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2017 OCT -2 PM 4:20

MICHAEL B. BROWN  
SURVIVORSHIP AFFIDAVIT RECORDER

STATE OF Indiana )  
 )  
COUNTY OF Lake )

SS:

LOVIE L. OWENS, being first duly sworn upon oath, deposes and says:

1. That LEE M. OWENS died on 12-28, 2014 at GARY INDIANA  
(City/State)

2. That LEE M. OWENS and LOVIE L. OWENS were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

45-08-21-454-011.000-004

3569 MONROE STREET

GARY, INDIANA 46408

LOT 13 OF Block D, in Park Manor Fifth Subdivision to Gary, as Per Plat thereof, recorded in Plat Book 17 Page 32, in the Office of Lake County, Indiana.

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 (his) (her) death.

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.

Lovie L Owens  
LOVIE L OWENS Affiant Signature

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Lovie L. Owens who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 28th day of September, 2017.

Resident of \_\_\_\_\_ County, Indiana. Signature Lauri D. Haag

My Commission Expires: \_\_\_\_\_ Printed \_\_\_\_\_

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. L.O.

[Name]

This instrument prepared by Lovie L Owens



FILED

OCT 02 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

005500

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: DB

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CS

RM



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000595

EDR No 00000423380

State No

1. Decedent's Legal Name (First, Middle, Last)
1a. Maiden Name (If female)
2. Sex
3. Time Of Death
4. Date Of Death (Month/Day/Year)

5. Social Security Number
5a. Age - Yrs
5b. Under 1 Year
5c. Under 1 Month
5d. Under 1 Day
5e. Under 1 Hour
6. Under 1 Hour
7. Date of Birth (Month/Day/Year)
8. Birthplace (City and State or Foreign Country)

9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital

11. Facility Name (If Not Institution, Give Street and Number)
12. City Or Town, State, And Zip Code
13. County Of Death
14. Marital Status At Time Of Death

15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation
17. Kind Of Business/Industry

18. Residence - State
18a. County
18b. City Or Town
18c. Street And Number
18d. Apt. No.
18e. Zip Code
18f. Inside City Limits?

19. Decedent's Education
20. Decedent Of Hispanic Origin
21. Decedent's Race
22. Father's Name (First, Middle, Last)
23. Mother's Name (First, Middle, Last)
23a. Mother's Maiden Last Name

24. Informant's Name
24a. Relationship To Decedent
24b. Mailing Address (Street And Number, City, State, Zip Code)
25. Place Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)
25c. Location - City, Town, And State

26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility
27a. Funeral Home License Number

27b. Signature Of Indiana Funeral Service Licensee
27c. License Number (Of Licensee):
Cause Of Death (See Instructions And Examples)

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.

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Such As Part I)
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?

31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:

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?

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:

41. Signature, Of Person Certifying Cause Of Death:
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:
44. License Number
45. Date Certified

46. Additional Funeral Service Provider
47. \*Akas:

48. Signature of Local Health Officer:
49. For Registrar Only - Date Filed (Month/Day/Year):

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

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