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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 048987

2017 AUG -7 AM 9:50

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT - JOINT TENANCY

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

Richard D. Writt and Mary C. Writt, being first duly sworn upon oath, deposes and says:

1. That Affiant's co-tenant, ALICE T. COLGAN died (without leaving a will) (leaving a will) on October 24, 1998 at St. Margaret Mercy Hospital, Hammond, IN.

2. That the deceased and the affiant acquired title as joint tenants to the following described real estate:

SEE ATTACHED

3. That all of the assets of said decedent which would be included for Indiana Inheritance Tax purposes were not sufficient to necessitate payment of Inheritance taxes..
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.

Richard D. Writt

Mary C. Writt

NOTARY PUBLIC SEAL STATE OF INDIANA

Subscribed and sworn to before me, a Notary Public, this 28th day of July, 2017.

FILED
AUG 4 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

Notary Public Shannon Stiener

My Commission Expires: 3-14-23

County of Residence: Lake

041080

25-
FN
RW

This Instrument prepared by Richard D. Writt

FIDELITY NATIONAL TITLE COMPANY
FB1700370

"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." Shannon Stiener

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

Local No. 835

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

COMPLETE COPY OF DEATH ON FILE WI HAMMOND HEALTH DEPARTMENT.

S Date Issued Oct. 26, 1998 — Franklin D. Brennan — Hammond Health Commiss

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First, Middle, Last): ALICE T. COLGAN

2 SEX: FEMALE

3a TIME OF DEATH: 9:36 A M

3b DATE OF DEATH (Month, Day, Yr): OCTOBER 24, 1998

4. *SOCIAL SECURITY NUMBER:

5a AGE—Last Birthday (Years): 82

5b UNDER 1 YEAR Months Days:

5c UNDER 1 DAY Hours Minutes:

6 DATE OF BIRTH (Mo. Day. Yr): AUGUST 5, 1916

7 BIRTHPLACE (City and State or Foreign Country): HERRIED, SOUTH DAKOTA

8a. WAS DECEDENT A U.S. VETERAN? NO

8b YEAR LAST SERVED IN U.S. ARMED FORCES? —

9a PLACE OF DEATH (Check only one. See instructions): HOSPITAL ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution, give street and number): ST. MARGARET MERCY HOSPITAL

9c CITY, TOWN, OR LOCATION OF DEATH: HAMMOND

9d COUNTY OF DEATH: LAKE

10. MARITAL STATUS (Specify): WIDOWED

11. SURVIVING SPOUSE (If wife, give maiden name): NONE

12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): NURSE

12b. KIND OF BUSINESS/INDUSTRY: MEDICAL

13a. RESIDENCE—STATE: INDIANA

13b. COUNTY: LAKE

13c CITY, TOWN, OR LOCATION: HAMMOND

13d. STREET AND NUMBER: 4318 WABASH AVENUE

13e ZIP CODE: 46327

13f. INSIDE CITY LIMITS ☐ No ☒ Yes

13g ON A FARM? ☒ No ☐ Yes

14 CITIZEN OF WHAT COUNTRY? USA

15 WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc)

16 RACE—American Indian, Black, White, etc (Specify): WHITE

17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): — College (1-4 or 5): 4

PARENTS

18. FATHER'S NAME (First, Middle, Last): JOHN BRANDNER

19 MOTHER'S NAME (First, Middle, Maiden Surname): CATHERINE BIES

INFORMANT

20a. INFORMANT'S NAME (Type/Print): RAMONA CAMPBELL

20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 4411 GROVER AVE., HAMMOND, INDIANA 46327

20c Relationship: DAUGHTER

DISPOSITION

21a. METHOD OF DISPOSITION: ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)

21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): OCTOBER 27, 1998 CALUMET MEMORIAL CEMETERY

21c. LOCATION—City or Town, State: HAMMOND, INDIANA

22a. EMBALMER'S NAME: KEITH D. ANTHONY

22b EMBALMER'S LICENSE NO: 01011911

23 WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR: Keith D Anthony

24b LICENSE NUMBER (of Licensee): 01011911

25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: ANTHONY S DZIADOWICZ FH 83002835 4404 CAMERON, HAMMOND, INDIANA 463

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.

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cerebrovascular accident — Approximate Interval Between Onset and Death

DUE TO (OR AS A CONSEQUENCE OF)

b.

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): NO

28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO

28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

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: Ravi Bhagwat

29c. MEDICAL LICENSE NO: D1035958

29d DATE SIGNED (Month, Day, Year): OCTOBER 26, 199

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): RAVI BHAGWAT MD 5500 HOHMAN AVENUE, HAMMOND, INDIANA 46320

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE: Franklin D. Brennan M.D.

32 DATE FILED (Month, Day, Year): October 26, 1998

33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined

34a DATE OF INJURY (Month, Day, Year)

34b TIME OF INJURY

34c INJURY AT WORK? (Yes or no)

34d DESCRIBE HOW INJURY OCCURRED

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

EXHIBIT "A"

LOTS 71 AND 72 IN BLOCK 12 IN J.W. ESCHENBURG'S STATE LINE ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 PAGE 2, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.