

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 039548

2019 JUL -1 AM 10:32

MICHAEL E. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

3

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Comes now **NANCY S. GREGOR**, being duly sworn upon her oath and states as follows:

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 82, Unit IV, Briarwood Subdivision as per plat thereof recorded in Plat Book 41, page 51, in the Recorder's Office of Lake County, Indiana.

Commonly known as 917 Ironwood Dr. Crown Point, IN 46307
Parcel ID No. 45-16-09-351-004.000-042

That Nancy S. Gregor and Andrew J. Gregor, now deceased, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by deed of conveyance.

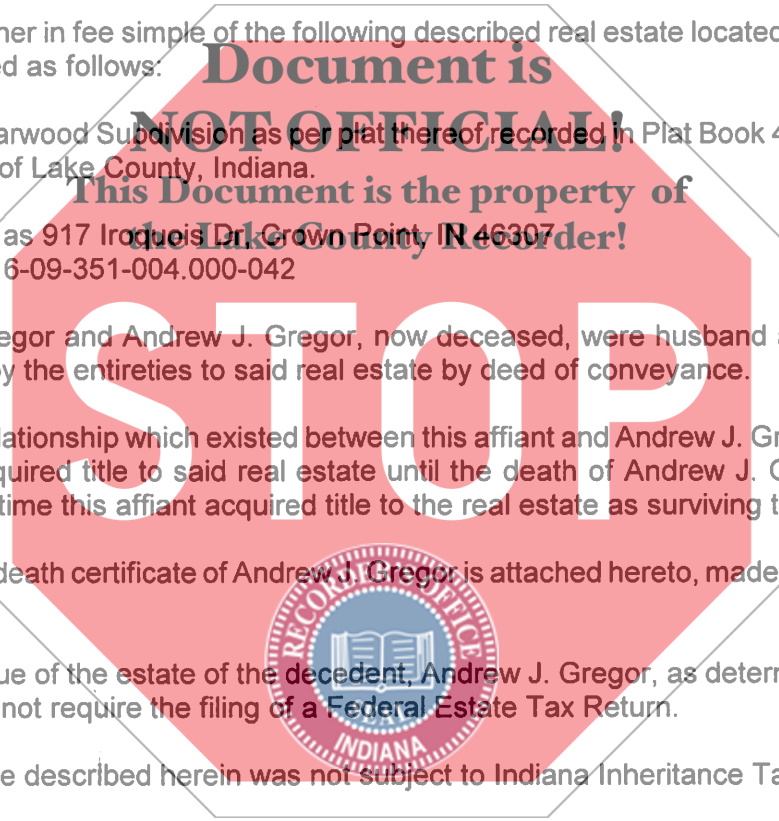
That the marital relationship which existed between this affiant and Andrew J. Gregor continued unbroken from the time they so acquired title to said real estate until the death of Andrew J. Gregor on the 25th day of February, 2014, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That a copy of the death certificate of Andrew J. Gregor is attached hereto, made a part hereof and marked Exhibit "A".

That the gross value of the estate of the decedent, Andrew J. Gregor, as determined for the purposes of Federal Estate Taxes did not require the filing of a Federal Estate Tax Return.

That the real estate described herein was not subject to Indiana Inheritance Tax.

Nancy S. Gregor
NANCY S. GREGOR



Handwritten notes:
S. /
at c. 6/24/19
D

051761

FILED

JUL 01 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 11114

Local No 000645

EDR No 00000372049

State No

1. Decedent's Legal Name (First, Middle, Last) ANDREW J GREGOR				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 04:27 AM	4. Date Of Death (Month/Day/Year) 02/25/2014	
5. Social Security Number		6a. Age - Yrs 75		6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 11/21/1938	
8. Birthplace (City and State or Foreign Country) GARY, IN		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 checked="" type="checkbox"/> Inpatient <input 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) 8701 BROADWAY				12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099		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 NANCY GREGOR				15c. (if Wife) Give Maiden Last Name WYATT		16. Decedent's Usual Occupation FOREMAN		17. Kind Of Business AUTO WIPER MANUFACTURING	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.		18e. Zip Code 46307	

19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
22. Father's Name (First, Middle, Last) STEPHEN GREGOR		23. Mother's Name (First, Middle, Last) MARY GREGOR		23a. Mother's Maiden Last Name UGRIN			
24. Informant's Name NANCY GREGOR		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 917 IROQUOIS DRIVE, 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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility GEISEN FUNERAL, CREMATION & RECEPTION CENTRE, 606 EAST 113TH AVENUE, CROWN POINT, IN 46307		27a. Funeral Home License Number FH10700031	
27b. Signature Of Indiana Funeral Service Licensee: LARRY ALLEN GEISEN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD09000013			

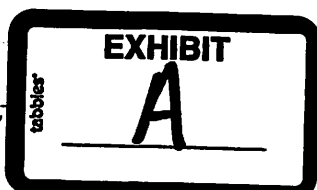
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death. Add Additional Lines If Necessary.		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>RESPIRATORY FAILURE/PLASMACYTOSIS</u> Due to (Or As A Consequence Of):		Approximate Interval Onset Of Death FEB 28 2014	
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. <u>ACINETOBACTER PNEUMONIA</u> Due to (Or As A Consequence Of):		Signature of Physician <i>Susan W. Best, MD</i>	
C. <u>RENAL FAILURE</u> Due to (Or As A Consequence Of):		LAKE COUNTY HEALTH OFFICER	
D. <u>IGA LAMBDA MYELOMA</u> Due to (Or As A Consequence Of):		1 YEAR 3 MONTHS	

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)			

41. Signature, Of Person Certifying Cause Of Death GEETA KURRA, 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 GEETA KURRA, 200E 89TH AVE, 2A, MERRILLVILLE, IN 46410		44. License Number 01067865A	
45. Date Certified 02/27/2014		47. *Akas:	

48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE		49. For Registrar Only: Date Filed (Month/Day/Year) FEB 28 2014	
--	--	---	--

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)



RAISED SEAL APPLIED