STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Return To: Law Offices of Steven Kurowski, P.C.
7803 W 75th Avenue, Suite 1, Schererville, IN 46375

AFFIDAVIT OF SURVIVORSHIP

2017 043720

On this 16th day of July, 2017, before me personally appeared **WINONA R. HALL** personally known to me, who being duly sworn upon her oath did say that:

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STOP

1. Affiant resides at the address given below Affiant's signature;

2. THOMAS H. HALL and Affiant, WINONA R. HALL were husband and wife on the date of Thomas H. Hall's death, February 27, 2006.

3. **THOMAS H. HALL** and **WINONA R. HALL** owned real estate as Husband and Wife, commonly known as 3609 Calhoun Street, Gary, Indiana, and legally described as:

PARCEL I: Part of the Southeast 1/4 of the Southwest 1/4 of Section 24, Township 36 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Commencing at the Southwest corner of said 1/4/ 1/4 Section, thence North on the West line of said 1/4 1/4 Section a distance of 937.5 feet to the place of beginning; thence Easterly at an angle of 89° 42' from South to East, 208.81 feet; thence North 75 feet; thence West 208.81 feet to the West line of said 1/4 1/4 Section; thence South along the West line thereof 75 feet to the place of beginning.

PARCEL II: Part of the Southeast 1/4 of the Southwest 1/4 of Section 24, Township 36 North, Range 9 West of the 2nd Principal Meridian, in Lake County, Indiana, described as follows: Commencing at a point on the West line of said 1/4 1/4 Section which is 937.5 feet North of the Southwest corner thereof; thence Easterly at an angle of 89° 42' measured from South to East 208.81 feet to the place of beginning; thence North 75 feet; thence East 86.19 feet; thence South 75 feet; thence West 86.19 feet to the place of beginning.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 JUL 17
MICHAEL B. BROWN
RECORDER

4. Thomas H. Hall died Intestate. There were no Federal or State estate or inheritance taxes by reason of the death of said decedent. Certified Death Certificate of Thomas H. Hall is attached hereto;

FILED
JUL 17 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

025600

5. Affidavit is made to induce the Lake County Auditor to change title to the real estate into Winona R. Hall's name.

Winona R. Hall

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State, this 16th day of July, 2017 personally appeared: Winona R. Hall and acknowledged the execution of the above and foregoing Affidavit of Survivorship. In witness whereof I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: ______________ Notary Public

NORMAN EDWARD SHEETS
NOTARY PUBLIC
SEAL
LAKE COUNTY, STATE OF INDIANA
COMMISSION NO. 632721
MY COMMISSION EXPIRES FEBRUARY 02, 2020

County of Residence: Lake (Printed) Norman E Sheets

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STOP
RECORDER'S OFFICE SEAL INDIANA

Affirmation

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.

This Document Prepared By: LAW OFFICE OF STEVEN A. KUROWSKI, P.C., 7803 West 75th Avenue, Suite 1, Schererville, IN 46375 (219)322-4100. E-mail: stevenkurowskilaw@comcast.net

ATTENTION ESTATE: The Social Security # is eing requested by this state agency in order to ursue its statutory responsibility. Disclosure is oluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 0497-06

State No. ....

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Thomas H. Hall	Male	4:07 AM	February 27, 2006

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR (Months / Days)	5c. UNDER 1 DAY (Hours / Minutes)	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
[redacted]	73			June 11, 1932	Alabama

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	N/A	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Community Hospital	Munster	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Married	Winona Hall	Maintenance	Manufacturer

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Gary	3609 Calhoun St.

13e. ZIP CODE	13f. INSIDE CITY LIMITS / 13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46408	13f: ☐ No ☒ Yes; 13g: ☒ No ☐ Yes	U.S.A.	☒ No ☐ Yes	White	5	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
John H. Hall	Leathie Tigner

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Winona Hall	3609 Calhoun St., Gary, IN 46408	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	March 3, 2006 Ridgelawn Cemetery	Gary, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Timothy Bowler	FD20500035	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
David R. Peters [signature]	FD08601585	Kuiper Funeral Home, 9039 Kleinman Road, Highland, IN 46322 — FH10300021

CAUSE OF DEATH

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. — Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Congestive heart failure
DUE TO (OR AS A CONSEQUENCE OF):
b. Chronic obstructive lung disease
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

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)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	No	No	N/A

CERTIFIER

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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
[signature] Wail Asfour	01053031A	2/28/06

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
Dr Asfour 10010 Donald Power Dr Munster, IN. 46321

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Susan J. Burt [signature]	March 1, 2006

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.

SDH06-004 State Form 10110 (R5/1-99)

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAR 01 2006
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RECORDER'S OFFICE SEAL INDIANA