

STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2017 050519

2017 AUG 14 AM 9:11

MICHAEL B. BROWN
RECORDER

3

SURVIVORSHIP AFFIDAVIT

CHARLES A. PULLEN, being first duly sworn upon his oath, deposes and says:

1. That he is of lawful age and lives and resides in the Town of Munster, Lake County, Indiana; that he is the son of ANNA PULLEN and FREDERICK M. PULLEN.

2. That Affiant states that FREDERICK M. PULLEN and ANNA PULLEN were owners as tenants by the entirety, of the fee simple title to the following described real estate in Lake County, Indiana, to wit:

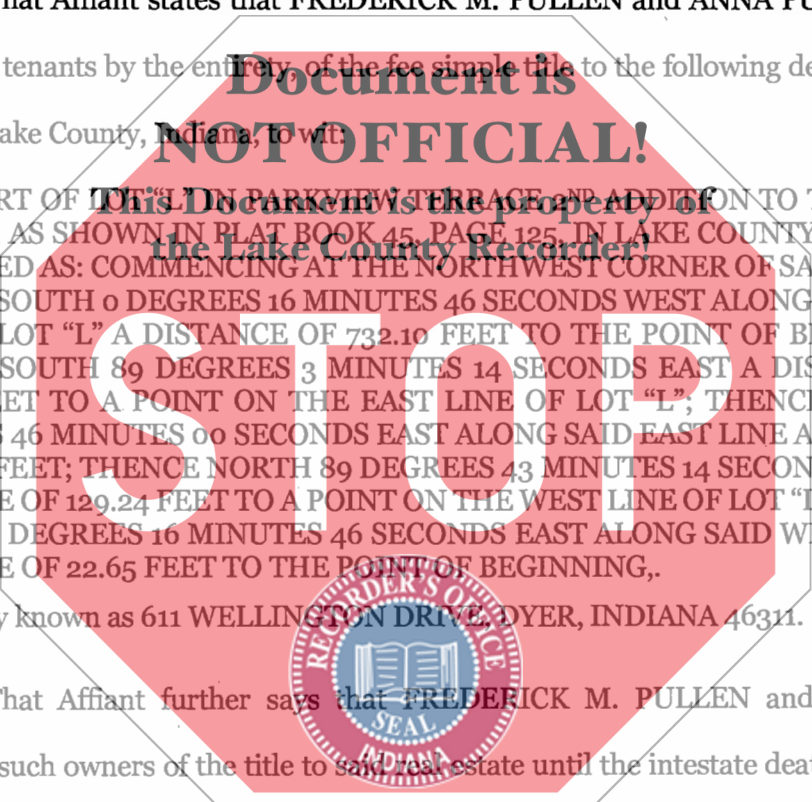
THAT PART OF LOT "L" IN PARKVIEW TERRACE, AN ADDITION TO THE TOWN OF DYER, AS SHOWN IN PLAT BOOK 45, PAGE 125, IN LAKE COUNTY, INDIANA, DESCRIBED AS: COMMENCING AT THE NORTHWEST CORNER OF SAID LOT "L"; THENCE SOUTH 0 DEGREES 16 MINUTES 46 SECONDS WEST ALONG THE WEST LINE OF LOT "L" A DISTANCE OF 732.10 FEET TO THE POINT OF BEGINNING; THENCE SOUTH 89 DEGREES 3 MINUTES 14 SECONDS EAST A DISTANCE OF 128.83 FEET TO A POINT ON THE EAST LINE OF LOT "L"; THENCE SOUTH 0 DEGREES 46 MINUTES 00 SECONDS EAST ALONG SAID EAST LINE A DISTANCE OF 22.65 FEET; THENCE NORTH 89 DEGREES 43 MINUTES 14 SECONDS WEST A DISTANCE OF 129.24 FEET TO A POINT ON THE WEST LINE OF LOT "L"; THENCE NORTH 0 DEGREES 16 MINUTES 46 SECONDS EAST ALONG SAID WEST LINE A DISTANCE OF 22.65 FEET TO THE POINT OF BEGINNING.

Commonly known as 611 WELLINGTON DRIVE, DYER, INDIANA 46311.

3. That Affiant further says that FREDERICK M. PULLEN and ANNA PULLEN continued to be such owners of the title to said real estate until the intestate death of FREDERICK M. PULLEN on August 3, 1998 in Lake County Indiana.

4. That the value of FREDERICK M. PULLEN'S estate, including the above described real estate was not subject to Federal Estate Tax or Indiana Inheritance Tax liability.

5. This Affidavit is made to show that ANNA PULLEN, by reason of her husband's death, was the sole owner of the fee simple title to said real estate at the time of her death and to induce the Auditor of Lake County, Indiana, to strike the name of the decedent, FREDERICK M. PULLEN, from the tax rolls on said real estate.



