

3

AFFIDAVIT OF SURVIVORSHIP

STATE OF INDIANA)
) SS: M.I.S. FILE NO
) 1497246
COUNTY OF LAKE)

CARL R. THOMAS, after being first duly sworn upon oath, hereby deposes and states as follows:

1. That MONA S. THOMAS died on May 6 2005 at Hobart IN
Aka Mona Thomas
2. That CARL R. THOMAS and MONA S. THOMAS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF LAKE, STATE OF INDIANA IN INSTRUMENT NUMBER 95095070 AND IS DESCRIBED AS FOLLOWS:

THE FOLLOWING DESCRIBED REAL ESTATE IN LAKE COUNTY, INDIANA:

THE EAST 125 FEET OF LOT 209 IN ROBERT BARTLETT'S EAST GARY SMALL FARMS, IN THE CITY OF LAKE STATION, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 25, PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

SUBJECT TO:

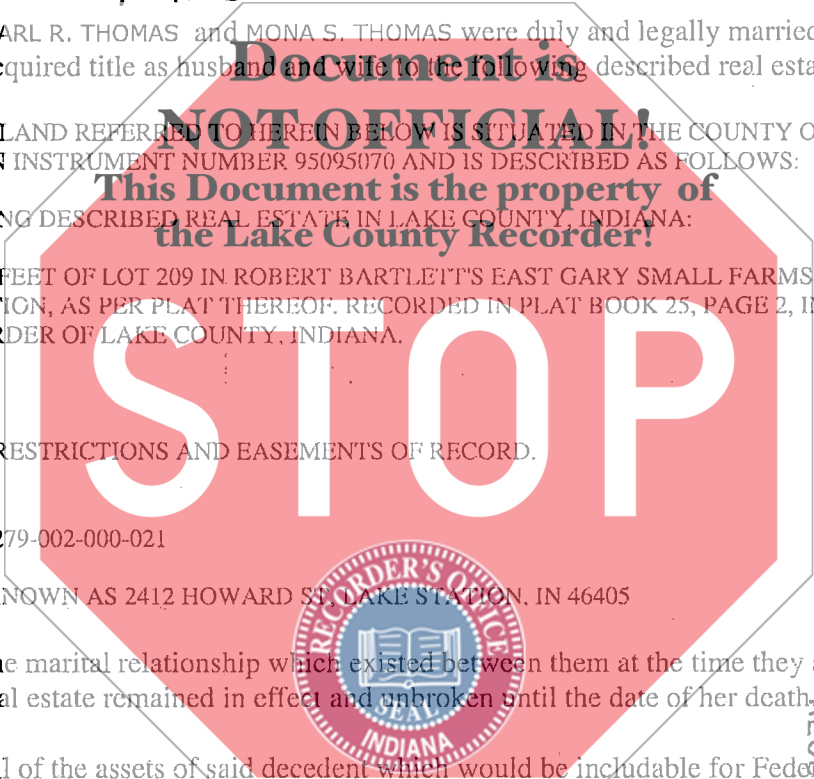
COVENANTS, RESTRICTIONS AND EASEMENTS OF RECORD.

APN: 45-09-18-279-002-000-021

COMMONLY KNOWN AS 2412 HOWARD ST, LAKE STATION, IN 46405

3. That the marital relationship which existed between them at the time they acquired title said real estate remained in effect and unbroken until the date of her death.
4. That all of the assets of said decedent which would be includable 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.

Record & Return To:
Mortgage Information Services
4877 Galaxy Pkwy, Ste 1
Cleveland, OH 44128



2017 009378

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL E. BROWN
RECORDER
2017 FEB 13 AM 9:20

FILED

FEB 06 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Q10753

ME
NE
\$16.00

398352

FURTHER AFFIANT SAYETH NOT.

Carl R. Thomas
CARL R. THOMAS

Subscribed and sworn to before me, a Notary Public this 20 day of Dec, 2016

Destiny Ronco
NOTARY PUBLIC

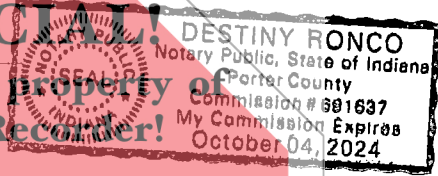
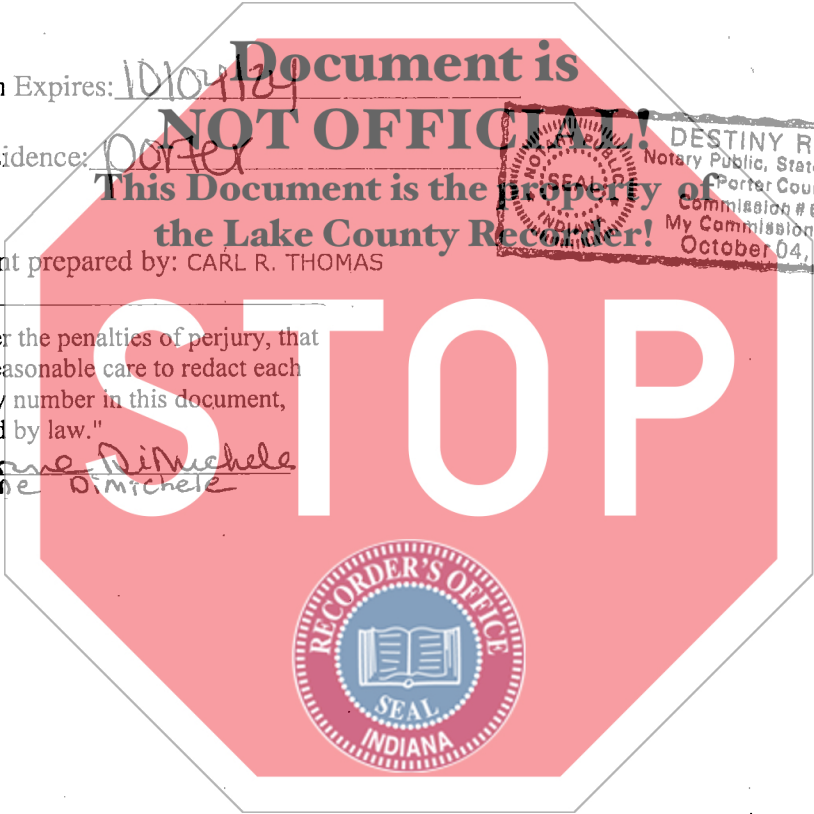
My Commission Expires: 10/04/2024

