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AFFIDAVIT AS TO TENANCY BY THE ENTIRETIES

State of Indiana)
County of Lake) ss.
County of Lake)

2017 072390

On this 12th day of October, 2017, before me personally appeared JOSEPH J. MARLOW to me personally known, who being duly sworn on oath did say:

Affiant is the owner of the following property:

Document is NOT OFFICIAL!

LEGAL DESCRIPTION
LOT FIVE (5) AND SIX (6) IN BLOCK TWO (2), KNOLLWOOD, AS SHOWN IN PLAT BOOK 22, PAGE 45, LAKE COUNTY, INDIANA, COMMONLY KNOWN AS 6142 MARYLAND STREET, MERRILLVILLE, INDIANA 46410

Commonly known as: 6142 Maryland Street, Merrillville, Indiana 46410

Permanent Index Number (PIN): 45-12-10-126-011.000-030

And that said property was formerly owned as tenants by the entireties, not as joint tenants or as tenants in common by JOSEPH J. MARLOW & DEBRA MARLOW and that said: DEBRA MARLOW died on the September 10, 2017. A copy of the death certificate is attached.

That the value of the estate of the deceased was less than \$600,000.00 including joint tenancies, tenancies by the entireties, individual ownerships and insurance, and that the tenancy by the entireties had not been severed prior to the death of said deceased.

IN WITNESS WHEREOF, JOSEPH J. MARLOW executed and caused these presents to be signed as of the day and year first above written.

Joseph J. Marlow
JOSEPH J. MARLOW

FILED

OCT 26 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

005702

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2017 OCT 26 AM 10:39

\$25100

cash

JB

State of Indiana)
) ss
County of Lake)

Subscribed and sworn to before me the day and year above written.

GERALD D CROSBY JR.
NOTARY PUBLIC - OFFICIAL SEAL
State of Indiana, Lake County
My Comm. Expires June 15, 2019

Gerald D Crosby Jr

Notary Public

My Commission Expires:

6-15-19

**Document is
NOT OFFICIAL!
This Document is the property of
the Lake County Recorder!**

Send Subsequent Tax Bills to:

6142 Maryland St. Merrillville IN 46410

This Instrument was prepared (without an examination of title) by: Mark Thiros, Attorney at Law, Merrillville, Indiana; and Patrick W. Walsh, Attorney at Law, 53 Ogden Avenue, Clarendon Hills, Illinois 60514.



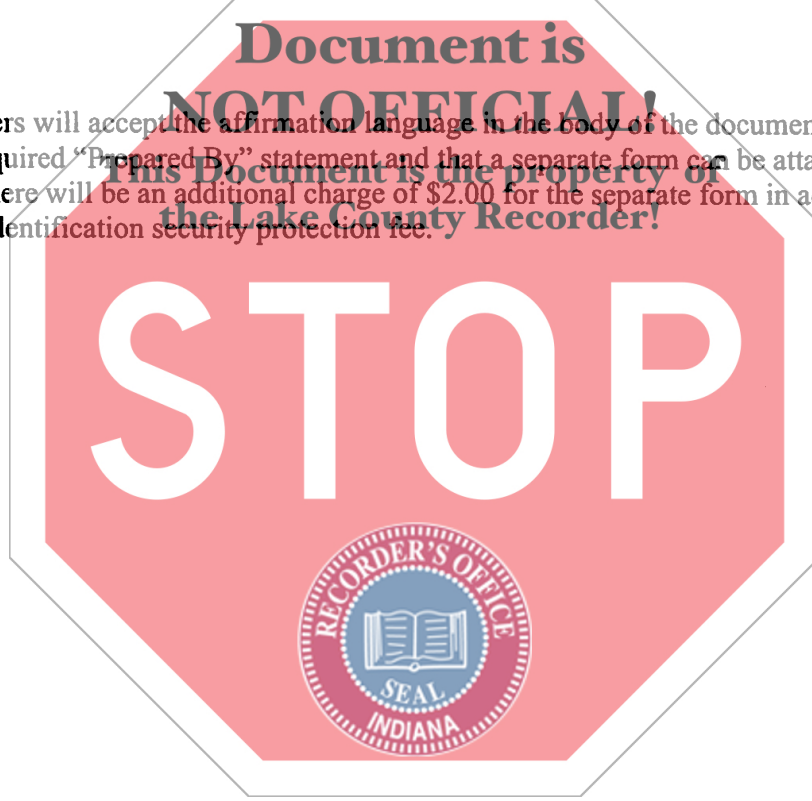
**NOTICE
(I.C. 26-2-11-15)**

Effective July 1, 2017 the following affirmation must be contained in each document submitted for recording and filing:

