STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 086672

2017 DEC 21 AM 10: 14

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF IN

COUNTY OF Lake

File No.: FNW1702014J.
Case No.:

Comes now Sonia D. Wilson, who being duly sworn upon her oath, deposes and says:

That, Sonia D. Wilson is the surviving joint tenant of Sylvia Vandenburg, deceased who died domiciled in Lake County, Indiana, on October 29, 2016 .

That Sonia D. Wilson and Sylvia Vandenburg acquired title to certain real estate as joint tenants, said real estate being described as follows:

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

Affiant states that Sonia D. Wilson and Sylvia Vandenburg continued to own the real estate from the date they took title to the above described real estate, until the date of Sylvia Vandenburg's death.

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 Sonia D. Wilson.

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

IN WITNESS WHEREOF, the undersigned have executed this document on December 12, 2017.

Executed: December 12, 2017

x Sonia D Wilson
Signature

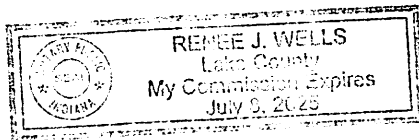
Sonia D. Wilson
Print Name

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Sonia D. Wilson this 12th day of December, 2017.

Notary Public: Renee J. Wells
Resident of Lake County
My Commission expires: 7-8-25



Affidavit (Survivorship)
IND1079.doc / Updated: 08.31.17

Printed: 12.12.17 @ 02:01 PM by .
IN-FT-FIDS-01040.246344-FNW1702014

FILED
DEC 20 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR

FIDELITY NATIONAL
TITLE COMPANY
FNW1702014 LC

25-
FN
cm

006655

SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by: Timothy R. Kuiper
Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C.
130 North Main Street, Crown Point, IN 46307

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

Timothy R. Kuiper.

Return to: Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C.
130 North Main Street
Crown Point, IN 46307

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-12-09-101-002.000-030

PART OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 9, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, BEING THAT TRACT FORMERLY KNOWN NOW DESIGNATED AS LOTS 52 AND 53 IN ENGLEHART'S COUNTRY CLUB MANOR, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 24 PAGE 75, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, EXCEPT THE NORTH 65 FEET THEREOF.

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 2625-06

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. ....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED—NAME (First, Middle, Last)	2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr)
Sylvia R. Vandenburg	Female	2:10 PM	October 29, 2006

4. *SOCIAL SECURITY NUMBER	5a. AGE—Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo, Day, Yr)	7. BIRTHPLACE (City and State or Foreign Country)
	71			January 28, 1935	East Chicago, Indiana

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	9a. PLACE OF DEATH (Check only one. See instructions)
No	N/A	HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA — OTHER: ☐ Nursing Home ☐ Residence ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Methodist Hospital Southlake	Merrillville	Lake

10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	12b. KIND OF BUSINESS/INDUSTRY
Widow	N/A	Postal Worker	US Postal Service

13a. RESIDENCE—STATE	13b. COUNTY	13c. CITY, TOWN, OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Merrillville	6102 Johnson Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5 +)
46410	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	Black	12	

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Fred Bailey	Helen Vandenburg

INFORMANT

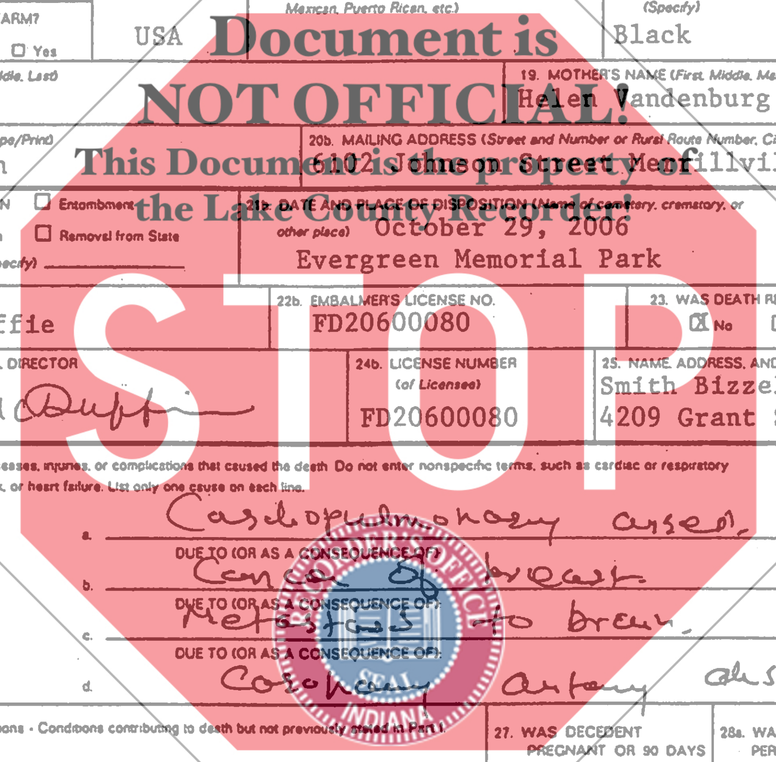
20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Sonia Wilson	6102 Johnson Street Merrillville, IN 46410	Daughter

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION—City or Town, State
☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)	October 29, 2006 Evergreen Memorial Park	Hobart, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Angela McDuffie	FD20600080	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
Angela McDuffie	FD20600080	Smith Bizzell & Warner FH10500021 4209 Grant Street Gary, Indiana 46408



CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)

a. Cardiopulmonary arrest

DUE TO (OR AS A CONSEQUENCE OF):

b. Cancer of breast

DUE TO (OR AS A CONSEQUENCE OF):

c. Metastasis to brain

DUE TO (OR AS A CONSEQUENCE OF):

d. Coronary artery disease

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)

CERTIFIER

29a. CERTIFIER (Check only one)

☐ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. MEDICAL LICENSE NO	29d. DATE SIGNED (Month, Day, Year)
[signature]	01032180	11 1 06

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Surendra Shah M.D. 5825 Broadway St Merrillville IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
[signature] D.O.	November 6, 2006

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

NOV 06 2006

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g. DATE PRONOUNCED DEAD (Month, Day, Year)	34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.

SDH06-004 State Form 10110 (R5/1-99)