2019-082003

2019 Nov 27

10:08 AM

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

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

File No.:

FNW1904474RJW

COUNTY OF LAKE

Comes now Carol Berwanger, daughter of Audry J. Morris, who being duly sworn upon her oath, deposes and says:

That, Audry J. Morris is the surviving spouse of Harry S. Morris, deceased who died domiciled in Lake County, Indiana, on May 18, 2019.

That Audry J. Morris and Harry S. Morris acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Affiant states that Audry J. Morris and Harry S. Morris 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 Harry S. Morris's death.

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 appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Audry J. Morris.

IN WITNESS WHEREOF, the undersigned have executed this document on November 25, 2019.

Signature

Executed: in Crown Roint, IN on November 25, 2019

Carol Berwanger

Print Name

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Carol Berwanger,

this 25th day of November, 2019.

Notary Public REMEE J. WELLS

Resident of LAKE County

My Commission expires: 7-8-25

"OFFICIAL SEAL"
RENEE J. WELLS
NOTARY PUBLIC-INDIANA
LAKE COUNTY - INDIANA
Commission No. 702361
My Commission Expires 07/08/2025

FILED

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044195

JOHN E. PETALAS

Affidavit (Survivorship) LAKE COUNTY AUDITOR
IND1079.doc / Updated: 08.31.1

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25 - an

CK#182070434Z

CK#182014342



## **SURVIVORSHIP AFFIDAVIT**

(continued)

Prepared by: Timothy R. Kuiper Austgen Kuiper Jasaitis P.C. 130 North Main Street, Crown Point, IN 46307

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

Renee Wells.

Return to: Audry J. Morris



Affidavit (Survivorship) IND1079.doc / Updated: 08.31.17 Printed: 11.24.19 @ 07:15 PM by JW IN-FT-F(DS-01040.246344-FNW1904474

## **EXHIBIT "A"**

**Legal Description** 

For APN/Parcel ID(s): 45-07-08-352-012.000-023

THE EAST 10 FEET OF LOT 12, AND LOT 13, EXCEPT THE EAST 7.0 FEET IN HOMESTEAD GARDENS 3RD ADDITION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 30 PAGE 38 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA TOGETHER WITH THE EAST 1/2 VACATED PUBLIC WALKWAY ADJACENT SAID LOT 12 ON THE WEST.



Affidavit (Survivorship) IND1079.doc / Updated: 08.31.17 Printed: 11.24.19 @ 07:15 PM by JW IN-FT-FIDS-01040.246344-FNW1904474