FILED

AUG 11 2017

Community Title Company
File No. 1712632

004430

JOHN E. PETALAS
LAKE COUNTY AUDITOR

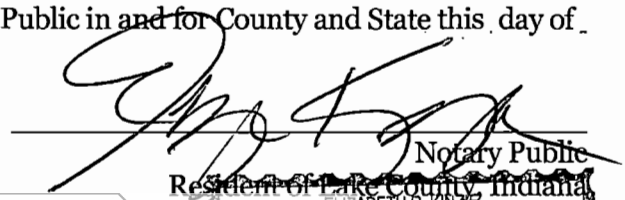
Handwritten initials and date: 8-25-17

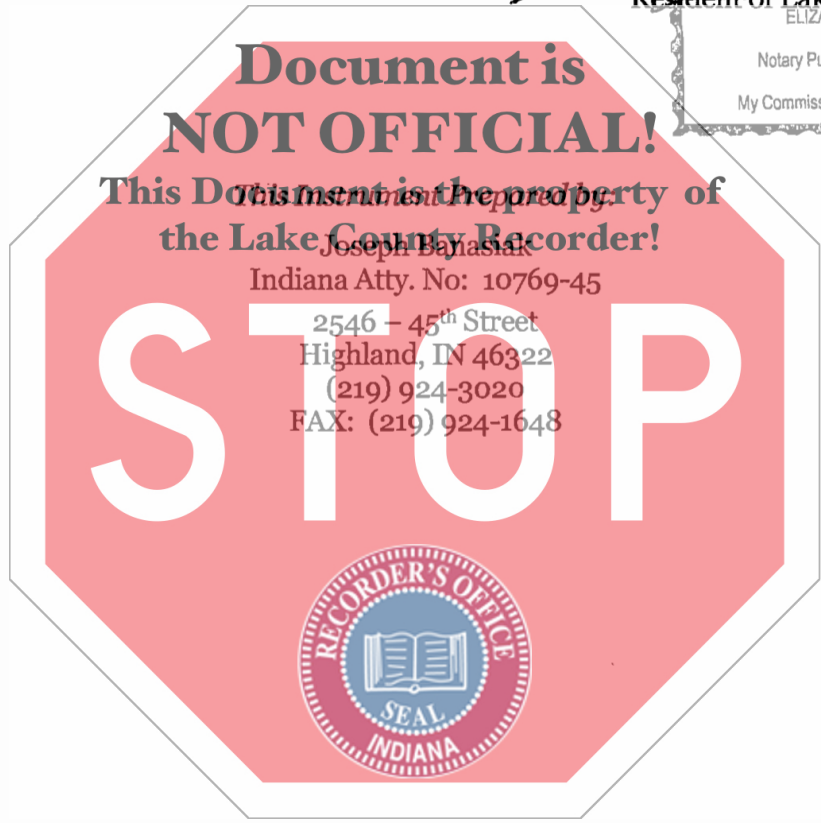
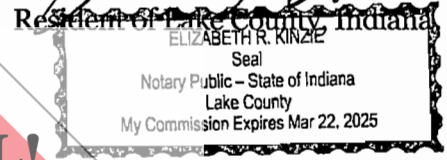
Further your Affiant sayeth not.


CHARLES A. PULLEN

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me a Notary Public in and for County and State this day of
August 4, 2017.
My Commission Expires:


Notary Public
Resident of Lake County, Indiana





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 94284

Local No. 002295

EDR No. 00000522096

State No. 033210

1. Decedent's Legal Name (First, Middle, Last) ANNA PULLEN		1a. Maiden Name (If female) BIANCARDI		2. Sex FEMALE	3. Time Of Death 01:35 AM	4. Date Of Death (Month/Day/Year) 07/16/2016	
5. Social Security Number 66	6a. Age - Yrs 66	6b. Under 1 Year Months 6	6c. Under 1 Month Days 15	6d. Under 1 Day Hours 1	6e. Under 1 Hour Minutes 35	7. Date of Birth (Month/Day/Year) 08/04/1949	
8. Birthplace (City and State or Foreign Country) AVELLA, IT		9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify):					
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE; HOSPICE							
12. City Or Town, State, And Zip Code MUNSTER, IN 46321				13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation CLERK		17. Kind Of Business/Industry GROCERY	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		18c. Street And Number 611 WELLINGTON DRIVE	
18d. Apt. No.		18e. Zip Code 46311		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) ANTONIO BIANCARDI		23. Mother's Name (First, Middle, Last) STEFANINA BIANCARDI		23a. Mother's Maiden Last Name DEGENNARO			
24. Informant's Name CHARLES A PULLEN		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1336 RIVER DRIVE, MUNSTER, IN 46321			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) REGIONAL CREMATION SERVICE		25c. Location - City, Town, And State MUNSTER, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321		27a. Funeral Home License Number FH10700038			
27b. Signature Of Indiana Funeral Service Licensee KEVIN W. KISH - BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD01021590		28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Event (Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology). Do Not Abbreviate. Enter Only One Cause Of Death. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) - A. OVARIAN CARCINOMA WITH INTRA ABDOMINAL CARCINOMATOSIS AND BONE METASTASIS Due to (Or As A Consequence Of): B. JUL 20 2016 Due to (Or As A Consequence Of): C. LAKE COUNTY HEALTH OFFICER Due to (Or As A Consequence Of): D. LAKE COUNTY HEALTH OFFICER			
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant <input type="checkbox"/> Pregnant Within 42 Days To 1 Year Before Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Not Valid Unless			
41. Signature Of Person Certifying Cause Of Death LYLE R. MUNN - BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01031582A		45. Date Certified 07/18/2016	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death LYLE R. MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383		46. Additional Funeral Service Provider		47. Attest CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE			
48. Signature Of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) JUL 18 2016		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

