## 2019-080838

2019 Nov 22

10:11 AM

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

## AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-15-34-105-008.000-014 (Lot 46) I.D. NO. 45-15-34-105-007.000-014 (Lot 47)

RICHARD L. GRANGER, being first duly sworn upon oath, deposes and says:

- 1. That Olin C. Granger a/k/a Olen C. Granger, died on June 16, 1996, at Crown Point, Lake County, Indiana.
- 2. That Olin C. Granger a/k/a Olen C. Garnger and Frances E. Granger were duly and legally married at the time they acquired title in the following described real estate:

LOTS (46) FORTY-SIX AND (47) FORTY SEVEN, BOTH IN BLOCK (3) THREE, IN JANE DWAN GARDENS, CEDAR LAKE, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 20 PAGE 56, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Document is

Commonly known as: 14133 PARRISH AVE., CEDAR LAKE, IN 46303

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death. Per state statute IC 32-17-3-1 all interest is conveyed to the surviving spouse.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

<b>S</b> u	infletent to necessitate paymen	in of rederal Estate Tax.		
6. A	ffiant's relationship to decede	ent is son.		
FURTH	ER, your Affiant saith naug	ht. Richard L	Granger_	
	,	RICHARD L. GRAN	GER, Affiant	-
STATE OF	COUNTY OF MALE	P-SS:		
Before me,	, the undersigned, a Notary Publipersonally appeared RICHARD	ic in and for said county-and	state this 8	day of
foregoing Affidavit.	In witness whereof, I have here	unto subscribed my name ar	and affixed my official seal.	
		ANAMA		
My Commission Ex County of Residence		ed Frisky	Notary Public	
This instrument prep	VIS LAW, LLC No legal opinio	IS, Attorney at Law, ID No. C, P.O. Box 980, Cedar Lake In given to Grantor(s) or Gra of holding ownership. All in the company	e, IN 46303 intee(s) in preparation	

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.

Signature

Printed Name

FILED

NOV 2 2 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR DENIS RYAN

DENIS RYAN

Notary Public, State of Indiana

Notary Public State of Indiana

Hamilton County

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COMMUNITY TITLE COMPANY FILE NO. 19/75-26

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* ATTENTION	N ESTATE:	Disclosure	of the
SS# we need is voluntary a	to pursue	our respon	sibilities
is voluntary a	nd there wi	il be no pe	nally for
refusei *	_	- 1	

