

2019-072248

2019 October 23

8:30:12 AM

PARCEL TAX NO.: 45-07-08-452-007.000-023

3
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now **BARBARA SUE FOWLER, a/k/a BARBARA S. FOWLER** being duly sworn upon oath, and states as follows:

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

**WOODMAR-UNIT 10 L. 1 BL. 34 ALL L. 2 BL. 34 ALL L. 3 BL. 34 & S.
25 FEET OF VAC. 172ND STREET .ADJ**

Commonly known as: 7204 Olcott Avenue, Hammond, Indiana 46323
Mail tax bills to: Barbara S. Fowler, 7204 Olcott Avenue, Hammond,
Indiana 46323

2. That the affiant and the decedent **VERLON FOWLER** were married on July 30, 1965. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated March 27, 2014, and recorded in the Office of the Lake County Recorder.

3. That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of **VERLON FOWLER**, on **October 30, 2017**, at which time this affiant acquired title to the real estate as surviving tenant by the entireties. See attached Death Certificate as Exhibit A.

4. That life estate of Verlon Fowler is extinguished.

5. That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return and therefore not subject to Federal Estate Tax.

FILED

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JOHN E. PETALAS
LAKE COUNTY AUDITOR

25-
5292
BM
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 186988

Local No 003742

EDR No 00000606608

State No 053063

1. Decedent's Legal Name (First, Middle, Last) VERLON J FOWLER				1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 12:22 PM		4. Date Of Death (Month/Day/Year) 10/30/2017		
5. Social Security Number		6a. Age - Yrs 75		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour		
		Months		Days		Hours		Minutes		7. Date of Birth (Month/Day/Year) 02/14/1942		
										8. Birthplace (City and State or Foreign Country) ATTALLA, AL		
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) COMMUNITY HOSPITAL												
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321						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 BARBARA FOWLER				15a. Last Name Before First Marriage FERRELL				16. Decedent's Usual Occupation OPERATOR		17. Kind Of Business/Industry CHEMICAL COMPANY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HAMMOND			18d. Apt. No.		18e. Zip Code 46323	
18c. Street And Number 7204 OLCOTT AVENUE									18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White						
22. Parent's Name (First, Middle, Last) MARCUS FOWLER				23. Parent's Name (First, Middle, Last) MATTIE FOWLER				23a. Parent's Last Name Before First Marriage LATHAM				
24. Informant's Name BARBARA FOWLER			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 7204 OLCOTT AVENUE, HAMMOND, IN 46323						
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATORY				25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN 46319						27a. Funeral Home License Number: FH10600026				
27b. Signature Of Indiana Funeral Service Licensee: RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08700086						
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. BRONCHOPNEUMONIA 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. SEPTIC SHOCK C. CONGESTIVE HEART FAILURE D.												
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		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				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (Decedent's Home, Construction Site, Restaurant, Wooded Area)				38. Apt. 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"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death: MOHAN K. B. KESANI, 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: MOHAN K. B. KESANI, 10010 DONALD S. POWERS DRIVE, MUNSTER, IN 46321						44. License Number: 01060281A		45. Date Certified: 10/31/2017				
46. Additional Funeral Service Provider:						47. *Attest:						
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) NOV 01 2017						

EXHIBIT A

State Form 53395 ATTEI

RAISED SEAL AFFIXED