STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 048000

STATE OF INDIANA

COUNTY OF LAKE

)) SS: 2017 AUG -2 AM 10: 12: MICHAEL B. BROWER RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Edward W. Mason, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

This Document is the property of

Lot Six (6), block Fight (8) Rueth Estates Second Addition to the Town of Munster, Lake County, Indiana, as shown in Plat Book 43, Page 111.

Parcel Number: 45-06-24-255-017-000-027

Grantee Address/Commonly known as: 8435 Van Buren Court Munster, IN 46321

- 3. The decedent, Jane L. Mason, and myself acquired title as husband and wife to said real estate by deed of conveyance on the 18th day of September, 1973 and recorded in the Office of the Lake County Recorder on December 14, 1973 as Document No. 233001.
- 4. The decedent and myself-jointly held title to said real estate until the death of my wife Jane L. Mason on the <u>27th day of Nevember</u>, <u>2014</u>, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Jane L. Mason.
- 5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

FILED

AUG 02 2017

JOHN E. PETALAS LAKE COUNTY AUDITOR

925975

- 8606 Ne 8606 STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Edward W. Mason, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 27th day of Utily 2017. It is

NOT OFFICIAL!

the Lake County Recorded

My commission expires is 125/2019 nent is the property of

Signature: Gary P. Bonk

Resident of: Lake County, Indiana

"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."

Seary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

· Tracking No.

