2019-077308

2019 Nov 12

10:13 AM

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER

## AFFIDAVIT OF SURVIVING JOINT TENANT

SHIRLEY C. DUNBAR, of lawful age, being duly sworn, states as follows:

On May 15, 2017, the following real property situated in Sake County, Indiana was conveyed by Warranty Deed to George F. Dunbar and Shirley C. Dunbar as husband and wife, with the right of survivorship:

This Document is the property of Lot 13, EXCEPT THE WEST 70.36 FEET THEREOF, AS MEASURED BY PARALLEL LINES ALONG THE SOUTH LINE OF SAID LOT 13, IN WOODS OF CEDAR CREEK, AN ADDITION TO THE TOWN OF CEDAR LAKE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 100 PAGE 35, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Lake County Tax ID Number: 45-15-35-202-019.000-043

Address of Real Estate: 6820 West 142<sup>nd</sup> Place, Cedar Lake, IN 46303.

The referenced Warranty Deed was recorded as document number 2017 032229 in the Lake County, Indiana Recorder's office. There is attached hereto a certified copy of George F. Dunbar's death certificate, issued by the Indiana State Department of Health showing that the deceased joint Tenant, George F. Dunbar, died on September 27, 2019.

Affiant further states that she is the surviving joint tellant in the described real property, and that the decedent named in the death certificate is one and the same person as the joint tenant named in the deed recorded as set forth above. Affiant further states that on the date the joint tenant died, the deceased joint tenant and she were married to each other, and thus the affiant is the surviving spouse.

I STATE NOTHING FURTHER.

30568

DATED this: 9th day of November, 2019.

Shirley C. Dunbar

Nov 1 2 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR

THIS DOCYMENT PREPARED BY DANIEL W. SHER MAN, ATTORNEY

NO SALES DISCLOSURE NEEDED AR

State of Indiana )
County of Porter ) ss:

I, the undersigned Daniel W. Sherman, an attorney and a Notary Public in and for Porter County, State of Indiana, DO HEREBY CERTIFY that Shirley C. Dunbar appeared before me this day in person, and acknowledged that she signed, sealed and delivered this instrument as a free and voluntary act. <u>I also affirm, under the penalties of perjury, that I have redacted each Social Security number in this document, unless required by law.</u>

SWORN TO AND SUBSCRIBED BEFORE ME THIS 19 day of November, 2019.

NOT OFFICIAL!

BLIC the Lake County R My Commission expires:

Notary Public - Seal
State of Indiana
Porter County
My Commission Expires Oct 18, 2022

