

2019 026594

2019 MAY -8 AM 8:53

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

Leslie S. Gardiner, being first duly sworn upon her oath deposes and says:

1. That Affiant and her husband, **Robert B. Gardiner**, acquired title to the following described real estate, commonly known as 700 Davis Court, Crown Point, Indiana, which is currently described as:

Lot 35 in Ellendale Farm Unit One, in the City of Crown Point, as per plat thereof, recorded in Plat Book 82, Page 40, in the Office of the Recorder of Lake County, Indiana.

Parcel # 45-16-18-226-005.000-042

by deeds of conveyance and recorded in the Office of the Recorder of Lake County.

2. That the marital relationship of Affiant and Robert B. Gardiner continued unbroken from the date they so acquired title to said real estate, until the death of Robert B. Gardiner ("Decedent") on February 27, 2019, with Affiant surviving as his widow at which time Affiant acquired sole title to this real estate as surviving tenant by the entireties. A copy of Certificate of Death for Robert B. Gardiner is attached hereto (with social security number redacted), made a part hereof and labeled *Exhibit "A."*

3. That the gross value of the estate of the Decedent as determined for the purpose of Federal Estate Taxes is less than the value required for the filing of a Federal Estate Tax Return; therefore, the Decedent's estate is not subject to Federal Estate Tax nor required to file a Federal Estate Tax Return.

FILED

MAY 06 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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4. That the Decedent's estate is not subject to Indiana Inheritance Taxes.
5. Affiant makes this affidavit for the purpose of having the real estate located at 700 Davis Court, Crown Point, Lake County, Indiana, transferred to her as her sole property.

Leslie S. Gardiner
 Leslie S. Gardiner

STATE OF INDIANA)
) SS.
 COUNTY OF LAKE)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder

Subscribed and sworn to before me, a Notary Public, this 29th day of April, 2019.

LAURA K RUZYCKI
 NOTARY PUBLIC
 SEAL
 STATE OF INDIANA
 Commission Number 712637
 My Commission Expires 04/19/2026

Laura K. Ruzycski
 Notary Public

Laura K. Ruzycski
 (Printed Signature)

County of Residence: Lake



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:

Calvin Bellamy
 Calvin Bellamy

This instrument was prepared by Calvin Bellamy (#2671-45), Krieg DeVault LLP, 8001 Broadway, Suite 400, Merrillville, Indiana 46410.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 187429

Local No 900713

EDR No 00000696120

State No 009675

1. Decedent's Legal Name (First, Middle, Last) ROBERT B. GARDINER			1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 12:35 PM		4. Date Of Death (Month/Day/Year) 02/27/2019		
5. Social Security Number [REDACTED]		6a. Age - Yrs 57		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) 10/15/1961			8. Birthplace (City and State or Foreign Country) CHICAGO HEIGHTS, IL								
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) FRANCISCAN ST. ANTHONY HEALTH - CROWN POINT											
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name LESLIE S. GARDINER				15a. Last Name Before First Marriage NOTTINGHAM			16. Decedent's Usual Occupation COMMERCIAL LOAN OFFICER			17. Kind Of Business/Industry BANKING	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18c. Street And Number 700 DAVIS COURT		
18d. Apt. No.			18e. Zip Code 46307			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) BURTON J. GARDINER				23. Parent's Name (First, Middle, Last) DOROTHY L. GARDINER				23a. Parent's Last Name Before First Marriage KOEHN			
24. Informant's Name LESLIE S GARDINER			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 700 DAVIS COURT, CROWN POINT, IN 46307					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HISTORIC MAPLEWOOD MEMORIAL CEMETERY			25c. Location - City, Town, And State CROWN POINT, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307					27a. Funeral Home License Number FH83001261				
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN , BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009893					
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. LUNG CANCER WITH METASTASIS TO LUMBAR SPINE <small>Due to (Or As A Consequence Of):</small> 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. <small>Due to (Or As A Consequence Of):</small> C. <small>Due to (Or As A Consequence Of):</small> D.								Approximate Interval: Onset To Death 5 MONTHS			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: JAMES FLYNN CANTORNA , BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JAMES FLYNN CANTORNA 761 - 45TH STREET, MUNSTER, IN 46321						44. License Number 01043716A		45. Date Certified 02/28/2019			
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): FEB 28 2019					

