

2017 064808

2017 SEP 25 AM 11:32

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

THIS INDENTURE WITNESSETH, Richard C. Bennett (decedent), and his wife, Patricia A. Bennett (Affiant herein), owned the following described real estate in Lake County, in the State of Indiana, as husband and wife:

Lot 19 in Block 2 in Young's Highland's, in the City of Gary, as per plat thereof, recorded in Plat Book 15, page 15 in the Office of the Recorder of Lake County, Indiana.

Commonly known as 8716 Pine Avenue, Gary, Indiana 46403.

Patricia A. Bennett, being first duly sworn upon oath, deposes and says of

the Lake County Recorder!

- (1) That Richard C. Bennett died on July 11, 2017, while domiciled in Lake County, Indiana, with his at residence, 8716 Pine Avenue, Gary, Indiana 46403.
- (2) That Richard C. Bennett and Patricia A. Bennett, husband and wife, acquired title to the subject property described above on June 26, 1974, as husband and wife.
- (3) That Richard C. Bennett and Patricia A. Bennett use and ownership of the subject property as husband and wife remained in effect and unbroken until the death of Richard C. Bennett.
- (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 includable 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.

IN WITNESS WHEREOF, the Affiant has executed this Survivorship Affidavit on this 14 day of August, 2017.

Signed: Patricia A. Bennett
Printed: Patricia A. Bennett, Affiant

FILED

SEP 25 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

027361

25
CASH
17

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public in and for said County and State, personally appeared Patricia A. Bennett and acknowledged the execution of the foregoing Survivorship Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this 14th day of August, 2017.

My Commission Expires:

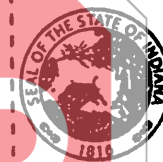
1-17-19

Document is NOT OFFICIAL!
Signed: Virginia J. Gouwens
Printed: Virginia J. Gouwens Notary Public
Resident of LAKE County, Indiana

This Document is the property of the Lake County Recorder!

Send tax statements to and Survivor's mailing address is:

Patricia A. Bennett
8716 Pine Ave.
Gary, IN 46403



"Official Seal"
Virginia Jeanne Gouwens
Notary Public, State of Indiana
Resident of Lake County IN
My commission expires
January 17, 2019

This instrument was prepared by: Joel W. Thorp, Esq., O'Koon Hintermeister, PLLC, 101 West Ohio Street, Suite 1401, Indianapolis, IN 46204, AT THE SPECIFIC REQUEST OF PATRICIA A. BENNETT AND IS BASED SOLELY ON INFORMATION SUPPLIED BY HER AND WITHOUT EXAMINATION FOR ACCURACY. THIS PREPARER ASSUMES NO LIABILITY FOR ANY ERRORS, INACCURACY OR OMISSIONS IN THIS INSTRUMENT RESULTING FROM THE INFORMATION PROVIDED. THE PARTIES ACCEPT THIS DISCLAIMER BY PATRICIA A. BENNETT'S EXECUTION OF THIS DOCUMENT.

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Signed: Patricia A. Bennett
Printed: **Patricia A. Bennett**

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000352

EDR No 00000587779

State No 035157

1. Decedent's Legal Name (First, Middle, Last) RICHARD CARL BENNETT				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 10:43 PM	4. Date Of Death (Month/Day/Year) 07/11/2017	
5. Social Security Number [REDACTED]	6a. Age - Yrs 83	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) 07/25/1933		8. Birthplace (City and State or Foreign Country) EAUCLAIRE, IN	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)				
11. Place of Death (If Not Institution, Give Street and Number) 8716 PINE AVENUE									
12. City Or Town, State, And Zip Code GARY, IN, 46403				13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name PATRICIA ANN BENNETT			16a. Last Name Before First Marriage WORK			16. Decedent's Usual Occupation PSYCHOTHERAPIST		17. Kind Of Business/Industry MENTAL HEALTH	
16a. Residence - State INDIANA			16a. County LAKE			16b. City Or Town GARY		16c. Zip Code 46403	
16c. Street And Number 8716 PINE AVENUE			16d. Apt. No.		16e. Zip Code 46403		16f. Outside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education DOCTORATE (PHD, EDD), PROFESSIONAL (MD, DDS, DVM, LLB, JD) NOT HISPANIC			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) IRA ANTHONY BENNETT		
22. Parent's Name (First, Middle, Last) IRA ANTHONY BENNETT			23. Parent's Name (First, Middle, Last) MARION BENNETT			23a. Parent's Last Name Before First Marriage JOHNSON			
24. Informant's Name PATRICIA ANN BENNETT			24b. Relationship To Decedent Wife			24c. Working Address (Street and Number, City, State, Zip Code) 8716 PINE AVENUE, GARY, IN 46403			
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) HEIGHTS CREMATORY		25c. Location - City, Town, And State CHICAGO HEIGHTS, IL				
25. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility CROWN CREMATION SERVICES, 850 N. MADISON STREET, CROWN POINT, IN 46307			27a. Funeral Home License Number FH11300014			
27b. Signature Of Indiana Funeral Service Licensee: PHILLIP RICHARD SALLIE, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD20700050						
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. MYELODYSPLASTIC SYNDROME			Approximate Interval: Onset To Death MONTHS			
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last			B.			Due to (Or As A Consequence Of):			
			C.			Due to (Or As A Consequence Of):			
			D.			Due to (Or As A Consequence Of):			
29. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown						32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of 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 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 type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			41. Signature, Of Person Certifying Cause Of Death: THOMAS MICHAEL BROWNE, BY ELECTRONIC SIGNATURE						
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			43. Name, Address And Zip Code Of Person Certifying Cause Of Death: THOMAS MICHAEL BROWNE, 402 WEST CULVER ROAD, KNOX, IN 46534			44. License Number 0103571A		45. Date Certified 07/13/2017	
46. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE			47. For Registrar Only - Date Filed (Month/Day/Year): JUL 18 2017						



VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

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 to disclose. ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.