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MICHAEL B. BROWN
RECORDER

3

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana
COUNTY OF Porter

File No.: CTNW1701151-KZ
Case No.:

Comes now Frieda L Faught, who being duly sworn upon his/her oath, deposes and says:

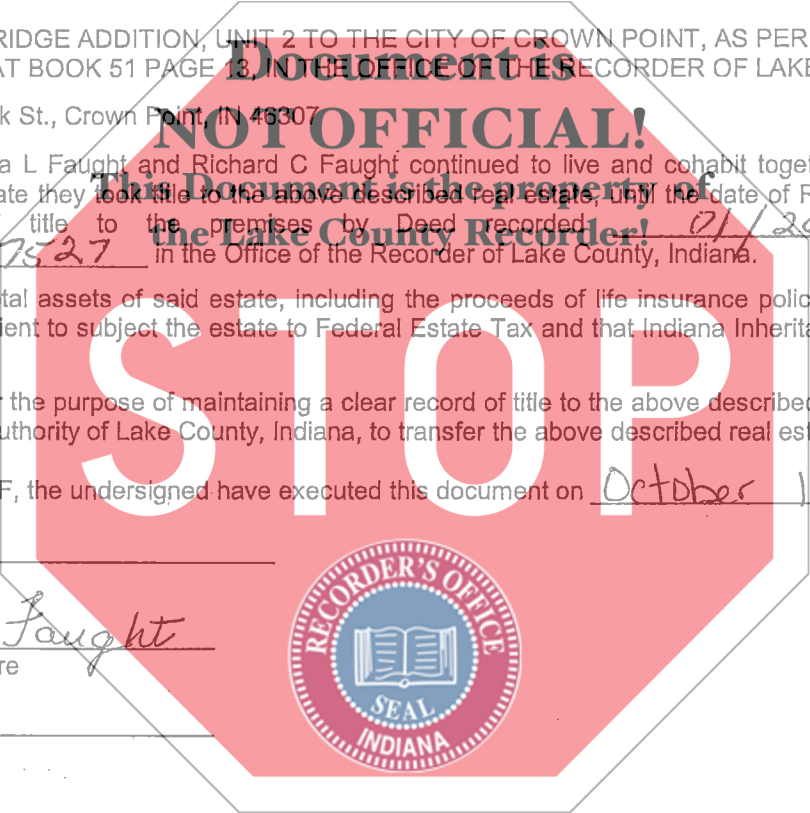
That, Frieda L Faught is the surviving spouse of Richard C Faught, deceased who died domiciled in County, Indiana, on July 17, 2010.

That Frieda L Faught and Richard C Faught acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

For APN/Parcel ID(s): 45-12-33-332-004.000-029

LOT 13 IN INDIAN RIDGE ADDITION, UNIT 2 TO THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 51 PAGE 13, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property: 9805 Polk St., Crown Point, IN 46307



CHICAGO TITLE INSURANCE COMPANY

Affiant states that Frieda L Faught and Richard C Faught continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Richard C Faught's death. The Parties acquired title to the premises by Deed recorded 01/26/2008 and Dec 2004 067527 in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Frieda L Faught.

IN WITNESS WHEREOF, the undersigned have executed this document on October 10th, 2017.

Executed: _____

Frieda L Faught
Signature

Frieda L Faught
Print Name

FILED

CTNW1701151

CHICAGO TITLE INSURANCE COMPANY

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

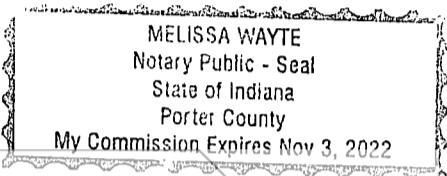
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SURVIVORSHIP AFFIDAVIT
(continued)

