

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

SURVIVORSHIP AFFIDAVIT

BT160069 **2017 048783**

2017 AUG -4 AM 11:08

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)
) PORTER)

MICHAEL B. BROWN
RECORDER

2

Kathryn L. Matthew, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, GEORGE W. BUNCE died

(without leaving a will) (leaving a will) on JANUARY 18, 2017

20 at BROOKDALE SENIOR LIVING, Portage, Indiana

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 139 N. Indiana St., Griffith, Indiana 46319

THE NORTH FIFTY TWO (52.0) FEET OF THE SOUTH FIVE HUNDRED TWENTY FEET (520.0) FEET OF BLOCK EIGHT (8), INDUSTRIAL CENTER SUBDIVISION IN THE TOWN OF GRIFFITH, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 17 PAGE 13 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.

- 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 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.

Further Affiant sayeth not.

Subscribed and sworn to before me, a Notary Public, this 23rd day of JUNE 2017
20 *Personally Appeared Kathryn L. Matthew

My Commission Expires:

County of Residence:

This Instrument prepared by Kathryn L. Matthew



CHICAGO TITLE INSURANCE COMPANY

This is to certify that this is a true and exact copy of the original instrument.

FILED

AUG 03 2017

BY
CHICAGO TITLE

JOHN E. PETALAS
LAKE COUNTY AUDITOR

026039

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.

25

1820503568



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000087

EDR No 000000555585

State No

1. Decedent's Legal Name (First, Middle, Last) GEORGE W BUNCE
1a. Maiden Name (if female)
2. Sex MALE
3. Time Of Death 08:40 PM
4. Date Of Death (Month/Day/Year) 01/18/2017
5. Social Security Number
6a. Age - Yrs 97
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 12/29/1919
8. Birthplace (City and State or Foreign Country) HUNTINGTON CO, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred in A Hospital
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) BROOKDALE SENIOR LIVING
12. City Or Town, State, And Zip Code
13. County Of Death PORTER
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. Last Name Before First Marriage
16. Decedent's Usual Occupation
17. Kind Of Business/Industry
18. Residence - State
18a. County
18b. City Or Town
18c. Street And Number
18d. Apt. No.
18e. Zip Code
18f. Inside City Limits?
19. Decedent's Education
20. Decedent Of Hispanic Origin
21. Decedent's Race
22. Parents Name (First, Middle, Last)
23. Parents Name (First, Middle, Last)
23a. Parents Last Name Before First Marriage
24. Informant's Name
24a. Relationship To Decedent
24b. Mailing Address (Street And Number, City, State, Zip Code)
25a. Method Of Disposition
25b. Place Of Disposition
25c. Place Of Disposition
25d. City, Town, And State
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility
27a. Funeral Home License Number
27b. Signature Of Indiana Funeral Service Licensee
27c. License Number (Of Licensee)
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Led To Death. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death
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?
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:
41. Signature Of Person Certifying Cause Of Death
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death
44. License Number
45. Date Certified
46. Additional Funeral Service Provider
47. Address
48. Signature Of Local Health Officer
49. For Registrar Only - Date Filed (Month/Day/Year)

