

2017 034691

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 JUN -6 PM 2:55

MICHAEL B. BROWN
RECORDER

2017 043199

45-12-01-227-011-000.019

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

SS:

BENJAMIN C. ANDERSON, being first duly sworn upon oath, deposes and says:

1. That TAMARA K. ANDERSON died on Aug 25, 2015 at 1632 11th PL Hobart, (City/State)
2. That Benjamin C. Anderson and Tamara K. Anderson were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. 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.

This Document is the property of
the Lake County Recorder!

Further affiant sayeth not,

STATE OF IN)
COUNTY OF LAKE)

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Benjamin C. Anderson who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 3rd day of May, 20 17.

Resident of Possum County, Indiana.

Signature

BRENDA SOHOVICH
Notary Public - Seal
State of Indiana

My Commission Expires: 11-5-2022

Printed

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. Benjamin C. Anderson
(Name)
My Commission Expires Nov 5, 2022

This instrument prepared by BENJAMIN C. ANDERSON

FILED IN 00 1974

HOLD FOR GREATER INDIANA TITLE COMPANY

(02140811)

JUL 13 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED

JUN 06 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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* R Record to Add legal & record to

MICHAEL B. BROWN
RECORDER

2017 JUL 14 AM 9:42

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 63362

Local No. 002843

EDR No. 000000465833

State No 040768

1. Decedent's Legal Name (First, Middle, Last) TAMARA KAYE ANDERSON				1a. Maiden Name: (if female) BILLINGSLEY		2. Sex FEMALE	3. Time Of Death 11:20 AM	4. Date Of Death (Month/Day/Year) 08/25/2015		
5. Social Security Number 000000000		6a. Age - Yrs 45	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 09/14/1969		8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" 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) 1632 11TH PLACE										
12. City Or Town, State, And Zip Code HOBART, IN, 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 BENJAMIN C ANDERSON				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation MEDICAL ADMINISTRATIVE ASSISTANT		17. Kind Of Business/Industry MEDICAL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 1632 11TH PLACE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) ISHMEL WAYNE BILLINGSLEY				23. Mother's Name (First, Middle, Last) MARTHA BILLINGSLEY		23a. Mother's Maiden Last Name DEMPS				
24. Informant's Name BENJAMIN C ANDERSON				24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1632 11TH PLACE, HOBART, IN, 46342				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATION SERVICES		25c. Location - City, Town, And State GARY, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W. OLD RIDGE RD., HOBART, IN, 46342					27a. Funeral Home License Number FH83003069			
27b. Signature Of Indiana Funeral Service Licensee JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD01006463						
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. LIVER CANCER						THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		Approximate Interval: Onset To Death		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last						AUG 31 2015				
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 Finding 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 type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" 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		38c. Apt. No.		38d. Zip Code		
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: KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE						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: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311						44. License Number 01052342A		45. Date Certified 08/28/2015		
46. Additional Funeral Service Provider:						47. *Age:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) AUG 31 2015				

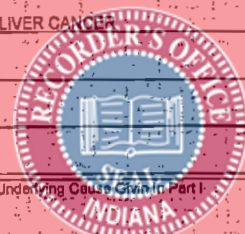


EXHIBIT "A"

LOT 64 IN LAKE GEORGE PLATEAU UNIT 7, PHASE 2, AS PER PLAT THEREOF, RECORDED
IN PLAT BOOK 97, PAGE 69, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY,
INDIANA.

Property address: 1632 11th Pl., Hobart, IN 46342
Tax Number: 45-12-01-227-011.000-018

