STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 048936

2017 AUG -7 AM 9: 28

MICHAEL B. BROWN RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX; I.D. NO. 45-16-18-329-004.000-041

Lynda L. Eccles, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's spouse, Frank S. Eccles a/k/a Franklin Spray Eccles, died (without leaving a will) on October 15, 2011 at Crown Point, Lake County, Indiana.
- That they were duly and legally married at the time they acquired title as Husband and Wife in the following 2. described real estate:

PART OF LOT 41 OF HERMIT'S LAKE, AS BER PLATTHEREOF, RECORDED IN PLAT BOOK 30, PAGE 92, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, BEING THAT PART OF SAID LOT LYING SOUTHERLY OF A LINE BEGINNING 60 FEET SOUTH OF THE NORTHWEST CORNER OF SAID LOT MEASURED ON THE WEST LINE THEREOF AND RALLEL WITH THE NORTH LINE OF SAID LOT TO THE EAST LINE CONTREET NORTH OF THE EXTENDING SOUTHWEST CORNER OF SAID LOT WEASURED ON THE WEST LINE THEREOF AND EXTENDING EAST PARALLEL WITH THE SOUTH LINE OF SAID LOT TO THE EAST LINE THEREOF.

Commonly known as: 12219 WHITE OAK DRIVE, CROWN POINT, INDIANA 46307

- 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.
- That all funeral expenses in connection with the death of said decedent have been paid in full. 4.
- That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint 5. bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, your Affiant saith naught. LAKE SS: STATE OF INDIANA, COUNTY OF Subscribed and sworn to before me, a Notary Public this My Commission Expires: Signature AUG 4 2017 Notary Public County of Residence: JOHN E. PETALAS This instrument prepared by MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45.

of document was supplied by title company.

No legal opinion given or rendered. All information used in preparation E COUNTY AUDITOR

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,

Patricia Ludington Resident Of Lake County

My Commission Expires:

