husband and wife to an undivided one-half interest in said real estate by deed of conveyance on the 30th day of April, 1997, and recorded in the Office of the Lake County Recorder as Document No. 97029143.

4. James N. Kallen and I jointly held title to said real estate until the death of James N. Kallen on the 20th day of June, 2006, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for James N. Kallen

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



*Ruth A. Kallen*  
Ruth A. Kallen, Affiant

**FILED**

AUG 25 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

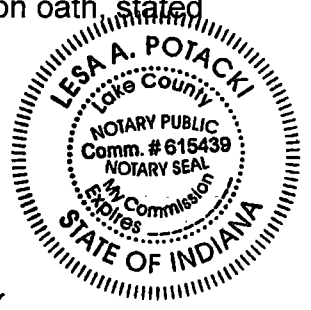
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STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Ruth A. Kallen, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 22nd day of August, 2016.



My commission expires: 02/13/2018



Signature: *Lesa A. Potacki*

Lesa A. Potacki  
Resident of: Lake County, Indiana

"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."

/s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800.

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

Local No. 1525-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Form with fields for: 1. DECEASED—NAME (James N. Kallen), 2. SEX (Male), 3a. TIME OF DEATH (3:39 PM), 3b. DATE OF DEATH (June 20, 2006), 4. \*SOCIAL SECURITY NUMBER, 5a. AGE—Last Birthday (62), 5b. UNDER 1 YEAR, 5c. UNDER 1 DAY, 6. DATE OF BIRTH (June 4, 1944), 7. BIRTHPLACE (Hammond, Indiana), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1972), 9a. PLACE OF DEATH (HOSPITAL: ER/Outpatient), 9b. FACILITY NAME (St. Margaret Mercy Healthcare-South), 9c. CITY, TOWN, OR LOCATION OF DEATH (Dyer), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Ruth Flaherty), 12a. DECEDENT'S USUAL OCCUPATION (Owner), 12b. KIND OF BUSINESS/INDUSTRY (Carpet Installation), 13a. RESIDENCE—STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Highland), 13d. STREET AND NUMBER (3427 Highway Ave.), 13e. ZIP CODE (46322), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (U.S.A.), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (College), 18. FATHER'S NAME (Robert Kallen), 19. MOTHER'S NAME (Agnes Lynch), 20a. INFORMANT'S NAME (Ruth Kallen), 20b. MAILING ADDRESS (3427 Highway Ave., Highland, IN 46322), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (June 24, 2006, Chapel Lawn Memorial Gardens), 21c. LOCATION (Schererville, Indiana), 22a. EMBALMER'S NAME (Edgar C. Gleim), 22b. EMBALMER'S LICENSE NO. (FD01016173), 23. WAS DEATH REPORTED TO CORONER? (Yes), 24a. SIGNATURE OF FUNERAL DIRECTOR (Tara J. Wright), 24b. LICENSE NUMBER (FD20400058), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Kuiper Funeral Home, 9039 Kleinman Road, Highland, IN 46322, FH10300021), 26. PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death): Vascular collapse Due to arteriosclerotic heart and vascular disease, 26. PART II. Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a. WAS AN AUTOPSY PERFORMED? (No), 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a. CERTIFIER (Deputy Coroner), 29b. SIGNATURE AND TITLE OF CERTIFIER (Paul R. Castro), 29c. MEDICAL LICENSE NO. (N/A), 29d. DATE SIGNED (June 22, 2006), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Paul R. Castro, Chief Investigator, 2900 West 93rd Avenue, Crown Point, Indiana 46307), 31. HEALTH OFFICER'S SIGNATURE (Susan W. Best, D.O.), 32. DATE FILED (June 22, 2006), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK?, 34d. PLACE OF INJURY, 34e. LOCATION, 34g. DATE PRONOUNCED DEAD (June 20, 2006), 34h. MOTOR VEHICLE ACCIDENT? (No)

