STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 056578

7419 AUG 21 AM 9:55

MICHAEL B. BROWN RECORDER





# AFFIDAVIT OF SURVIVORSHIP

Property Address: 2531 Crabapple Lane, Hobart, IN 46342

**Property County:** Lake ocument is

Pamela J Gibson, of adult age, being first duly sworn, upon deposes and says

That Pamela J Gibson, is the Wife of Raymond W Gibson, deceased who died on 5/11/1016 a resident of Dyer County, TN County,,

the Lake County Recorder!

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

## SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Bernice J Olszowski recorded May 5, 1977 as Document No. 405137 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Pamela J Gibson, surviving spouse of the decedent.

Further, Affiant sayeth not.

Pamela J Gibson

MTC File No.: 19-23765 (AOS)

Page 1 of 3

HOLD FOR MERIDIAN TITLE CORP

FILED

27894

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

JOHN E. PETALAS LAKE COUNTY AUDITOR

AUG 20 2019

State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Pamela J Gibson** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 15th day of August, 2019.

My Commission Expires:

Document is

Signature of Notary Public

NOT OFFICIAL

Commission No.

This Document is the Printed Narte of Notary

the Lake County Recorder!

Notary Public County and State of Residence

This instrument was prepared by:

Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602 202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:

2531 Crabapple Lane Hobart, IN 46342

LAURA J BRASOVAN Notary Public State of Indiana

Lake County
Commission #655821
ly Commission Expires

July 20, 2022

Grantee's Address and Mail
2531 Crabapple Lane
2531 Crabapple Lane
2531 Crabapple Lane
2531 Crabapple Lane

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. Debra A. Guy

MTC File No.: 19-23765 (AOS)

Page 2 of 3

### **LEGAL DESCRIPTION**

Lot One Hundred Sixty One (161), Crestwood Trace, in the City of Hobart, as shown in Plat Book 42, page 29, and corrected in Instrument No. 222192, Lake County, Indiana.

