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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 039572

2019 JUL -1 AM 11:17

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

File No.: CTNW1902363-JRL

COUNTY OF LAKE

Case No.: 45D02-1901-EU-37

CHICAGO TITLE INSURANCE COMPANY

Comes now Kevin Rice, who being duly sworn upon his/her oath, deposes and says:

That he is the surviving nephew of Clarence A. Tapper, deceased who died in Bexar County, Texas, on January 17, 2018.

That Clarence A Tapper and Georgia B. Tapper aka Georgia Tapper acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

For APN/Parcel ID(s): 45-06-01-331-017.000-023

LOTS TWENTY-FIVE (25) AND TWENTY-SIX (26), IN BLOCK ONE (1), OF KENWOOD ADDITION IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 10, PAGE 17, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property: 6256 Hohman Ave., Hammond, IN 46324

Affiant states that and Georgia B. Tapper aka Georgia Tapper continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Georgia B. Tapper aka Georgia Tapper's death. The Parties acquired title to the premises by Deed dated July 30, 1975 and recorded August 28, 1975 as Instrument Number 314666 in the Office of the Recorder of Lake County, Indiana.

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 .

IN WITNESS WHEREOF, the undersigned have executed this document on June 27, 2019, 2019.

Kevin Rice
Kevin Rice

STATE OF IN

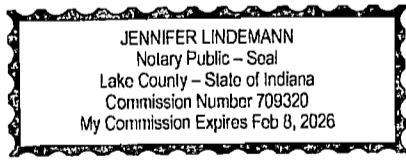
COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Kevin Rice this 27th day of June, 2019.

Jennifer Lindemann
Notary Public

Resident of _____ County

My Commission expires: _____



FILED

002454

JUL 01 2019

**JOHN A. PETALAS
LAKE COUNTY AUDITOR**

CK# 1820801070
\$25.00
D

SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by:
~~Kevin Rice~~ Eileen Gostylo
EG

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

Kevin Rice.

Return to: The Devises of Georgia B. Tapper aka Georgis Tapper, deceased

2150 ENCINO LOOP

San Antonio TX 78258



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS
 JAN 20 2018
STATE OF TEXAS **CERTIFICATE OF DEATH** **STATE FILE NUMBER 142-18-006619**

LEGAL NAME OF DECEASED: **CLARENCE ANTON TAPPER AKA CLARENCE ANTOINE TAPPER AKA CLARENCE A. TAPPER AKA CLARENCE TAPPER**
 SEX: **MALE** DATE OF BIRTH: **SEPTEMBER 14 1938** AGE: **53**
 SOCIAL SECURITY NUMBER: [REDACTED] MARRIAGE STATUS: MARRIED DIVORCED SINGLE WIDOWED

RESIDENCE: **2150 ENCINO LOOP**
 COUNTY: **BEXAR** STATE: **TEXAS**

DECEASED'S NAME: **NORMAN TAPPER**

DEATH OCCURRED IN A HOSPITAL: Inpatient Outpatient DCA Hospice Facility Long-term Care Facility Other

COURTY OF DEATH: **BEXAR** CITY: **SAN ANTONIO 78259**

DECEASED'S NAME & RELATIONSHIP TO DECEASED: **EILEEN GOSTYLO - DAUGHTER** RESIDENCE: **2150 ENCINO LOOP SAN ANTONIO, TX 78259**

METHOD OF DISPOSITION: Burial Cremation Entombment Removal from State Other (Specify)

PLACE OF DISPOSITION: **OAK HILLS CEMETERY** HAMMOND, IN

NAME OF FUNERAL FACILITY: **FUNERAL CARING USA FH-KIRBY OFFICE** 6902 NE LOOP 410 SAN ANTONIO, TX 78219

DECEASED'S SIGNATURE: [REDACTED] DATE CERTIFIED: **JANUARY 18 2018** COUNTY NUMBER: **PG473** TIME OF DEATH: **07 44 AM**

SIGNATURE OF DECEASED: [REDACTED] SIGNATURE OF REGISTRAR: [REDACTED]

PRINTED NAME ADDRESS OF DECEASED: **VIDYA VADDEMPUDI METROPOLITAN METHODIST HOSPITAL, SAN ANTONIO, TX 78212** MD

PART 1: ENTER THE CHAIN OF EVENTS - DISEASE, INJURIES, OR CAUSATIONS - THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARCINOMA, ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH LINE.

- CAUSE OF DEATH**
- a. ENDSTAGE DEMENTIA
 - b. DYSPHAGIA
 - c. HTN
 - d. CORONARY ARTERY DISEASE

PART 2: ENTER OTHER SIGNIFICANT OCCASIONAL CONTRIBUTIONS TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1: _____

34. WAS AN AUTOPSY PERFORMED? Yes No

35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? Yes No

36. MANNER OF DEATH: Natural Accidents Suicide Homicide Pending Investigation Could not be determined

37. DID TOBACCO USE CONTRIBUTE TO DEATH? Yes No Probably Unknown

38. IF FEMALE: 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 one year before death Unknown if pregnant within the past year

39. IF TRANSPORTATION INJURY SPECIFY: Driver Operator Passenger Pedestrian Other (Specify)

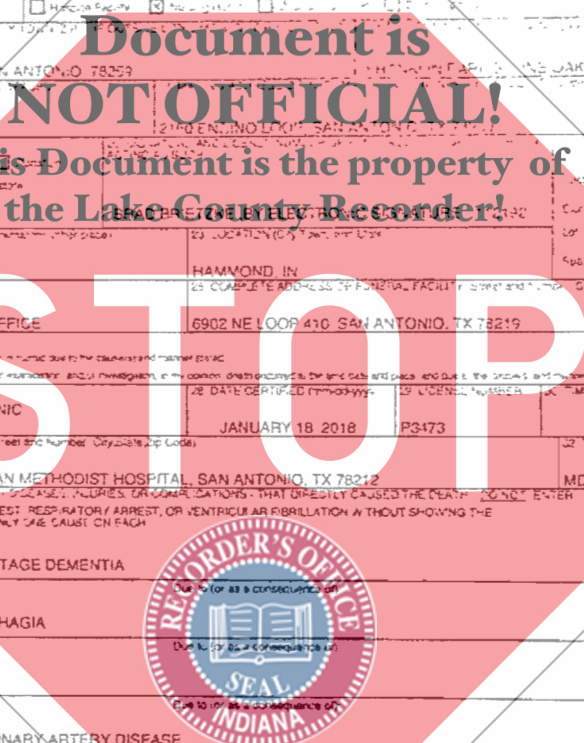
40a. DATE OF INJURY (mm-dd-yyyy) 40b. TIME OF INJURY 40c. INJURY AT WORK? Yes No 40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)

41. LOCATION (Street and Number, City, State, Zip Code) 42. COUNTY OF INJURY

43. DESCRIBE HOW INJURY OCCURRED: _____

44a. REGISTRAR FILE NO. **0200534** 44b. DATE RECEIVED BY LOCAL REGISTRAR: **JANUARY 20, 2018** 44c. REGISTRAR: **REGISTRAR - SAN ANTONIO CITY CLERK, ELECTRONICALLY FILED**

EDR NUMBER: 00002641742



WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. Health and Safety Code, Sec. 19C, 19B1.
 VS-112 REV 1/2006

0A12081597



This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 197.061, Health and Safety Code.

Tara Das
 TARA DAS
 STATE REGISTRAR

JLF