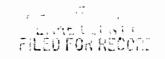
گ . . .





2017 004735

2017 JAN 20 AM 10: 27

MICHAEL B. BROWN RECORDER

Property No. 45-11-16-327-004.000-036 Grantee Address for Tax Bills: Ella Mary Ball 515 N. Stephen Drive Schererville, IN 46375 Property Address: 515 N. Stephen Drive Schererville, IN 46375

AFFIDAVIT OF SURVIVORSHIP

Comes now, ELLA MARY BALL, as surviving tenant by the entireties, and being duly sworn upon her oath and states as follows:

That ELLA MARY BALL AND JAMES E. BALL, husband and wife, were the owners as tenants by the entireties of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 4 AND THE EAST 14 FEET OF LOT 3, STEPHEN'S SHADY OAKS, SCHERERVILLE, LAKE COUNTY, INDIANA.

Document is

Tax Parcel No. 45-11-16-327-904.0000 TOFFICIAL!

ADDRESS: 515 N. Stephen Dive: Schererville IN 46375he property of

That ELLA MARY BALL AND SAMES E. BALL Were husband and wife at the time they acquired title, as tenants by the entireties.

That the marital relationship, which existed between ELLA MARY BALL AND JAMES E. BALL, continued unbroken from the time they so acquired title to said real estate until the death of JAMES E. BALL, at which time ELLA MARY BALL acquired title to the real estate as surviving tenant by the entireties. JAMES E. BALL died on May 8, 2016, as evidenced by the copy of the death certificate attached hereto with the social security number redacted.

That the gross value of the estate of the decedent IAWES E. BALL as determined for the purpose of Federal Estate Tax was less than the value required for the file of tax receives and the decedent's estate was not subject to tax

Dated: December 28, 2018

FILED

JAN 19 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR 010419

AMOUNT \$

CHECK # 2300 Y

OVERAGE___

NON COM ____

CLERK _____

State of Illinois)) SS.
County of Cook)
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that ELLA MARY BALL personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth.
OFFICIAL SEAL BARRY C. BERGSTROM Notary Public - State of Illinois My Commission Expires 8/01/2020 OFFICIAL SEAL BARRY C. BERGSTROM Notary Public Notary Public
affirm, under penalties of perjury that I have taken reasonable care to redact each social security number in this document, unless required by law.
This Document is the property of
the Lake County Recorder!
This Instrument Prepared By: Barry C. Bergstrom & Assoc, Ltd. 3330 - 181st Place Lansing, IL 60438 Atty No. 3521-98
C:\Office Documents\MS Word\Res\Clients\Ball, Ella\Indiana Surv Jt Ten Affiddee