Tax ID Number(s): State ID Number Only



MTC File No.: 19-23765 (AOS) Page 3 of 3

# INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00049	)1	EDR No UU	<u>0000511377                                  </u>		te No	<del></del>	10
Decedent's Legal Name (First, Middle, Last)		1a. Maiden	Name (Iffemale)	2, Sex	3. Time Of Death	4. Date Of	Death (Month/Day/Year)
YMOND W GIBSON				MALE	12:30 AM	1 (	05/11/2016
	Inder 1 Year   6c, Under	1 Month 6d. Under 1 C	Day 6e. Under 1 Hour 7. Dat	e of Birth (Month/Day/Ye	ar) 8. Birthplace (Cl	ty and State o	r Foreign Country)
79 Month	hs Days	Hours	Minutes	08/25/1936	DYER CO	UNTY, TI	<u> </u>
ever in U.S. Armed Forces? 10. If Death Occur	rred In A Hospital:		10a. If Death Occurred Sor	newhere Olher Than A Ho Decedent's Home 🔲	ospital Nursing Home/Long-lei	rm Care Facili	ty
Yes ⊠ No ☐ Unknown ☐ Inpatient ☐	Emergency Department Ou	utpatient 🔲 Dead on A	Arrival Other (Specify)				
Facility Name (If Not Institution, Give Street and N	Number)						
NA HOSPICE CENTER  City Or Town, State, And Zip Code			13. County Of Death		14. Marital SI		Of Death ut Separated Divorce
			PORTER		Married	I ∐ Neve	r Married   Unknown
ALPARAISO, IN, 46383		15a. (If Wife)Give I		16. Decedent's Usua	Occupation	17. Kind	Of Business/industry
		DOBSEV		STEELWORK	≣R	STEEL	
AMELA J GIBSON	18a. County	-IBOKSEI · · ·	18b. City Or Town	<u> </u>			
	LAKE		HOBART	· · · · · · · · · · · · · · · · · · ·			
IDIANA  BC, Street And Number				18d. Ap	t. No. 18e, Zi	p Code	18f. Inside City Limits?
531 CRABAPPLE LANE		Doo	1100001		40	6342	Yes No
Decedent's Education	20, Decedent	Of Hispanic Origin	21, Deceder	l's Race		_	
TH - 12TH GRADE; NO DIPLOM	A NOT HIS	PANIO T	White	T	·		
2. Father's Name (First, Middle, Last)	N INDITION		23. Mother's Name (First, N	liddle, Last)	23a	ı. Mother's Ma	iden Last Name
AVAIOND A CIRCON	This	Docume	nt iselmengers	perty of	GR	IMES	
AYMOND A GIBSON  Informant's Name		tionship To Decedent	24b. Mailing Address (Stre	et And Number, City, Stat	e, Zip Gode)		
AMELA J GIBSON	SPOU		2531 CRABAPPL	E LANE, HOBAR	T, IN 46342		
	Lash Bless Of Bless	etition (Name Of Cemet	25. Place Of Disposition lery, Crematory, Other Place) 25	. Location - City, Town, A	nd State		
5a. Method Of Disposition ] Buriat ☑ Cremation ☐ Donation ☐ Entombi		Short (Mario S. Camer					
Removal From State		ROLL CREMAT	ION SERVICES G	ARY, IN			
Other (Specify): 6. Was Coroner Contacted? 27. Name	e And Complete Address C	of Funeral Facility	TOTAL COLUMN TO THE STATE OF TH			27a. Fu	neral Home License Numb
☐ Yes ☒ No							
			APEL 600 WOLD RID	GE RD. HOBAR	T, IN 46342		003069
7h Signature Of Indiana Euperal Service Licenses	91		APEL, 600 W OLD RID				003069
7b. Signature Of Indiana Funeral Service Licensee AMES J. KRAUSE , BY ELECTR	ONIC SIGNATUR	Cause Of Deat	th (See Instructions And Exam	FD0100			Approximate
7b. Signature Of Indiana Funeral Service License AMES J. KRAUSE , BY ELECTR	ONIC SIGNATUR	Cause Of Deat	th (See Instructions And Exam	FD0100			Approximate
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7b. Signature Of Indiana Funeral Service License AMES J. KRAUSE, BY ELECTR  28. Part I. Enter The Chain Of Events - Diseasuch As Cardiac Arrest, Respiratory Arrest, A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Sequentially List Conditions, If Any, Leading Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last  Part II. Enter Other Significant Conditions Contribution 1. Did Tobacco Use Contribute To Death?  ☐ Yes ☐ Probably ☒ No ☐ Unknown 1. Date Of Injury (Month/Day/Year) 1. Did Tobacco Use Contribute To Death? 1. Did Tobacco Use C	ISONIC SIGNATURE  ISSES, Injuries, Or Complic IT Ventricular Fibrillation V  Resulting In Death)  To The Cause Listed On It or Injury That Initiated  32. If Female:    Not Pregnant Within Par   Not Pregnant, But Pregr   35. Time Of Injury  38a, City Or Town	Cause Of Deat ations - That Directly C Vithout Showing The E  A. KIDNE CA  B. C. D. D. St Year Pregnant At Time and 43 Days To 1 year Before Do	th (See Instructions And Exam Caused The Death. Do Not Enter Hotogy. Do Not Abbreviate. Enter LICER WITH LUNG AND BRAIN Due to D	FD0100  Ples  Terminal Events Only One Cause On  METASTASIS (Or As A Consequence Of):  (Or As A Consequence Of):  Was An Autopsy Perform  Were Autopsy Finding Av  Thin 42 Days Of Death  Past Year  Thome, Construction Sit	ied? Yvailable To Complete Tr Manner Of Death: Vatural   Homicide Suicide   Could Not Bee, Restaurant, Wooded  38c. A  If Transportation Injury whee/Operator   Passenger Check Only One)	es 🗵 N ne Cause Of D Accident se Determined Area) pt. No. Specify: Pedesirian	Approximate Interval: Onset To Death  6 YEARS  Pending Investigation  77. Injury At Work?  Yes No  38d. Zip Code
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