STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 046263

2017 JUL 26 AM 9: 34

MICHAEL B. BROWL RECORDER

## AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-09-16-477-014.000-021

Hobert M. Roberts, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's spouse, Grace Lois Roberts a/k/a Grace Roberts, died (without leaving a will) (leaving a will) on September 23, 2012 at Hobart, Lake County, Indiana.
- 2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described reacestatement 15

THE SOUTH 30 FEET OF LOT EIGHT (8) AND THE NORTH 45 FEET OF LOT SEVEN (7) BLOCK THREE (3); SAYLER MANOR, IN THE TOWN OF EAST GARY, AS SHOWN IN PLAT BOOK 32, PAGE 9, IN LARE COUNTY, INDIANA. the Lake County Recorder!

Commonly known as: 2730 WAYNE STREET, LAKE STATION, INDIANA 46405

- 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 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 included 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.

JUL 24 2017  STATE OF INDIANA COUNT  JOHN E. PETALAS  LAKE COUNT MANDERS	ned, a Notary Public in and for said county and state this day of HUY hereof, I have hereunto subscribed my name and affixed my official seal.
My Commission Expires County of Residence:	200 Printed 11 10 10 10 10 10 10 10 10 10 10 10 10
This instrument prepared by	MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45. No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Signature of Preparer Printed Name of Preparer