36756

	1 No 00			ED	r no 0000	<u>004179</u> 4	42		State	No 0	<u>543(</u>	39		
1 Decedent's Legal Name (F	irst, Middle, Las	()			1a. Maiden Nami	e (if female)		2 Sex	3. Ti	ine Of De	ath	4. Date C	Of Death (Month/Day/Year)	
JANE L MASON					JANKE			FEMAL	E (08:34 /	ا مم		11/27/2014	
	5a Age - Yrs	6b. Under 1	Year 6c. U	nder 1 Month	1 ** ** **	6e. Under 1 Hour	7. Dale	of Birth (Month)				and State	or Foreign Country)	
	80	Months	Days		Hours		-			1			,	
	Minutes	L	09/24/1934 BISMARK, ND											
9 Ever in U.S. Armed Forces? 10 If Death Occurred in A Hospital. 10a. If Death Occurred Somewhere Other Than A Hospital											ing Home/Long-term Care Facility			
☐ Yes 🖸 No 🔲 Unkno	wn 🔲 Inpat	ent 🔲 Emerg	ency Departme	nt Outpatient	Dead on Arrival	Other (Specify)			···	g	reung turin	Cu. 6 1 BC	,	
11 Facility Name (If Not Inst	itution, Give Stre	el and Number	r)											
8435 VAN BUREN														
12 City Or Town, State, And Zip Code 13. County Of Death											14. Marital Status At Time Of Death			
MILINISTED IN 462	LAKE				기 [2]	. ⊠ Married ☐ Married, But Separated ☐ Divorced ☐ Wittowed ☐ Never Married ☐ Unknown								
MUNSTER, IN, 46321 15 Surviving Spouse's Name 15a. (If Wife)Give Maider								16. Decedent	's Usual Occ		1		Of Business/Industry	
4 - 1								, , , , , , , , , , , , , , , , , , , ,						
EDWARD MASON		NURSE					HEALTH							
18 Residence State			18a County			18b. City Or Tov	wn							
INDIANA			LAKE			MUNSTER							j	
18c Street And Number		I	LAIL	******		INONSTER		1	Bd Apt No.	—г	18e. Zip C	ode	18f. Inside City Limits?	
											⊠ Yes □ No			
8435 VAN BUREN					46321			LO TES LINO						
19 Decedent's Education 20 Decedent Of Mispanic Origin C11 111 21 Discedent's Race														
BACHELOR'S DEG	REE (BA	AB BS)	NOT H	SPANIC		White	e							
22 Father's Name (First, Mide				N			First Mid	dle, Last)			23a M	other's Ma	iden Last Name	
				1		rric		ALL:						
GEORGE JANKE				: D		FLORENCE J	JANKE		C		EICH	LER		
24 Informant's Name		/	24a (lelationship 1	60edennen	24b Mailing Address	s (Street	And Flumbor, Cit	State, Zip	(ebog				
EDWARD MASON			HUS	BAND	Lake Co	8435 WAN BU	HEN1	ECURT! M	UNSTE	R. IN	6321			
					25. Plac	e Of Disposition								
25a Method Of Disposition			25b Place Of D	isposition (N	ame Of Cemetery, Cre	matory, Other Place)	25c. L	ocation - City, To	own, And Sta	ate				
☐ Burial ☑ Cremation ☐ ☐ Removal From State	Dougaon [] 5	nomoment												
Other (Specify)		3	CELLY CA	RROLL	CREMATORY		GAF	RY, IN						
26 Was Coroner Contacted?	27		omplete Addres					, , , , , , ,				27a. Fur	neral Home License Number:	
☐ Yes ☒ No														
			SH FUNE	RAL HON	ME INC-MUNS	TER, 8415 CA	ALUME	T AVE, MI	UNSTEF	3, IN 4	6321	FH830	004968	
27b Signature Of Indiana Fu BRIAN T. BURNS			RIGNATUE	RE					License Nui 0860176		Licensee):			
BINNI I. BOINIO,	OT LLLO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ause Of Death (See	Instructions And	Example						Approximate	
28 Part I Enter The Cha	n Of Events ·	Diseases, Inju	uries, Or Comp	dications - 1	hat Directly Caused	The Death Do Not	Enter Te	rminal Events	0-				Interval: Onset	
Such As Cardiac Arrest, I A Line Add Additinal Lin	Respiratory Arr es II Necessan	est, Or Ventrio	cular Fibrillatio	n vviinout Si		Do Not Abbreviate.	Enter O	niy One Cause	On				To Death	
Immediate Cause (Final I	Diseaso Or Cor	rdition Results	no in Death)	Α	SUDDEN CARDIAC		ME						o	
					80	······································	Due to (Or	As A Consequence Of):					
Sequentially List Condition	ns, If Any, Lea	iding To The (Cause Listed (on B.			Dura to (Or	As A Consequence Of	,	<u>/</u>				
Line A Enter The Under The Events Resulting In (ying Cause (D	isease Or Inju	ry That Initiate	d	~		E CO							
The Capitis Mastitud III t	Joann Cast			C.	_ E 1	إلتعبكا	Out to Ot	As A Consequence Of)					
				D	E .	SEANORY OF	7							
Part II Enter Other Significan	Conditions Cor	Inbuting to Dea	ath But Not Res	ultiray In The	Alder Anta Colk Cix	Win Ren No AART H	138EWa	s Ar Autopsy Pe	erformed?		☐ Yes	57 No.		
				NAI	KE COUNTY H	ALTH DEPAR	POEM	le Autopsy Findi	ing Available	To Comp	lete The Ca	No Buse Of De	-4.0	
31 Did Tobacoo Use Contril	ute To Death?	32	If Female					1	33 Manne				Yes No	
☐ Yes ☐ Probably ② N	o [] Hatasaa		Not Preynant Within	Paul foir 🔲	Pregnant & Tage Of Death	64.2014	ment Within 4	2 Days Of Death	Natural	☐ Homi	cide 🔲 A	ccident	Pending Investigation	
			Not Pregnant, But P				/thin The Pas		Suicide					
34 Date Of Injury (Month/Da	y/Year)	35	Time Of Injury	- 1	L 36 Plac	e Ol Injury (E.G., Dec	eaent's H	ome Constructio	on 540, Rest	surant, W	ooded Area	ı) 3	7. Injury At Work?	
					<u> </u>	JR. A.	۸					L_	Yes No	
38 Location Of Injury - State		38a	City Or Town		386.30	reet Sevilifiade				. [BBC. Apt N	u. 3	8d 7.ip Code	
		1		1	LAKE COUNTY	HEALTH OFF	ICER			·				
39 Describe How Injury Occ	rinoq					THE REAL PROPERTY OF THE PERSON OF THE PERSO			40 If Trans	sportation	Injury, Spe	cify:		
									Onver/Oper	ew ∟Per	110H"	W.H	DUNLESS	
41. Signature, Of Person Ce			TRONIC	NON ATI	105				ier (Check C					
JAMES BERNARD 43 Nanie, Address And Zip				SIGNATU	JRE				lying Physicu	icense Nu	Coroner		Heath Officer 5. Date Certifled	
Hame, Hadibaa And Zip									"" "			"		
											7487A 12/03/2014			
46 Additional Funeral Service	e Provider								47.	Akas				
48 Signature of Local Health Officer 49 For Registrar Only -											ed (Month/	Day/Yearl		
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE											EC 03 2			
					ENT TO CERTIFICA	TE OF DEATH (EN	TRY OR	ORIGINAL)		1				
										1				
								!						
									ţ.					
										:				
State Form 53395 ATTEN	TION ESTATE	The Social S	Security # is be	ing request	ed by this state agen	cy in order to pursui	e respon:	sibility Disclose	ure is volun	tary and	MISI	and sen	AllorA ISTIXED	