DANIEL W. SHERMAN

10/18/2012



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 209195

Local No 90352	20	EDF	No 0000	0073388	36	2. Sex	State No			Death (Month/Day/Year)	
GEORGE F DUNBAR	ETELETE		ia, Maidell Ivali	e (il terriale)	==11	MALE	=====	0 AM	TE ETT	09/27/2019	
The second secon	Under 1 Year 6c.	Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month/Day				Foreign Country)	
9. Ever in U.S. Armed Forces? 10. If Death Occ	ths Day	s	Hours	Minutes 10a. If Death Occu		02/13/1940		HCAGO,	IL		
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrival Other (Specify)											
11. Facility Name (If Not Institution, Give Street and Number) 6820 WEST 142ND PLACE											
12. City Or Town, State, And Zip Code 13. County Of Death								14. Marital Status At Time Of Death  Married Married, But Separated Divorced			
CEDAR LAKE, IN, 46303 15. Surviving Spouse's Name		15a.	Last Name Before F	LAKE irst Marriage		16. Decedent's Us		Midowed n		Married Unknown  Of Business/Industry	
SHIRLEY DUNBAR  18. Residence - State	18a. Coun		SPER	18b. City Or Tov		RETAIL SAL	ES		AUTO P	ART INDUSTRY	
INDIANA	LAKE	E115.21	E ELLE EL	CEDAR LA	(E	=======================================		1 40- 7-	0.4	106 Joseph City Limited	
18c. Street And Number 6820 WEST 142ND PLACE						180.	Apt. No.	18e. Zip	303	18f. Inside City Limits?	
19. Decedent's Education HIGH SCHOOL GRADUATE OR G	ED	edent Of Hispan	Docu	ment	ecedents	Race		==11=	-11-		
COMPLETED  22. Parent's Name (First, Middle, Last)	NOT	MSPANIC	TO	White 28. Parent's Name (F		e, Last)		23a. P	arent's Last N	lame Before First Marriage	
KENNETH DUNBAR 24, Informant's Name			cument	MARGARET I	DUNBA	AR	tato Zin Codo	DOY	LE		
SHIRLEY DUNBAR				6820 WEST-1	-				03		
25a. Method Of Disposition  ⊠ Burial ☐ Cremation ☐ Donation ☐ Entombr	25b. Place Of		25. Pla	ce Of Disposition ematory, Other Place)		ocation - City, Town,		3515			
Removal From State Other (Specify):	ABRAHA		N NATIONAL	CEMETERY	ELW	OOD, IL	TE EI				
□ Yes ⊠ No ELMW	OOD FUNER IN 46303		the state of the s	MATORY, 993	LINC	OLN PLAZA	WAY, CE	DAR	27a. Fune	ral Home License Number:	
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELEC		NATURE	15 5 15		= 111	27c. Lice FD092	ense Number (	Of Licensee):	-11-11		
28. Part I. Enter The Chain Of Events - Diseas	ses, Injuries, Or Cor	Camplications - Th	nat Directly Caused	Instructions And I The Death. Do Not	Inter Terr	minal Events	THIS IS	A TRUE (	COPY OF	Approximate Interval: Onset	
Such As Cardiac Arrest, Respiratory Arrest, Or A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition	1 = 111 = =			Do Not Abbreviate.		Iy One Cause On TH LAKE	COUNT	D ON FIL	E WITH	I HE TO BOULD	
	1		A COLUMN	······································		s A Consequence Of):	1	0 2 0	2010		
Sequentially List Conditions, If Any, Leading T Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last			3 1		==11	as A Consequence Of):	St	P 3 U	2013		
		D		SEAL			==115/	? = =	TE ETI		
Part II. Enter Other Significant Conditions Contribution	g to Death But Not R	esulting In The L	Inderlying Cause Giv	DIAPOTA IIII		An Autopsy Performe e Autopsy Finding A	AVE COL	mplete The C	Ause Of Dear		
31. Did Tobacco Use Contribute To Death?	32. If Female:  Not Pregnant With	hin Past Year	Pregnant At Time Of Death	Not Pregnant, But Pregr	ant Within 42		Manner Of D		Accident	Pending Investigation	
☐ Yes    ☐ Probably    ☐ No    ☐ Unknown  34. Date Of Injury (Month/Day/Year)	Not Pregnant, But 35. Time Of Inju	and the result of the second		Unknown If Pregnant Wice Of Injury (E.G., Dec	At the beautiful the		Suicide Control			Injury At Work?	
20 Leasting Official State	38a. City Or Tow	IT STIE	200 5	treet & Number	TIE			38c. Apt. N	10 380	Yes No	
38. Location Of Injury - State	36a. City Of Tow	TE ELE	=11==11=				可用	Joe. Apr.		112 2112 211	
39. Describe How Injury Occurred			直話直頭			40.	If Transporta	tion Injury, Spe Passenger P	ecify:	ÜNLESS	
41. Signature, Of Person Certifying Cause Of Death		ETEE				42. Certifier ( ⊠ Certifying		ne)		Health Officer	
43. Name, Address And Zip Code Of Person Certifyi	ng Cause Of Death:	=11==1	正訂問題		==11		44. License		45.	Date Certified	
LYLE R MUNN , 600 SUPERIOR . 46. Additional Funeral Service Provider.	AVENUE, ML	INSTER, II	N 46321				0103158 47. *Akas:		19 11	09/27/2019	
							r Only -IDate	IDate Filed (Month/Day/Year):			
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								SEP 30 2019			
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