25.00H

Community Title Company
File No. 1712

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decement's Legal Nan	ocal N	002	2970	ED	EDR No 000000281041				State No 042126  2. Sex [ 3. Time Cl Death   4. Date Of Death (Month/Day/Ye					
GRACE ROBER	RTS_				JONES		сопав)		FEMALE	07:	05 AM	1	09/23/20	12
5. Social Security Numb	ber 6a. A	ga - Yrs	6b. Under 1 Year	5c. Under 1 Month	6d. Under	1 Day 6e	. Under 1 Hour	7. Date of	Birth (Month/Czy/	Year) 8.	Birthplace (Cit	y and State	or Foreign Cou	intry)
9. Ever In U.S. Armed F	200000	87	Months th Occurred in A Hose	Days	Hours		nvies		8/15/1925 hero Other Than A		ENHAM,	KY		
Yes No D			ent 🔲 Errergency D		Dead o	🗆	Hospice Facility Other (Specify)	y □ Deα			Home/Long-ten	m Care Faci	Kty	
11, Facility Name (if No														
MILLER'S MER			DBARI				13. County	Of Dealh			14. Manial St	aus At Time	Of Death	
LICEAST IN 44	242						LAKE				Married C	Marned, G	Ru Separated er Marriad	Divore Unknown
HOBART, IN, 46	Name			15:	a. (If Wife)Giv	e Maiden Les		1	16. Decadent's Usi	ual Occupe			Of Businessits	
HOBERT M RO	SCDTO			DO	Cui	Hei	1t 15	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	OMEMAKEI	D		HOME		
18. Residence - State	DEITIS	<u>,                                    </u>	130	County	OR		18b. City Of To	wn	ONLIVIARE			; I LOWIE		
INDIANA			LAK	E			AKE STA	TION						
18c. Street And Number	Br		This	Docum	ent i	s the	prop	erty	of 18d, A	Apl <b>No.</b>	18e. Zip	Code		e City Limits
2730 WAYNE S				Cocadent or Also							46	405	≥ Yes	s 🔲 No
19 Decedent's Educati	ion		20	. Cocedent Of Hispa	nic Singin	iity i	21.	Decedents R	ect.					
8TH GRADE O			N	OT HISPANIC		21	White Mother's Name		1 nett		222	Holbarta Mr	aidan Last Nam	
22. Father's Name (Firs	sı, Migale, L	astj				23	Mothers Name	(First, Mildice	, LEST)		234	wooder z wi	HOSH CASE IVAN	15
JAMES H JONE	<u> </u>			1 24s. Relationship	T D ::- 1 :- 1		ARGIE JOI		d Number, City, St	7-0-		OLES		
					to Decedent					'	•			
HOBERT M RC	BERT	<u>&gt;</u>		HUSBAND			30 VVAYNI	STREE	T, LAKE ST	AHON	, IN 464U	2		
25a Method Of Dispos  Bunal Cremetic				ce Of Disposition (f	Vame Of Cem			25 <b>c. Loc</b>	aton - City, Town,	And State				
Removal From State		nadon 🗀 =	Liompinent											
Other (Specify):  26. Was Coroner Conta	acted?	22	CAL\	ARY CEMET		IIIII		PORT	AGE, IN			27n Fu	nami Home Lie	cense Numbe
☐ Yes ☑ No	, and a				MADE	R'S	à						ALL TIONE L	22.20175-175
27b. Signature Of India	ana Funera	Service Li	EES FUNERA	L HOME OL	ONCHA	<b>YPEL, 53</b>	ALCENTR	AL AVE,	PORTAGE,	IN 463	68 or (Of Licensee)		005613	
JAMES J. KRA								15	FØ010	06463				
28. Part I. Enter The Such As Cardisc A.	e Chain O	Events -	Diseases, Injunes, I	Or Complications	That Directly	Caused To	structions And e Death. Do No	l Enter Tarm	inal Events		<u> </u>		Appr Inter	roximate vel: Onset
A Line. Add Addilir	nesi, Resp ne: Linos i:	piretory Arr Necessar	esi, Or Vanhcular P y.	ion lation Without		7.100	<b>N</b>	a. Enter Only	COLUCIA COLUCIA	( ) THE A	er et avot		jjravij§ <b>T</b> o∂ Sacon fee	/eleth
Immediate Cause (	Final Disp	ase Or Cor	rdition Resulting Inv	Pealh) A.	CANCER	ETOWACH)	<i>y</i>	Dise to tOr As	COLL STATE OF THE	i GC3+ir iu YH <mark>⊊Alai</mark> t	DEPARTMEN	7	1 MQ	N <sup>†</sup> H
Samuratiothy Lint Co		M Anu Lon	udina Ta Tha Causa	Lintados E.	ALZHEIME	ERS		/					YEAR	ıs
Sequentially List Conditions, If Any, Leading To The Cause Listed Line A. Enter The Underlying Cause (Disease Or Injury That Initial The Events Resuting in Death) Last			Initialed	E√2 to [Ot /				SEP 2.6 2012					1	
III EVELLS RESULT	ing in Dear	11/ 1201		C.				Doe to (O; As	A Estratura Cij		29 9			1
N				D.	<del></del>				<u> </u>					1
Part II, Enter Other <u>Sic</u>	arancari Co	· ·	nouting to Death But	noi Hesuling in The	o Underlying (	ause Givin I	n Pani		An Autopsy Perform		☐ Yes		a alba	1-
31. Did Tobacco Use	Contribute	To Death?	32. I/ Fem						99,	Markter O	Deam.		L. I	Yes No
Yes Propably	No [	Unknown		prant Who Past Year   [ prant, Out Pregnant 43 Onys	_		Not Pregnare, But Pre Unknown it Pregnard				Homidde C	-		nvesligation
34. Date Of Injury (Mo	nth/Day/Ye	ear)	35, Time						ne, Construction Si				37. Injury At W	
													☐ Yes	□ No
38. Location Of Injury	- State		38a. City	Or Town		38b. Stree	t & Number				38c. Apt.	No.	38d. Zip Cade	i
39. Describe How Inju	io Occurs	<del></del>								If Transpo	dation talum S	Nacifu:		
co. occarios por liqu	.,,	-								Ditrer/Operator	rtation injury. S	Pedestrian	Other (Specify)	
41. Signature, Of Per MARK OREN (				SIGNATURE					42. Corifier (	Check Only	One)		7.44-45-55	
43. Name, Address Al									□ Certifying		Se Number		Heath Office 45. Date Certif	
MARK OREN	CARTE	R . 164	BRACKEN P	KWY. HOBAF	RT. IN 46	342				01036	415A		09/25	/2012
45. Additional Funeral	I Service Pr	avlder:			.,, ,					47. *Ak				
48. Signature of Local									49. For Registra	r Only - Da	ate Filed (Mont	NDay/Year)	:	·
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE							SEP 25 2012							
7016-006-617							muns Farna Bert and Diane Farnum							