County of Residence: Porter

This Instrument prepared by: CARL R. THOMAS

"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."

Name: Deanne DiMichele
Deanne DiMichele



ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1328-05

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First Middle Last) **MONA SUE THOMAS**

2. SEX **Female**

3a. TIME OF DEATH **6:00PM**

3b. DATE OF DEATH (Month Day Yr) **May 6, 2005**

5a. AGE - Last Birthday (Years) **58**

5b. UNDER 1 YEAR Months Days

5c. UNDER 1 DAY Hours Minutes

6. DATE OF BIRTH (Mo Day Yr) **June 19, 1946**

7. BIRTHPLACE (City and State or Foreign Country) **Petros, Tennessee**

8a. WAS DECEDENT A U.S. VETERAN? **No**

8b. YEAR LAST SERVED IN U.S. ARMED FORCES **N/A**

9a. PLACE OF DEATH (Check only one. See instructions)

HOSPITAL ER/Outpatient DOA Inpatient

OTHER Nursing Home Other (Specify)

Residence

9b. FACILITY NAME (If not institution, give street and number) **St. Mary Medical Center**

9c. CITY TOWN OR LOCATION OF DEATH **Hobart**

9d. COUNTY OF DEATH **Lake**

10. MARITAL STATUS (Specify) **Married**

11. SURVIVING SPOUSE (If wife, give maiden name) **Carl Ray Thomas**

12a. DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Homemaker**

12b. KIND OF BUSINESS INDUSTRY **Home**

13a. RESIDENCE - STATE **Indiana**

13b. COUNTY **Lake**

13c. CITY TOWN OR LOCATION **Lake Station**

13d. STREET AND NUMBER **2412 Howard Street**

13e. ZIP CODE **46405**

13f. INSIDE CITY LIMITS No Yes

13g. ON A FARM? No Yes

14. CITIZEN OF WHAT COUNTRY? **USA**

15. WAS DECEDENT OF HISPANIC ORIGIN? No Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)

16. RACE - American Indian, Black, White, etc. (Specify) **White**

17. DECEASED'S EDUCATION (Specify only highest grade completed)

Elementary/Secondary (0-12) **09**

College (1-4 or 5+)

18. FATHER'S NAME (First, Middle, Last) **Junior Armes**

20a. INFORMANT'S NAME (Type/Print) **Carl Ray Thomas**

20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **2412 Howard Street, Lake Station, IN 46405**

20c. Relationship **Husband**

21a. METHOD OF DISPOSITION

Burial Entombment Cremation Removal from State

Donation Other (Specify)

21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) **May 11, 2005 Calvary Cemetery**

21c. LOCATION - City or Town State **Portage, Indiana**

22a. EMBALMER'S NAME **James J. Krause**

22b. EMBALMER'S LICENSE NO. **FD01006463**

23. WAS DEATH REPORTED TO CORONER? No Yes

24a. SIGNATURE OF FUNERAL DIRECTOR *James J. Krause*

24b. LICENSE NUMBER (of License) **FD29700036**

25. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME **Rees Funeral Home, Olson Chapel, 5341 Central Avenue, Portage, IN 46368**

26. PART I Enter the diseases, injuries or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Pneumonia

a. DUE TO (OR AS A CONSEQUENCE OF)

b. DUE TO (OR AS A CONSEQUENCE OF)

c. DUE TO (OR AS A CONSEQUENCE OF)

d.

Approximate Interval Between Onset and Death **3 days**

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

Pulmonary embolism

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) **No**

28a. WAS AN AUTOPSY PERFORMED? (Yes or no) **Yes**

28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) **Yes**

29a. CERTIFIER (Check only one)

CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated.

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.

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 *R. Devanathan*

29c. MEDICAL LICENSE NO **01040141**

29d. DATE SIGNED (Month Day Year) **5/11/05**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **Raja Devanathan, MD, 1600 S. Lake Park Ave., Suite 1101, Hobart, IN 46342**

31. HEALTH OFFICER'S SIGNATURE *Susan J. Butcher, D.O.*

32. DATE FILED (Month Day Year) **May 12, 2005**

33. MANNER OF DEATH

Natural Pending Investigation

Accident

Suicide Due to be determined

34a. DATE OF INJURY (Month Day Year)

34b. TIME OF INJURY

34c. INJURY AT WORK/IN CERTAIN OCCASIONS (Yes or no)

34d. DESCRIBE HOW INJURY OCCURRED (THE COPY OF THIS CERTIFICATE IS THE OFFICIAL RECORD)

SEE PLACE OF AND TIME OF INJURY OFFICE

SEE LOCATION Street and Number or Rural Route Number City or Town State