3/9/2024

Printed Name of Preparer

My Commission Expires: Patricya Ludington

Community Title Company File No. L/7/250

041065

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 003209 EDR No 00000224224					State No 045869						
1. Decedent's Legal Name (First, Middle, Last)		1a. Maiden Name	(If female)				ne Of Death 4. D		Date Of Death (Month/Day/Year)		
FRANKLIN SPRAY ESCLES 5. Social Security Number 6a: Age - Yrs 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day			· · · · · · · · · · · · · · · · · ·	7. Date of Birth (Month/Day/Year)			1:34 AM	4 AM 10/15/2011 Irthplace (City and State or Foreign Country)			
5. Social Security Number 6a. Age - Yrs 6b. t	Under 1 Year 6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of	Birth (Month	/Day/Year)	8. Birthplace (Ci	y and State o	r Foreign Col	intry}	
9. Ever in U.S. Armed Forces? 10. If Death Occu	ths Days	Hours	Minutes 10a. If Death Occurre		3/18/193		CHICAGO,	<u>ĮĻ</u>			
	Emergency Department Outpatient	Dead on Arrival	☐ Hospice Facility ☐ Other (Specify)	_	edent's Home		g Home/Long-ter	m Care Facili	ly		
11. Facility Namo (II Not Institution, Give Street and I											
12. City Or Town, State, And Zip Code	13. County Of	13. County Of Death 14. Marital Status At Time of Death									
CROWN POINT, IN. 46307			LAKE				Married				
15. Surviving Spouse's Name	15a	. (If Wife)Give Maiden		1	6. Decedent	's Usual Occup	ation	17. Kind (Of Business/Ir	ndustry	
LYNDA ECCLES	JDI.	EBEL		T	EACHEF	₹		EDUCA	TION		
18. Residence - State	18a. County	,	18b. City Or Town				Ţ				
INDIANA	LAKE		CROWN PO	INT					· · · · · · · · · · · · · · · · · · ·		
18c. Street And Number	11	X.			'	8d. Apt. No.	18e. Zip	Code		Clly Limits?	
12219 WHITE OAK DRIVE							, 46	307	LZJ Tes	, 🔲 No	
19. Decedent's Education MASTER'S DEGREE (MA, MS, ME MED, MSW, MBA)	NG, NOT HISPANIC	Docur	nent 1 White	edent's Ri).		<u>.</u>			<u>.</u>	
22. Father's Name (First, Middle, Last)	NO	TOF	23. Molher's Name (Fi	rst, Middle,	Last		23a.	Mother's Maio	den Last Nam	θ	
BENJAMIN FRANKLIN ECCLES 24. Informant's Name	24a, Retationship J	124a, Rejationship To Decadeni			Number Git	State Zio Co		SPRAY			
LYNDA ECCLES	WIFE ₁₀	ake Con	246. Malling Address 12219. VVHITE		~			307			
25a. Method Of Disposition	25b. Place Of Disposition (Na	25. Place ame Of Cemetery, Crem	Of Disposition natory, Other Place)	25c. Loca	tion - City, To	own, And State	-				
☐ Burial ☑ Cremation ☐ Donation ☐ Entombri ☐ Removal From State		ANA CDEMAT	ION			•					
Other (Specify):	NORTHWEST INDI	ANA CREIVIA I	ION	CROW	N POIN	T, IN					
ı, ı	And Complete Address Of Funeral		CAINT IOUN	05009	MICKED	AVENILE	CAINIT	27a, Fune	aral Home Lice	ense Number:	
JOHN,	I-MILLER FUNERAL G. IN 46373	ARDENS, ING.	-OVIIA 10UIA	้ออ๋อัก			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	FH1020	00006	,	
276, Signature Of Indiana Funeral Service Liconsce: RICHARD ALAN MILLER, BY ELE	CTRONIC SIGNATURI	Ė:				License Numb 12040003(er (Of Licensea):)				
	Ca	use Of Death (See I			al Evente					ximate al: Onset	
28. Part I. Enter The Chain Of Events - Disease Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additinal Lines If Necessary.	Ventricular Fibrillation Without Sh	nowing The Ethology.	o Not Abbreviate. E	nter Only	One Cause	On			To De		
Immediate Cause (Final Disease Or Condition F	tesulting in Death) A.	CARDIO PULMONAS					<u></u>		1 HOU	R	
		Said OFFICE		Nie to (Or As A	Consequence 01)						
Sequentially List Conditions, If Any, Leading To Line A. Enter The Underlying Cause (Disease C	The Cause Listed On	ause Listed On hat Initialed			Due to (Or As A Consequence Of):						
The Events Resulting In Death) Last C. Due to (Or As A Corracquence Of):											
	D.	E 4. N	AL S								
Pert II. Enter Other Significant Conditions Contributing	to Death But Not Resulting in The L	Jnderlying Cause Glvin	ANGO	- '-	1 Autopsy Po		☐ Yes	⊠ No			
31. Did Tobacco Use Contribute To Death?	32. If Female:			10: Wero A		33. Manner O	Complete The C	nuso Ol Deal	^{μηγ} □ Ye	s 🗌 No	
Yes Probably No Unknown	Not Prognant Within Past Your				of Death	🗵 Netural 🔲	Homicide		Pending Inv	estigation	
34. Date Of Injury (Month/Day/Year)	Not Prognant, But Prognant 43 Days To 35. Time Of Injury		Unknown if Pregnant Within Of Injury (E.G., Deced				Could Not Be D anl, Wooded Are		Injury At Wo	rk7	
									☐ Yes	☐ No	
38. Location Of Injury - State	38a. City Or Town	38b. Stre	et & Number			-	38c. Apl, N	10. 380	t. Zip Code		
39; Describe How Injury Occurred	<u> </u>					40: If Transpo	Tallon Inlury, Spo Linguistry JOB VE THE DEATH	pliv	ay jan iyo ir		
					ोताः (स्विक् <i>एकार व</i> ्या	Lipper Participal	AT THE DEATH				
11. Signature, Of Parson Carillying Cause Of Death: PATRICK STEVEN COSGROVE , BY ELECTRONIC SIGNATURE					程 Conin	THE PHYSICIAN	ALTERNATION OF THE PARTY OF THE	खुर साम्र स्थ । 🔲 ।	leath Officin		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:							se Number		Date Certific	d	
PATRICK STEVEN COSGROVE .	146373 0200			02002	775A 2 7 1 10/20/2011						
46. Additional Furieral Service Provider:						47. 'Ak	is;				
48. Signature of Local Health Officer:		49	49. For Registrar Only - Date Filed (Month/Day/Year) OCT 21 2011								
SUSAN W. BEST, VIA ELECTRON	OF DEATH (ENTR)	Y OR OR									
									J	.	

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.