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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 049030

2016 AUG -2 PM 12: 12

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)

COUNTY OF LAKE)

)SS:

AFFIDAVIT OF SURVIVORSHIP

a/k/a Dorothy Baxter

Comes now Dorothy M. Baxter, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of a/k/a Aaron Baxter, deceased.
2. That Dorothy M. Baxter and a/k/a Aaron Baxter, acquired the following property as Husband and Wife during the term of their marriage.

Lot 3 in Lake George Plateau Unit No. 3 Section "A", in the City of Hobart, as per plat thereof, recorded in Plat Book 43 page 47, in the Office of the Recorder of Lake county, Indiana.

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Commonly known as 1103 Decatur St., Hobart, IN 46342
Parcel No.: 45-13-06-103-007-000-018

3. a/k/a Dorothy Baxter a/k/a Aaron Baxter That Dorothy M. Baxter and Aaron E. Baxter remained married until the death of Aaron E. Baxter on the 15th day of April, 2008.
4. a/k/a Aaron Baxter a/k/a Dorothy Baxter That Dorothy M. Baxter became the fee simple owner of the property at the death of Aaron E. Baxter.

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

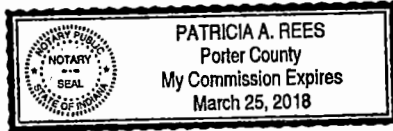


Dorothy M. Baxter
Dorothy M. Baxter a/k/a Dorothy Baxter

STATE OF INDIANA)

COUNTY OF PORTER)

Subscribed and sworn to before me this 25 day of July 2016.



My Commission Expires: 3-25-2018

Patricia A. Rees
Patricia A. Rees, Notary Public
Resident of Porter 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.

Patricia A. Rees
Patricia A. Rees

2016 051941

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2016 AUG 25 PM 12: 46

FILED

AUG 25 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED

JOHN E. PETALAS
LAKE COUNTY AUDITOR

This Instrument Prepared by: Patricia A. Rees, Attorney at Law, 5341 Central Ave., Portage, IN 46368
(219) 947-1692.

1 ref \$15
004895 CK#13675
GP non con

Handwritten notes and signatures: 14-7, 12-40, ck-13675, etc.



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No. 1491-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) AARON E. BAXTER				1a. Maiden Last Name (if Female)		2. Sex Male		3. Time Of Death 6:18pm		4. Date Of Death (Month/Day/Year) April 15, 2008	
5. Social Security Number 89		6a. Under 1 Year Months		6b. Under 1 Month Days		6c. Under 1 Day Hours		6d. Under 1 Hour Minutes		7. Date Of Birth (Month/Day/Year) July 20, 1918	
8. Birthplace (City And State Or Foreign Country) Rosewood, Ind.		9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input 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. Mary Medical Center		12. City Or Town, State, And Zip Code Hobart, Indiana 46342	
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 Dorothy Baxter		15a. (If W/o) Give Maiden Last Name		16. Decedent's Usual Occupation Locomotive Engr.		17. Kind Of Business/Industry E.J.E. Ry.	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Hobart		18c. Street And Number 1103 S. Decatur St.		18d. Apt. No.		18e. Zip Code 46342	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Please select education level: 12		20. Decedent Of Hispanic Origin Please select Hispanic origin, if any:		21. Decedent's Race White		22. Father's Name (First, Middle, Last) Ezra Baxter		23. Mother's Name (First, Middle, Last) Hazel Baxter	
24. Informant's Name Dorothy M. Baxter		24a. Informant's Relationship To Decedent Wife		24b. Informant's Address (City, State, Zip Code) 1103 S Decatur St. Hobart, Ind 46342		25. Place Of Disposition Calumet Park Cemetery		25a. Location - City, Town, And State Merrillville, Indiana		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
27a. Signature Of Indiana Funeral Service Licensee: <i>Anthony S. Rendina</i>		27b. License Number (Of Licensee) FD01010402		27c. Name And Complete Address Of Funeral Facility Rendina Funeral Home, 5100 Cleveland St. Gary, In		27d. Funeral Home License Number: FH83007819		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused This Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Sequence. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. PNEUMONIA B. CHRONIC OBSTRUCTIVE LUNG DISEASE C. URO-SEPSIS D. MALNUTRITION / DEHYDRATION		Approximate Interval: Onset To Death	
28. 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State		38a. City Or Town	
38b. Street & Number		39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature Of Person Certifying Cause Of Death: <i>Rodolfo L. Jao, M.D.</i>		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: Medical Arts Bldg - Ste 300 1400 S. Lake Park Ave. Hobart, IN 46342	
44. License Number 01026118		45. Date Certified 4-17-08		46. Additional Funeral Service Provider:		47. *Agent:		48. Signature Of Local Health Officer: <i>Susan W. Best, D.O.</i>		49. For Registrar Only - Date Filed (Month/Day/Year): April 18, 2008	