•

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 001505					EDR No 00000510920					State No					
Decedent's Legal Name (First, Middle, Last)				1a Maiden Name (If female)					2. Sex 3. Time Of Death 4 Date Of Death (Month/						
JAMES EDGAR DA									МА	LE	10:1	3 AM		05/08/2016	
5 Social Security Number 6	Ba. Age - Yrs	6b Under	1 Year	6c Under 1 M	fonth 6d Under 1 Day	6e Und	er 1 Hour	7 Date	of Birth (Moi	nth/Day/Yea	r) 8. Bi	irthplace (Ci	ty and State o	r Foreign Country)	
	89	Months		Days	Hours	Minutes			03/04/19	927	М	CHENRY	/. KY		
9 Ever in U.S Armed Forces	? 10 If Dea	th Occurred Ir	A Hosp	ital [.]		1 —		ed Some	where Other	Than A Hos	pital				
☑ Yes ☐ No ☐ Unkno				partment Outpa	atient Dead on Arriv		r (Specify)	∐ D€	ecedent's Ho	ime LIN	lursing Ho	ome/Long-ter	m Care Facilit	у	
11 Facility Name (If Not Insti ST MARGARET ME	RCY HEA	et and Numbe LTHCARI	r) E CEN	NTERS-D	YER										
12 City Or Town, State, And 2	Zip Code					13	County Of	f Death					atus At Time (
DYER, IN, 46311 15 Surviving Spouse's Name						1.4	LAKE					Married [Midowed Midowed		Married, But Separated Divorced Never Married Unknown	
				15a. (If Wife)Give Maide				16 Decedent's t			Occupation	n	17 Kind C	of Business/Industry	
ELLA MARY BALL 18 Residence - State INDIANA					STEPHEN				CODEM	A & I			CTEEL		
			18a County			FOREMAN 18b. City Or Town				AN			STEEL		
			LAKE			SCHERERVILLE									
18c Street And Number			LANE	<u> </u>		SCH	EKEKV	ILLE		18d Apt.	No	18e. Zip	Code	18f. Inside City Limits?	
515 STEPHEN DRIVE NORTH											⊠ Yes [⊠ Yes □ No	
19 Decedent's Education	VE NOR I	1	20	Decedent Of H	lispanic Origin		21 De	cedent's	Race			46	375		
HIGH SCHOOL GRA	ADUATE (OR GED			•										
COMPLETED 22 Father's Name (First, Middle, Last)			_NC	T HISPAI	NIC	23. Mothe	White or's Name (F	irst. Middl	dle Last)			23a Mother's Maiden Last Name			
and the state of t	, 220.,					20.1000	or or realise (i	ii st, wiiddi	ic, Last,			234	WICH ET S WIEIG	en Last Name	
HENRY MITCHELL BALL							JANE						RETT		
24 Informant's Name					hip To Decedent		24b. Mailing Address (Street And Number, City, S				,				
ELLA M BALL				WIFE				DRIV	E NOR	TH, SCH	IEREF	RVILLE,	IN 46375		
25a Method Of Disposition			5b Plac	e Of Disposition	25. PI 1 (Name Of Cemetery, C	lace Of Dispo Crematory, Ott	sition her Place)	25c. Lo	cation - City	, Town, And	State				
Burial Cremation	Donation 🗌 Er	ntombment			/										
Removal From State Other (Specify).		S	T MIC	CHAEL CL	URCHOEMET	HEN C	nt	SOH	ERERVI	LIE IN					
26 Was Coroner Contacted?		Name And Co	omplete i	Address Of Fur	neral Facility								27a Fune	ral Home License Number	
□ Yes No FAGEN-MILLER FUNERAL GARDENS, INC. HIGHLAND, 2828 HIGH								TIGHI VA	1XAVEI	NUE,		E11000			
27b Signature Of Indiana Fun	eral Service Lice	GHLAND ensee			010				27	c. License	Number (0	Of Licensee):	FH8300	13035	
LAWRENCE EUGEI	NE MILLE	R, BY EL	ECT	ronie siron	Wellshen!	t is tl	ie pr	ope	erty	1006	315 D	14 AP	YVE		
28 Part I Enter The Chair Such As Cardiac Arrest, Ri A Line Add Additional Lin	Of Events - [espiratory Arre	Diseases, Inju st. Of Ventric											PARTME	Approximate	
immediate Cause (Final Di	sease Or Cond	dition Resultin	ng In De	ath) A	A. CARDIOPULMON	NARY ARRE	ST	Que to (Or As	A Consequence	00	4.5	(1		SECONDS	
0				F	RESPIRATORY F	AILURE WA			Solisoqualice	M	Ay	1 41	•	MINUTES	
Sequentially List Condition Line A Enter The Underly	ing Cause (Dis			sted Off	NEOTING TOXY	AILOIKL VIII	T C	Due to (Or As	A Consequence	on				WINGIES	
The Events Resulting In De	eath) Last				C. CHRONIC OBSTR	RUCTIVE PL	JLMONARY	DISEAS	A Consequence	00:	67-04		1	YEARS	
					CONGESTIVE HE	ART FAILU		, o lo la		· Land Months	Sites for		A, ALA OFFICE	D YEARS	
Part II Enter Other Significant (Conditions Cont	ributing to Dea	th But No	at Resulting In				29. Was	An Autopsy	Performed?	N	Yes	OFFICE No	T III	
PULMONARY FIBROSIS								30. Were	Autopsy Fin	nding Availab	ole To Cor		ause Of Death	1? Yes No	
31. Did Tobacco Use Contribu	te To Death?		f Female		F.3						ner Of Dea				
🗌 Yes 📋 Probably 🔯 No	Unknown				Pregnant At Time Of Death ays To 1 year Before Death							micide		Pending Investigation	
34 Date Of Injury (Month/Day)	Year)		Time Of			ace Of Injury (Injury At Work?	
							TOTAL STATE							Yes No	
38 Location Of Injury - State		38a	City Or	Town	≥38b. S	Street & Numl	ber 😸			7/		38c Apt. N	io 38d	Zip Code	
						التهدا	7								
39 Describe How Injury Occur	red				E i	SEAV.	, j		7	40. If Tra	nsportation	on Injury, Spe	ecify	er (Specify)	
					Carry!	ANAIDN	1111				Security [7]	assender []b		- (openity)	
41 Signature, Of Person Certi JOHN ALLEN HOEH			IC SI	GNATUR	2	WITTEN TO SERVICE TO S				tifier (Check		e) Corone	, Пн	lealth Officer	
43 Name, Address And Zip Co									1 64 031		License N			Date Certified	
JOHN ALLEN HOEHN , 505 W LINCOLN HWY, SCHERERVILLE, IN 46375									02000872A				05/09/2016		
46 Additional Funeral Service Provider										*Akas			30.03/2010		
48 Signature of Local Health C	Officer.								49 For Rea	gistrar Only	- Date F	iled (Month/	Day/Year)		
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE									49 For Registrar Only - Date Filed (Month/Day/Year) MAY 10 2016						
				AMEND	MENT TO CERTIFICA	ATE OF DEA	TH (ENTR	Y OR OF	RIGINAL)						

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal