

3

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 058429

2016 AUG 26 AM 10:14

MICHAEL B. BROWN
RECORDER

Case # 920161111

SURVIVORSHIP AFFIDAVIT

Comes now Mary K. Dugan, who being duly sworn upon his/her oath, deposes and says:

That, Mary K. Dugan is the surviving spouse of Theodore Dugan, deceased who died domiciled in Lake County, Indiana, on January 12, 2007.

That Mary K. Dugan and Theodore Dugan acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiant states that Mary K. Dugan and Theodore Dugan continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Theodore Dugan's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Mary K. Dugan.

Executed: July 1, 2016

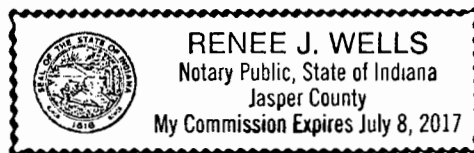
Signature: Mary K. Dugan
Mary K. Dugan

STATE OF INDIANA

COUNTY OF Lalce

Subscribed and sworn to before me, a Notary Public in and for said county and state this 1st day of July, 2016.

Renee J. Wells
Notary Public Renee J. Wells
Resident of Jasper County
My Commission expires: 7-8-17



Prepared by: Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

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 A. Guistolisi.

Return to: 8210 Havenwood Pass, Cedar Lake, IN 46307

**FIDELITY NATIONAL
TITLE COMPANY**

92016-1111

FILED

AUG 22 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

014760

15 -
FW
AN

EXHIBIT "A"

Lot 97 Havenwood subdivision unit one, an addition to the Town of Cedar Lake, as per plat thereof, recorded in plat book 73 page 27, in the Office of the recorder of Lake County, Indiana, and amended by Certificate of correction recorded May 30, 1995 as Document No. 95030324

Property Address: 8210 Havenwood Pass, Tax ID No.: 45-15-22-226-005.000-014,



502

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 0098-07

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

REPRINT IN PERMANENT BLACK INK

DECEDENT

EVENTS

PERMANENT

POSITION

USE OF THIS

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Theodore Dugan		2. SEX Male	3a. TIME OF DEATH 7:10A	3b. DATE OF DEATH (Month, Day, Yr.) January 12, 2007	
4. SOCIAL SECURITY NUMBER XXXXXXXXXX	5a. AGE—Last Birthday (Years) 76	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo., Day, Yr.) Nov. 23, 1930	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL	8a. WAS DECEDENT A U.S. VETERAN? Yes	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1953	9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OSA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
9b. FACILITY NAME (If not institution, give street and number) 8210 Havenwood	9c. CITY, TOWN, OR LOCATION OF DEATH Cedar Lake	9d. COUNTY OF DEATH Lake	10. MARITAL STATUS (Specify) Married		
11. SURVIVING SPOUSE (If wife, give maiden name) Mary Imgruet	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor	12b. KIND OF BUSINESS/INDUSTRY Steel	13a. RESIDENCE—STATE IN		
13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Cedar Lake	13d. STREET AND NUMBER 8210 Havenwood	13e. ZIP CODE 46303		
13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 2		18. FATHER'S NAME (First, Middle, Last) Michael Dzugan			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Catherine Warner			20. INFORMANT'S NAME (Type/Print) Mary Dugan		
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) January 15, 2007 Mount Hope Cemetery		21c. LOCATION—City or Town, State Chicago, IL	
22. EMBALMER'S NAME Dean Wagner		22a. EMBALMER'S LICENSE NO. F98800057	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Walter...</i>		24b. LICENSE NUMBER (Ref. License) FD01007697	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burdan Funeral Home F48300246 12901 Wicker Ave Cedar Lake,		
26. PART I. IMMEDIATE CAUSE OF DEATH (Final disease or condition resulting in death) IMMEDIATE CAUSE OF DEATH: JAN 10 2007 Metastatic Melanoma DUE TO (OR AS A CONSEQUENCE OF): a. _____ b. _____ c. _____ d. _____					
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) <input checked="" type="checkbox"/> No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <input checked="" type="checkbox"/> No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b. SIGNATURE AND TITLE OF CERTIFIER <i>Joyce...</i>		29c. MEDICAL LICENSE NO. 01031717	29d. DATE SIGNED (Month, Day, Year) 1/16/07		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) GEORGE BABCHUK 1121 50 INDIANA CROSS POINT, IN 46307					
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. East D.O.</i>			32. DATE FILED (Month, Day, Year) January 17, 07		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			