STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 072700

2017 OCT 27 AM 10: 29

MICHAEL B. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

Harold O. Eichelberger, of adult age, being first duly sworn, upon deposes and says:

That Harold O. Eichelberger, is the Husband of Bettye J. Eichelberger, deceased, who died on February 28, 2012 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Peter Kornafel and Bessie Kornafel recorded September 23, 1977 as Document No. 430346 in the Office of the Office of the Recorder of Lake County, Indiana

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Harold O. Eichelberger, surviving spouse of the decedent.

And further affiant sayeth not this 20th day of October, 2017

Harold O. Eichelberger

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 20th day of October, 2017.

WITNESS my hand and Notarial Seal.

My Commission Expires:

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602 202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

5272 Georgia Street Gary, IN 46410

Grantee's Address and Mail Tax Statements To:

Signature of MUHAHV Public

5272 Georgia Street Gary, IN 46410

> File No.: 17-30681

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. Debra A. Guy





028366

LEGAL DESCRIPTION

The South 35 feet by parallel lines of Lot 24, and all of Lot 23, Block "C", Meadowland Manor Subdivision, Unit No.1, in the City of Gary, as shown in Plat Book 31, Page 91, in Lake County, Indiana.

Tax ID Number(s): State ID Number Only

45-08-34-380-029.000-004





INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00079	94 ED	DR No 000000247687				State No 011268			
Decedent's Legal Name (First, Middle, Last)		1a. Maiden Name (If female)			2. Sex	2. Sex 3. Time Of Death		Date Of Death (Month/Day/Year)	
BETTYE J EICHELBERGER 5. Social Security Number 1 6a. Age - Yrs 1 6b.	Under 1 Year 6c. Under 1 Month	CARTER 6d. Under 1 Day	6e. Under 1 Hou	7. Date	FEMALE of Birth (Month/Dav/Yea	09:55 ar) [8, Birt		02/28/2012 State or Foreign Country)	
ACCALAGE 64 Mon		Hours	Minutes	-					
9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital									
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify) ☐ Other (Specify)									
11. Facility Name (If Not Institution, Give Street and Number) 5272 GEORGIA STREET									
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death Married, But Separated Divorce									
MERRILLVILLE, IN, 46410 LAKE ☐ Widowed ☐ Never Married ☐ Unkn							Never Married Unknown		
15. Surviving Spouse's Name	15	a. (If Wite)Give Maider	Wife)Give Maiden Last Name 16. Decedent's Usual Occupation					Kind Of Business/Industry RY COMMUNITY	
HAROLD O EICHELBERGER 18. Residence - State	18a. County		18b. City Or To		TEACHER			HOOL CORP	
INDIANA 18c. Street And Number	LAKE		MERRILLY	/ILLE	18d. Apt.	No.	18e. Zip Code	18f. Inside City Limits?	
5272 GEORGIA STREET				. •			46410	⊠ Yes □ No	
19. Decedent's Education	20. Decedent of Hispa	nic Origin CT	1111¢1	Decedent's	Race		40410		
MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA) NOT HISPANIC Black or African American									
22. Father's Name (First, Middle, Last)	1	JIU	23. Mother's Name				23a. Mothe	r's Maiden Last Name	
JAMES CARTER	This D	ocumen	YONCILLE (CARTE	nerty o	c \	NASH		
JAMES CARTER 24. Informant's Name 24. Relationship to December 1. VONCILLE CARTER 24. Informant's Name NASH 24. Informant's Name									
HAROLD O EICHELBERGER HUSBANG Lake C 5272 GEORGIA STREET CHERRILLVILLE, IN 46410									
25a. Method Of Disposition Burial Cremation Donation Entombr	25b. Place Of Disposition (N	ame Of Cemetery, Cre	matory, Other Place	25c. Lo	ocation - City, Town, And	d State			
Removal From State									
Other (Specify): 26. Was Coroner Contacted? 27. Name	MT CALVARY And Complete Address Of Funeral	Facility		ILOU	ISVILLE, MS	~	27:	a. Funeral Home License Number:	
⊠ Yes □ No	ALLEN FUNERAL DI	DECTODS 200	ED WEST 44	TU A\/C	NUIE CARV IN	16101	-	183007704	
27b. Signature Of Indiana Funeral Service Licensee:		NECTURS, 29	99 WEST 11	IB AVE	27c. License	Number (O		183007704	
TAQUIA BLEVINS , BY ELECTRO		ause Of Death (See	Instructions And	Examples	(FD20500	1009		Approximate	
 Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, Or 	es, Injuries, Or Complications - 1 Ventricular Fibrillation Without S	hat Directly Caused howing The Eticlogy.	The Death, Do No Do Not Abbreviate	t Enter Ten	minal Events ly One Cause On			Interval: Onset To Death	
A Line. Add Additinal Lines If Necessary.									
Immediate Cause (Final Disease Or Condition	Resulting in Death) A.	MALIGNANT DIEK	UNIT OF O	Due to (Or A	s A Consequence Of):			1YR	
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 C. C. C. C. C. C. C. C. C. C									
	D.						· · · · · · · · · · · · · · · · · · ·		
Part II. Enter Other Significant Conditions Contribution	to Death But Not Resulting In The	Underlying Cause Givi	n In Part I		An Autopsy Replation				
31. Did Tobacco Use Contribute To Death?	32. If Female:	100	MUIANTIN	LEAC GOU	a Autopsylitudjag Avalla	nnor Of Deal		Of Deality Yes No	
☐ Yes ☐ Probably ☐ No ☒ Unknown			Not Prognant, But Pre Unknown II Pregnant		Days Gr Death 🛛 Nati	ural 🗌 Horr	icide		
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Plac			me, Construction Site, F			37. Injury At Work?	
					277.11			∫ Yes No 38d. Zip Code	
38. Location Of Injury - State	38a. City Or Town	38b. St	reet & Number			1	3Bc. Apt. No.	35d. Zip Code	
39. Describe How Injury Occurred	L				40. If T	ransportation	n Injury, Specify:		
		A	Į.			Operator P	assengat, Redoctiv	inProv (Specify)	
41. Signature, Of Person Certifying Cause Of Death: TERRILL APPLEWHITE, BY ELECTRONIC SIGNATURE 42. Certifying Physician □ Coroner □ Health Officer									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:						44. License Number 45. Date Certified		45. Date Certified	
TERRILL APPLEWHITE , 600 N GRANT ST, GARY, IN 46402 16. Additional Funeral Service Provider:						1067111	Α	03/14/2012	
							lad (Manth/David	Vest):	
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE					49. For Registrar On	9. For Registrar Only - Date Filed (Month/Day/Year): MAR 14 2012			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									
State Form 53395 ATTENTION ESTATE: The S	ocial Security # is being request	ed by this state agen	cy in order to purs	ue respons	bility. Disclosure is vo	oluntary and	there will be no	penalty for refusal.	