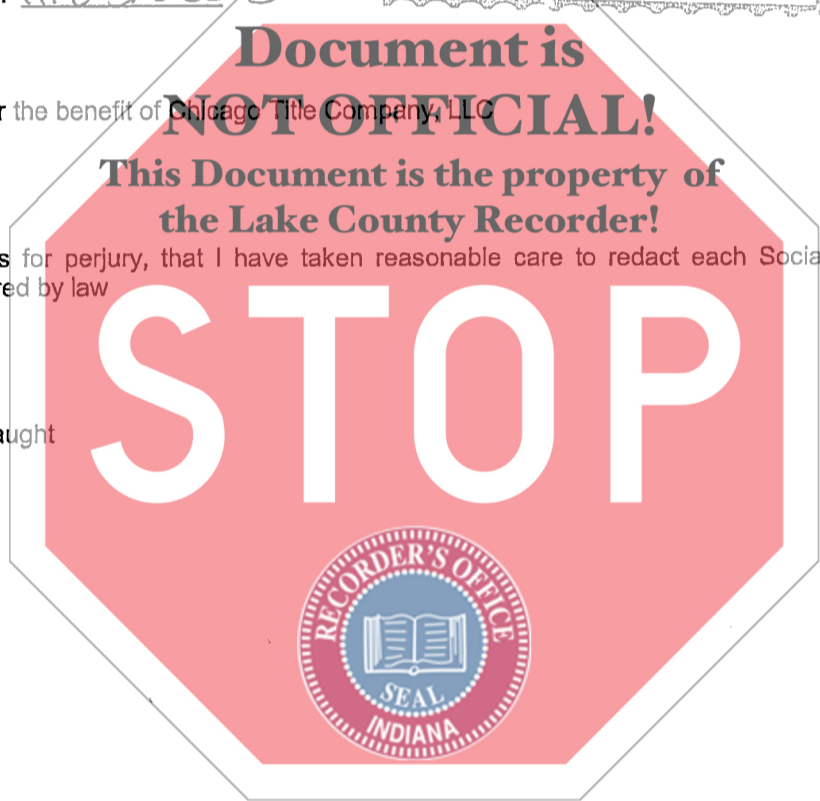
STATE OF Indiana
COUNTY OF Porter

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Frieda L. Faught,
this 10th day of October, 2017.

[Signature]
Notary Public Melissa Wayte
Resident of Porter County
My Commission expires: 11/03/2022



Prepared by:
Dena Phillips Farling, for the benefit of Chicago Title Company, LLC



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

Dena Phillips Farling.

Return to: Frieda L. Faught



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2212-10

State No.

1. Decedent's Legal Name (First, Middle, Last) RICHARD C. FAUGHT				1a. Maiden Last Name (If Female) N/A		2. Sex M	3. Time Of Death 9:01 PM	4. Date Of Death (Month/Day/Year) JULY 17, 2010
5. Social Security Number 80	6a. Age At Death Months	6b. Under 1 Year Days	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) July 27, 1929	8. Birthplace (City And State Or Foreign Country) HORSE BRANCH, KENTUCKY	
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 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) ST. ANTHONY'S HOSPICE								
12. City Or Town, State, And Zip Code CROWN POINT, INDIANA 46307				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 FRIEDA FAUGHT			15a. (If Wife) Give Maiden Last Name BRATCHER			16. Decedent's Usual Occupation SUPERVISOR		17. Kind Of Business/Industry SERVICE DEPARTMENT
18. Residence - State INDIANA		18a. County LAKE	18b. City Or Town CROWN POINT		18c. Zip Code 46307		18d. Death Cert. License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19a. Street And Number 9805 POLK STREET		19b. Apt. No. N/A		19c. Zip Code 46307		19d. Death Cert. License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20. Decedent's Education High school graduate or GED completed		20a. Origin Of Decedent's Origin No, Not Spanish/Hispanic/Latino		20b. Race White				
21. Father's Name (First, Middle, Last) EMMIT FAUGHT		22. Mother's Name (First, Middle, Last) N/A FAUGHT		23. Mother's Residence (City, State, Zip Code) CAMP				
24. Wife's Name FRIEDA FAUGHT		24a. Husband's Usual Occupation		24b. Husband's Residence (City, State, Zip Code) 9805 POLK STREET CROWN POINT, INDIANA 46307				
25. Place Of Disposition								
25a. Method Of Disposition: <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS		25c. Location - City, Town, And State SCHERERVILLE, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME 817 S. CLINE AVE. SCHERERVILLE, IN 46375		27a. Funeral Home License Number FH 0900051				
28a. Signature Of Immediate Family Member		28b. License Number (Of Licensee)		28c. License Number (Of Licensee) FD0800181				
28. Part I. Enter The Chain Of Events—Disease, Injury, 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. End stage <i>CMLF</i> B. C. D. 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								
Part II. Enter Other Significant Conditions Contributing To Death, But Not Resulting In The Underlying Cause (See Instructions)								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Possibly <input checked="" 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"/> Pregnant, But Pregnant Within 42 Days Of Death		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 (Home, Restaurant, Workplace, etc.)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
38. Location Of Injury - State		39. City Or Town		39a. Street Number		39b. Street Name		
39. Describe How Injury Occurred:		40. If Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		41. Signature Of Person Certifying Cause Of Death <i>Kathryn H. Mulligan</i>				
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: KATHRYN H. MULLIGAN, MD-919 MAIN ST. DYER, IN 46311		43. License Number ...010523424		44. Date Certified 7/19/10		45. Title Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
46. Additional Funeral Service Provider: <i>Susan J. Bat...</i>		47. "Atax"		48. For Registrar Only - Date Filed (Month/Day/Year) July 19, 2010				

