2017 081688

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 DEC - 1 AM 11:00

MICHAEL B. BROWN RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

File No.: CTNW1702198-KEA

Case No.:

COUNTY OF Lake

Comes now, Thomas F. Morris who being duly sworn upon his oath, deposes and says:

That, Thomas F. Morris is the surviving Son of , Gloria Warren deceased who died domiciled in County, Indiana, on May 6th, 2009

That Thomas F. Morris and Gloria Warren acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Property: 6942 Schneider Avenue, Hammond, IN 46323
Affiant states that and continued to live and conabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of s death. The Parties acquired title to the premises by Deed recorded
Affiant states that the total assets of sale estate, including the proceeds of the tosurance 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
IN WITNESS WHEREOF, the undersigned have executed this document on
Executed:
Signature
Print Name Thomas F. Macais
STATE OF IN
COUNTY OF LAKE
Subscribed and sworn to before me, a Notary Public in and for said county and state, by Thomas F. Morris, this 2011 day of November, 2011. KATHERINE E ADAMS
Seal
Notary Public Notary Public - State of Indiana Lake County
Resident of County My Commission Expires Dec 5, 2024
My Commission expires:

Affidavit (Survivorship) IND1079.doc / Updated: 08.31.17

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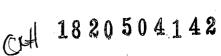
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John B. Petalas LAKE COUNTY AUDITOR



SURVIVORSHIP AFFIDAVIT

(continued)

Prepared by: Thomas F Moms

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

Katherine Adams.

Return to: 1015 Azalea St Munster IN 4321 Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Affidavit (Survivorship) IND1079.doc / Updated: 08.31.17

Printed: 11.27.17 @ 02:25 PM by KEA IN-CT-FGPM-01080.246412-CTNW1702198

EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): 45-07-09-301-014.000-023

LOT 11, W.F. TURNER'S ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 25, PAGE 35, IN LAKE COUNTY, INDIANA.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.	5-09					state No	e ena upa coa pagon e coa <u>a coa y an d</u> ec	*******	
1. Decedent's Legal Name (First, Middla, Last)		1a. Maiden Last Name (1	f Female)	2.	Sex 3. Ti	me Of Death	4. Date Of Death (Month/Da	y/Year)	
	Tarren	Burden					May 6, 20		
	Under 1 Year 6c. Under 1 Month		Under 1 Hour	june june	th (Month/Day/Year)		nd State Or Foreign Country	n).	
8. Everalit U.S. Armod Forces? 10. if Death Oc	corred in A Hospital:	rious	o. If Death Occurred Som	191	O Thom A Hospital:	Hartfo	rd, KY		
☐ Yes No Unknown ☐ ☐ Impatient ☐] Emergency Department Outpalient	Dead On Arrival	Hospice Facility X	edent's Home	☐ Nursing Home/Long	Term Care Facility	Other (Specify)		
11. Facility Name (if Not Lostitution, Give Street And Number)									
6942 Schneider Av	re.	<u> </u>	13. County Of Deat	· ·		14. Marital Status A	Time Of Death	·	
Hammond, IN 46323			Lake			☐ Married ☐ Married, But Separated ☐ Divorced ☐ Wildowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name 152. (if Wda)Give Malden Last Name			1	Bookbinder			17. Kind Of Business/Industry Printing		
None NA Bookbinder Printing 18. Residence-State 182. County 185. City or Town									
Indiana	Lake		Hammox	ıd					
180. Street And Number 6942 Schneider Av	re. D	ocum	ent is		18d. Apt. No.	18a, Zip Co 4632	1	-	
19. Decedent's Education	70. Dapedent Of Hispa	nic Origin FR	21. Decede	ent's Race	1			٠.	
ZZ. Father's Name (First, Middle, Last)		23.	Mother's Name (First, N	Aiddle, Last)	-6	23a, M	omer's Maiden Last Name		
Frank Otis Burde			heprop			_ Da	augherty	· .	
24. Informant's Name		CoPecaleniOUII 2	/				TX 46001		
Linda Sienicki	Daug		750 Hari	cison	Ave. M	unster,	IN 46321		
25a. Method Of Disposition.	Chapel Law	of Cematery, Crematory, Other	er Place) 250	Location - C	ity, Town, And State				
□ Cremation □ Donation □ Entonberent □ Removal From State □ Other (Specify):	Garde			chere	rville,	Indiana	a		
LaH	And Complète Address of Funeral Facilities I ayne Funeral Southeaste:	Home '	d, IN 46	324		-	27a. Funeral Home Licens FH1940000		
27b. Signature Of Indiana Funeral Service USensee:	55 Southeaste.	LII HARIMOII	u, 1.10 40	1524	27c. Livense Numbe		. 111 3 10000	-	
alle B Jater	Part Comment			٠,	. F00/000	857	<u> </u>		
28. Part I. Enter The Chain Of Events Disea	ses Infuries Or Complications-1	se Of Death (See It r That Directly Carsed Th	e Dreih. Do Not Ent	er Terminel	Events].	Appro	ximate	
Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines if Necessary.	r Ventricular Fibrillation Without Sh	rowing The Etfology, 'Do	Not Abbreviate. En	ter Only One	e Cause On	The Bridge	Interve To De	al: Onset ath	
Immediate Cause (Final Disease Or Condition	Resulting in Death A.	5000	Duc Duc	CZHC	IMENS Off	PHASE			
Sequentially List Conditions, If Any, Leading To The Cause Listed On B. Dun To (Or As A Consequence Off) Low On Consequence Off)									
Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last	C.	E SEAL	Die	To (Or As A Com	sobsence Offic		· · ·		
	D.	VI VI I	init		psy Performed?,				
Part II. Enter Other Significant Conditions Confidentian	10 Desir Dat Ant Vestrand & The Olives	NAME CARSE CASE IN LAST C	1		y Faranga Avadable To	☐Yes ☐F4lo emplete The Cause O	TOesth? Yes	No No	
31. Did Tobacco Use Contribute To Death?	32 If Female:			 .	33. Manner Of	Death:			
□ Yos □ Probably □ No Williamonn	18d Prognant Within Past Year Prognant 49 Days To				☐ Suicida ☐ Co	nicide	`•.	<u>. </u>	
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Place O	f Injury (E.G., Decedent's		rustion Site, Restaurant	Wooded Area)	UE AND COMPLETE	i i	
38. Location Of Injury - State	38a. City Or Town	36b. Street	& Number		COPY OF THE CER	tificate of Deat	HON FILE WITH THE	-	
,					Distriction of the		_		
39 Describe How injury Occurred					I	oriation, injury, Specify	000 destricts (Specify)		
41. Signabure, Of Person Certifying Cause Of Deaths			•	1 42. 0	ertifier (Check Only On	e)		-	
					Certifying Physician 🔲	Coroner 🔲 Health Of			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: 44. Usense Number. 45. Date Certified 44. Usense Number. 45. Date Certified							09		
	hroeder-Laue			5 5 UN	47. *Aka				
48. Signature of Local Health Officer:			<u> </u>	49. F	or Hogistrar Only – Da	te Feed (Month/Day/Ye	ar).		
5	usan DB	1 to.		1	Jan	12 00	\na		
State-Point 100170 (REAL-OT) ATTREASMENT THE PROCESS IN THIS SERIES ARE CONFIDENTIAL FER IC 16-27-6-10									