STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 085990

2017 DEC 19 AM 9:27

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 14th day of December, 2017 before me, personally appeared Lloyd A. White Jr. and Peggy L. White Trust Agreement dated April 7, 2011 to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is Peggy L. White
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Lloyd A. White, Jr and Peggy L. White;
4. Lloyd A.White Jr. passed away on May 7, 2015 leaving a **will / no will (circle one);**
5. The legal description of the premises in question is:

THAT PART OF THE NORTHWEST QUARTER OF SECTION 25, TOWNSHIP 33 NORTH, RANGE 9 WEST OF THE 2ND P.M., LYING EAST OF THE NORTH AND SOUTH PUBLIC ROAD RUNNING THROUGH SAID QUARTER SECTION, MORE PARTICULARLY DESCRIBED AS: COMMENCING AT THE SW CORNER OF THE ABOVE DESCRIBED TRACT AND RUNNING THENCE EAST ON THE SOUTH LINE THEREOF 32 RODS; THENCE NORTH 10 RODS; THENCE WEST PARALLEL TO THE SOUTH LINE OF SAID TRACT TO THE WEST LINE THEREOF; THENCE SOUTHWESTERLY ALONG THE WEST LINE OF SAID ABOVE DESCRIBED TRACT TO THE PLACE OF BEGINNING, IN LAKE COUNTY, INDIANA.

Property Address: 515 Joe Martin Rd, Lowell, IN 46356
Parcel ID: 45-19-25-182-005.000-008

6. Is there Federal or State inheritance tax liability by reason of the death of said descendent?
Yes / No (circle one)

If yes, then estimated taxes due are $_____
The taxes due are: _____ paid or _____ unpaid

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?
Yes / No (circle one)

(If yes, identify the divorce proceedings:
_____):

8. Affiant's relationship to the deceased was: Wife

Peggy L. White
By Peggy L. White

250 S
Lowell, In 46356
(Address)

STATE OF INDIANA)
) SS: ACKNOWLEDGMENT
COUNTY OF Lake)

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared Peggy L.White who acknowledged the execution of the foregoing Survivorship Affidavit, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 14 day of December, 2017.

My Commission Expires: 8-16-2020 Signed: Lisa A Palmer

Resident of: IN County of: Porter Printed: Lisa A. Palmer

LISA A. PALMER
Notary Public - Seal
State of Indiana
My Commission Expires Aug 16, 2020

FILED

DEC 19 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

029742

25-
LT
AM

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. __Lisa Palmer_____

Prepared by: Peggy L. White
Return to: Liberty Title & Escrow

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 54835

Local No 001649 EDR No 000000447702 State No 023239

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)
LLOYD ALLEN WHITE JR		MALE	08:47 AM	05/07/2015

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	68					07/13/1946	VALPARAISO, IN

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	☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number)
ST ANTHONY MEDICAL CENTER OF CROWN POINT

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
CROWN POINT, IN, 46307	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

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

18. Residence - State	18a. County	18b. City Or Town	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
INDIANA	LAKE	LOWELL		46356	☒ Yes ☐ No

18c. Street And Number
515 JOE MARTIN ROAD

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
HIGH SCHOOL GRADUATE OR GED COMPLETED	NOT HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
LLOYD ALLEN WHITE SR	[illegible]	WRIGHT

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
PEGGY WHITE	SPOUSE	515 JOE MARTIN ROAD, LOWELL, IN 46356

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	GEISEN CREMATION CENTRE	CROWN POINT, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERICAL AVENUE, LOWELL, IN 46356	FH83004277

27b. Signature Of Indiana Funeral Service Licensee:	27c. License Number (Of Licensee):
MOLLY E. TUCKER , BY ELECTRONIC SIGNATURE	FD09200061

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.

			Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. CARDIOVASCULAR COLLAPSE	Due to (Or As A Consequence Of):	1 DAY
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	B. CORONARY ARTERY DISEASE	Due to (Or As A Consequence Of):	
	C.	Due to (Or As A Consequence Of):	
	D.		

THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
MAY 28 2015
Susan W Best, MD
LAKE COUNTY HEALTH OFFICER

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? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

METASTATIC PROSTATE CANCER

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☒ Yes ☐ Probably ☐ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could Not Be Determined

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?
			☐ Yes ☐ No

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:
	☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

NOT VALID UNLESS

41. Signature, Of Person Certifying Cause Of Death:	42. Certifier (Check Only One)
RAKESH KANSAL , BY ELECTRONIC SIGNATURE	☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death:	44. License Number	45. Date Certified
RAKESH KANSAL , 297 WEST FRANCISCAN LANE #202, CROWN POINT, IN 46307	01038984A	05/13/2015

46. Additional Funeral Service Provider:	47. *Alias:

48. Signature of Local Health Officer:	49. For Registrar Only - Date Filed (Month/Day/Year):
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	MAY 14 2015

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and [illegible]