SS# we need to	STATE: Disclosure of the pursue our responsibilities there will be no penalty fo	INITIANIA CT	TATE DEP	ARTME	ENT (	OF HE	ALTH				
Local No	2186-94	<u></u>	CERTIFICA	ATE OF	DE	HTA	State	No	••••••	***************************************	
40815 .	THE RECORDS IN THIS SI	ERIES ARE CONFIDENTIAL PER	IC 16-1-19-3			, see .				* *, ** **	
TYPE/PRINT	DECEASED-HAME (First Middle Olen C. Granger				2 SEX Ma	le		3b. DATE OF DEATH (Month Day W)  June 16, 1996			
PERMANEN	A SOCIAL SECURITY NUMBER	Sa AGE - Lest Birthday Sb. UNDER 1 YEAR Sc. UNDER 1 (Yours) Months Days Hours N			Wirester		TH (Mo Day Yr)	7. BIRTHPLACE (City	and State o	r Foreign Country)	
BLACK INK	On INAC DECERRENT	75	Apr 2, 1921 Hammond, IN				<del></del>				
1	9a. WAS DECEDENT A U.S. VETERAN? YES	85. YEAR LAST SERVED IN U.S. ARMED FORCES		Inpatient		OTHER	☐ Nussing Hom	to the same of the	N		
DECEDENT	SD. FACILITY NAME (If not institution, give street and number)  DIA LIVE ENCUMPAGENT LI DUA LIVE Headence  DO. CITY TOWN OR LOCATION OF DEATH  De. COUNTY OF DEATH					DEATH	-				
	St Anthony Medical Center				Crown Point			Lake			
	IQ MARITAL STATUS (Specify)  Married	11. SURVIVING SPOUSE (If wife, give melden nume) Frances Ellen Hills				ENT'S USUAL OCCUPATION (Give kind of work using most of working the Do not use retred)			120. KIND OF BUSINESS INDUSTRY		
	13a RESIDENCE - STATE	126. COUNTY	Carpenter   Carp		13d. STREET AND NUMBER 14133 Parrish Ave						
	· IN	Lake					Ave.				
	130. ZIP CODE 131. INSIDE CI		16. WAS DECEDENT OF HISPANIC OF MS No  Yes (If yes open Mexican, Puerto Rican, etc.)				E - American Indian K, White, etc.	17. DECED (Specify only h	DECEDENT'S EDUCATION only highest grade completed)		
	46303 130 ON A FAI	RM7. USA				(Spo	city)	Elementary/Secondary (0-12)		College (1-4 or 5+)	
PARENTS	18. FATHER'S NAME (First, Middle	The second secon	t the Same Control		19. MOT		irst, Middle, Malden Su	-			
PANCING	Olen C. Granger Sr.	ut e unaciona e i e e e e e e e e e e e e e e e e e									
INFORMANT	20a. INFORMANT'S NAME (Type/I	•	-1			, ,	sule Number, City or To	own, State, Zip Code)		sixtonship .	
	Frances Ellen Grange	☐ Entonbment	215. DATE AND PLACE	arrish Ave.		-		21c. LOCATION - City or	Wife	William	
	Burist Cremetion	Removal from State	other place)	GE OF DISPOSI	HUM (NAME	or cometery, cre	matory or	ZIE LOCATION - City of	IOWN STATE	ı	
	Donation Cities (Spec		German Metho	***************************************		gan to the		Cedar Lake, IN			
DISPOSITION	TION 22 EMBALMER'S NAME FOOTBE TO CORONERY FD01016076 22 WAS DEATH REPORTED TO CORONERY FD01016076										
	24. SIGNATURE OF FUNERAL BIRECTOR  25. LUCENSE NUMBER OF FUNERAL HOME  26. LUCENSE NUMBER OF FUNERAL HOME  27. FH83000E25  Eller Brady Funeral Home, Inc.  Cedar Lake, IN 46303										
,	PART I THIS CERTIFIES IN A	A Participatestans that c	suised the death. Do no	t onter nonspecif	ic forms suc	h as cardiac or r	respiratory	Sodar Lake, III		primato	
	COMPLETE COPY OF THE CENTRICATE OF THE CANE COUNTY		Cubic arrest.		Kec '	lecorder!			Interval Between Onset and Beath		
A.F.					rictust.						
CAUSE OF DEATH	Conditions if any washing 2	0 1996 DUE TO	(OR AS A CONSEQUE	NCE DF)	-	2.000	-			nw .	
	rise to the immediate cause	OU AND OUE TO	OR AS A CONSEQUE	NCE OF)	j. 444		The State of the S		·	and a section of the section	
	alexander.	Millions MA	g az <u></u>				,				
	PART IL OTTANE COMMENCE	THE CHAMESTENS TO BE COMED IN	ut not previously stated i	in Part I.		iant or 90 day varitum?		MED?	AVAILABLE COMPLETI	OPSY FINDINGS E PRIOR TO ON OF CAUSE 7 (Yes or no)	
		0	TILL	THE PARTY OF	No		No		No		
	29a, CERTIFIER (Check only	SERTIFYING PHYSICIAN To the b	est of my knowledge, d	ath occurs of	Bre Cime, del	e, and place and	due to the cause(s) a	s stated.			
Ir	one)	Annie Maria Carallella	basis of examination angler investigation in my option death occurred at the time, date, and place and du-						•d.		
CERTIFIER :	296. SIGNATURE AND TITLE OF			$S_{EAV}$			MEDICAL LICENSE N			D (Month Day Your)	
	30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED DAUSE OF	DEATH (ITEM 20) (Type	ETANA	1112	101	/	2		· · ·	
,	Paul W. Stewark M.D.		wn Point, IN 48	Maritin Liberty -	. حرفیض						
HEALTH OFFICER	31. HEALTH OFFICER'S SIGNATE	GE CIA	1-12/20	, Jines	برور تشار	7.11.)		32 DAT	E FILED (	20 1996	
	33. MANNER OF DEATH	34a DATE OF INJURY	345. TIME O	F 34c, II	W TA YHULP	ORK?	34d. DESCRIBE HO	N INJURY OCCUPRED	، عمر		

34h, MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver, pass

No

State Form 10110-04 (R4 / 3-93) DEATHCER/PD t