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

Gerald D. Crosby Jr. (name)". (I.C. 26-2-11-15)

County recorders will accept the affirmation language in the body of the document in the same place as the required "Prepared By" statement and that a separate form can be attached with the affirmation. There will be an additional charge of \$2.00 for the separate form in addition to the \$2.00 county identification security protection fee.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

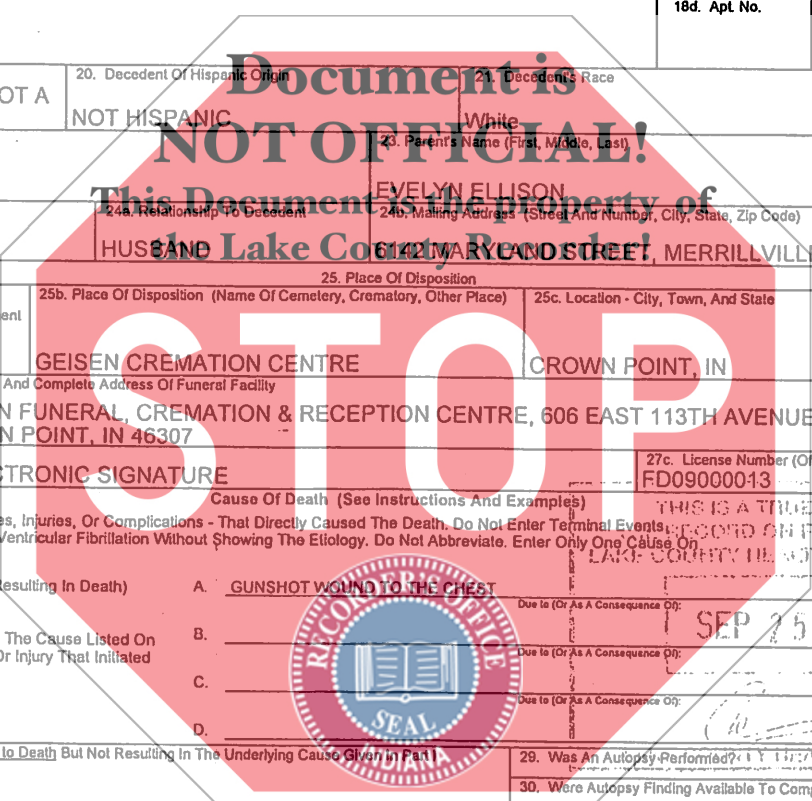
Tracking No. 136069

Local No 003266

EDR No 00000598087

State No 046600

1. Decedent's Legal Name (First, Middle, Last) DEBRA LYNN MARLOW
1a. Maiden Name (If female) REYNOLDS
2. Sex FEMALE
3. Time Of Death 15:18
4. Date Of Death (Month/Day/Year) 09/10/2017
5. Social Security Number
6a. Age - Yrs 58
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 03/11/1959
8. Birthplace (City and State or Foreign Country) HAMMOND, IN
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) 6142 MARYLAND STREET
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name JOSEPH MARLOW
15a. Last Name Before First Marriage
16. Decedent's Usual Occupation HOMEMAKER
17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town MERRILLVILLE
18c. Street And Number 6142 MARYLAND STREET
18d. Apt. No.
18e. Zip Code 46410
18f. Inside City Limits?
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Parent's Name (First, Middle, Last) DARWIN REYNOLDS
23. Parent's Name (First, Middle, Last) EVELYN ELLISON
23a. Parent's Last Name Before First Marriage BENNETT
24. Informant's Name JOSEPH MARLOW
24a. Relationship To Decedent HUSBAND
24b. Mailing Address (Street And Number, City, State, Zip Code) 6142 MARYLAND STREET, MERRILLVILLE, IN 46410
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE
25c. Location - City, Town, And State CROWN POINT, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307
27a. Funeral Home License Number. FH10700031
27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD09000013
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. GUNSHOT WOUND TO THE CHEST
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
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? BY HEALTH OFFICIAL? Yes
30. Were Autopsy Finding Available To Complete The Cause Of Death? Yes
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year) 09/10/2017
35. Time Of Injury 15:18
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) RESIDENCE
37. Injury At Work?
38. Location Of Injury - State INDIANA
38a. City Or Town MERRILLVILLE
38b. Street & Number 6142 MARYLAND STREET
38c. Apt. No.
38d. Zip Code 46410
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
41. Signature, Of Person Certifying Cause Of Death: MERRILEE D. FREY, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307
44. License Number
45. Date Certified 09/25/2017
46. Additional Funeral Service Provider:
47. *Aka:
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): SEP 25 2017



THIS IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 25 2017