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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 SEP 28 AM 9:58

MICHAEL B. BROWN
RECORDER

2017 065990

SURVIVORSHIP AFFIDAVIT

State of Ohio)
County of Franklin) SS:

Comes now June G. Kimble, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

- June G. Kimble is an adult residing at 10660 Keystone Lane, Crown Point, Indiana 46307, and has personal knowledge of the facts stated herein as the surviving spouse of William P. Kimble.
- June G. Kimble is the owner of the following described real estate:

The North 1/2 of Lot 9 in Country Meadows Planned Unit Development residential, an Addition to the Town of Winfield, as per plat thereof, recorded in Plat Book 90, page 58, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 10660 Keystone Lane
Crown Point, IN 46307

Property No.: 45-17-06-432-009.000-047

- Said real estate was formerly owned by William P. Kimble and June G. Kimble, husband and wife.
- William P. Kimble and June G. Kimble, husband and wife, obtained title to said real estate by the Warranty Deed dated December 13, 2005, and recorded January 12, 2006, as Document Number 2006 002492, in the Office of the Recorder of Lake County, Indiana, made by M.D. Construction Enterprises, LLC, to William P. Kimble and June G. Kimble, husband and wife.

(Survivorship Affidavit – Page 1 of 2)

HOLD FOR GREATER INDIANA TITLE COMPANY

11/00 FILED

SEP 28 2017

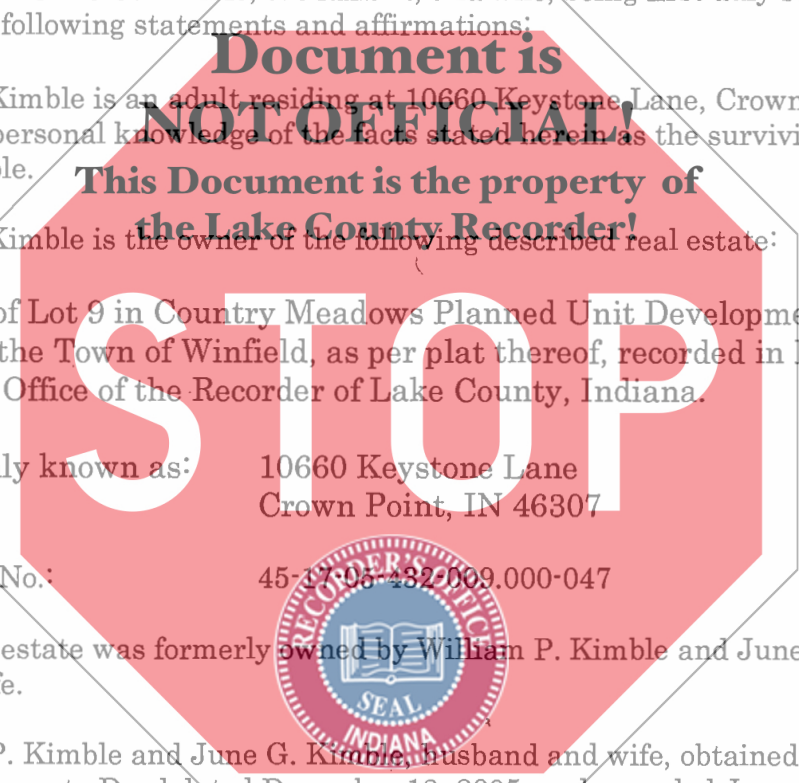
JOHN E. PETALAS
LAKE COUNTY AUDITOR

027475

CK# 623468

\$ 25100

MB



5. William P. Kimble died on MARCH 31st, 2015, a resident of Lake County, Indiana. A certified copy of the State of Indiana Medical Certificate of Death of William P. Kimble is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.

6. There were no Federal Estate or State Inheritance taxes due by reason of William P. Kimble's death.

7. William P. Kimble and June G. Kimble were husband and wife at the time they acquired title to said real estate and they were never divorced.

8. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that June G. Kimble is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that June G. Kimble is the sole owner of said real estate.

Further Affiant saith not.

Document is NOT OFFICIAL!
June G. Kimble
This Document is the property of the Lake County Recorder!

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, on this 8 day of September, 2017.

Notary's Signature: *Andrea Iacovetta*

Notary's Printed Name: Andrea Iacovetta

Notary's County of Residence: Franklin

Notary's Commission Expires: 5/17/2022

After recording return to: June G. Kimble
C/O Greater Indiana Title Company
8700 Broadway, Suite B
Merrillville, IN 46410



ANDREA IACOVETTA
Notary Public, State of Ohio
My Commission Expires 05-17-2022

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company commitment no. IN002328.

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. Chris Fox



Local No 001170

EDR No 00000441058

State No

1. Decedent's Legal Name (First, Middle, Last) WILLIAM P KIMBLE				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 08:54 AM	4. Date Of Death (Month/Day/Year) 03/31/2015			
5. Social Security Number [REDACTED]		6a. Age - Yrs 82	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) 08/23/1932		8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
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 checked="" 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 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) ST MARY MEDICAL CENTER INC											
12. City Or Town, State, And Zip Code HOBART, IN, 46342					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 JUNE G KIMBLE				15a. (If Wife) Give Maiden Last Name MACLAVERTY		16. Decedent's Usual Occupation TEACHER		17. Kind Of Business/Industry EDUCATION			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town CROWN POINT			18c. Street And Number 10660 KEYSTONE LANE	18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) GEORGE EDWARD KIMBLE sr.				23. Mother's Name (First, Middle, Last) KATHYRN SUE KIMBLE				23a. Mother's Maiden Last Name STAEDEL			
24. Informant's Name JUNE G KIMBLE				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 10660 KEYSTONE LANE, CROWN POINT, IN 46307			
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)			25c. Place Of Disposition (City, Town, And State) CROWN POINT, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83002445			
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE.						27c. License Number (Of Licensee): FD20700059					
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. <u>CONGESTIVE HEART FAILURE</u>			Due to (Or As A Consequence Of):			Approximate Interval: Onset To Death THREE 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. <u>ARTERIOSCLEROTIC HEART DISEASE</u>			Due to (Or As A Consequence Of):			FIFTEEN YEARS	
C.				D.			Due to (Or As A Consequence Of):				
Part II. 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, Not Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> 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 Susan W. Best, IA		38b. Street Or 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: DONALD MICHAEL PHILLIPS, 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: DONALD MICHAEL PHILLIPS, 1356 S. LAKE PARK AVENUE, HOBART, IN 46342						44. License Number 01020346A		45. Date Certified 04/06/2015			
46. Additional Funeral Service Provider:						47. *Ages:					
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 07 2015					



AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)