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

0.0						EDR No 000000711141						State No 025728						
Decedent's Legal Na	mo (First, I	Viddle, Last					1a Maide	en Name	(If female	1)		2 Sex		3. Time Of	Doeth	4. Date	Of Death (Month/Day/Year)	
HARRY S MOF			I ab Illadaid	v I	6c. Under 1 Mo		d 11-d-4	B T	6e. Unde	. 4 U T	7 Data	MAL of Birth (Mont			B AM	by and State	05/18/2019 or Foreign Country)	
5 Social Security Nurr	iper   oa. /		8b. Under 1	Year				- Day		31 I HOUT	7. Date	•	•				Gr Poteigh Country)	
9. ever in U.S Armed	Forces?	89 1 10. If Dea	Months th Occurred in	A Hospi	Days ital:	Н	ours		Minutes 10a, If D	eath Occur	red Some	09/29/19 where Other T			EFF, K	<u> </u>		
⊠ Yes □ No □					partment Outpati	ient [	Dead on	Arrival	☐ Hospi	ice Facility (Specify)		acedent's Hom			me/Long-te	m Care Fac	ility	
11. Facility Name (If N								1	- Oner	(Specify)		<del></del>						
COMMUNITY I	HOSPIT	AL							13	. 'County C	If Death			7 14	Marital St	atus At Time	Of Death	
12 Oly Or Town: State	o, And 24 C	~~~							"	. county c			•		Married [	] Married, I	But Separated Divorced	
MUNSTER, IN, 46321  15 Surviving Spouse's Name   15a. U							st Name B	efore Fir		KE .		16. Decede	nt's Usua		_ Widowed		er Married  Unknown	
							-						1	•				
AUDRY MORRIS  18. Residence - State				SEL 18a. County				18b (	18b City Or Town			DRIVER			IMT			
INDIANA			j	LAKE					HAMMOND									
18c. Street And Numb	er	·····	1	LANE					I LIVINI	MOND	<del></del>	\	18d. Ap	No.	18e. Zıç	Cods	18f. Inside City Limits?	
1704 171ST PL	ACE									4					AF	324	⊠ Yes □ No	
19. Decedent's Educa	tion	20.	20. Decedent Of Hispanic Origin					21. Decedent's Race					70	0024				
HIGH SCHOOL	. GRAD	UATE C	OR GED	NC	T HISPAN	10	T			VVhite	T /	TI						
22. Parent's Name (Fin	st, Middle, L	.ast)			1		1					lo, Last)			23a.	Parent's Las	t Name Before First Marriage	
HARRY C MORRIS  24. Informant's Name  24b. Meiling Address (Street And Number/City, State, Zip Code)										TH								
24. Informant's Name  24a. Relationship To Decedent  24b. Meiling Address (Street And Number/City, State, Zip Code)  AUDRY MORRIS  24b. Meiling Address (Street And Number/City, State, Zip Code)																		
AUDRY MORR	IS				SPOUSE	La					LACE	HAMMO	DND, I	N 4632	4			
25a. Method Of Dispos				5b. Plac	o Of Disposition	(Name			natory, Oth		25c L	ocation - City,	Town, An	d State .				
☐ Burial ☑ Cremati ☐ Removal From State	_	ation [] Er	tombment															
Other (Specify): 28. Was Coroner Cont.	Chatan	1 92			Address Of Fund						CHIC	CAGO HE	EIGHT	S, IL		1 27a Eu	neral Home License Number:	
	5C(6G)																Title I Tomo Decisio Transon.	
☐ Yes ☑ No	ena Funeral			UNE	RAL HOM	E, IN	C., 695	<u> 5 SO</u>	UTHEA	ASTER	N AVE	NUE, HA	Licens	ND, IN	46324 Of Licensee		100004	
276 Signature Of Indiana Funeral Service Licensee: TAYLOR R. JONES, BY ELECTRONIC SIGNATURE													21400			,·		
28. Part I Enter Th	e Chain Of	Events - 0	Diseases, Inju	ries, Or	Complications	- That	Directly Ca	aused 1	The Death	. Do Not E	nter Ter	minal Events					Approximate Interval: Onset	
Such As Cardiac A A Line. Add Addition	rrest, Resp onal Lines I	iratory Arre f Necessar	st, Or Ventric y	ular Fib	nilation Without	t Show	ing The Et	liology. I	DO NOT AL	obreviate.	Enter Or	lly One Caus	e Un				To Death	
Immediate Cause (	Final Disea	se Or Con	dition Resultin	ig In De	eath) A.	_ <u>cc</u>	RONARY	ARTER	Y DISEA	SE	Due to (Or a	As A Consequence	ዕባ:					
Sequentially List Co	onditions I	f Anv. Lead	tina To The C	ausa Li	isted On B.	CA	RDIAC AF	REST			\							
Line A. Enter The I The Events Resulting	<b>Inderlying</b>	Cause (Dis	ease Or Injur	Injury That Initiated			2110	CUSIO				As A Consequence	A Consequence Of):					
THE EVENTS ABBUILTY IT DESCRIPTION											As A Consequence	A Consequence Of):						
Boot II Enter Other Sig	nificant Con	divos Cont	abuting to Door	th Due M			RIAL FIBR				20 \A/a	s An Autopsy 5	Parlorma	12				
Part II. Enter Other Sig			ilbaniili ia maa	ñi on u	or weadings in	tie Olia	onying Coo	(0.1/N	DIAN	HILL		re Autopsy Fin			☐ Yes mplate The			
31. Did Tobacco Use (				f Female										anner Of De			Yes No	
Yes Probably	□ No Ø	Unknown	. —		nt Wilbin Past Year nt, But Pregnant 43 Day		nari At Time Of nar Refore Deat			iani, but Pregn If Pregnant Wit					imicido 📋 iuld Not Bo I		Pending Investigation	
34. Date Of Injury (Mo	nth/Day/You	ar)		Time Of		····						ome, Construct					7. Injury At Work?	
38. Location Of Injury	State		39-	City Or	Town	· •		ish ci-	and & Norm			CALL IN WASHINGTON	<b>i</b>		38c. Apt.	No.	Yes No	
So. Cocadon Or Injury	- Jiel#		308.	City Of	· Own		The	DEC	ORD C	N FILE	WITH	THE			oou. Apt.		ap coos	
39 Describe How Injur	y Occurred					$\dashv$	LAKE	COUN	TY HE	ALTH E	EPAR	TMENT	40. 11	Fransportat	on Injury, S	pecify: Padestrian		
													Date	r/Operator	Passerger [	Padestrian	Other (Specify)	
41 Signature Of Pers	DIVAK	RUNI.	BY ELEC	TRO	NIC SIGNA	ATU	RE		AUG	072	019		trier (Che	ck Only Or ysician	Coron	er . Γ	Health Officer	
43 Name, Address Ar	d Zip Code	Of Person C	Cortifying Cause	e Of Dec	oth:							1		4. Licenso			5 Date Certified	
SHASHIDHAR	DIVAKA	RUNI	1730 45	TH A	VE., MUNS	TE	R, IN 46	321	1					104066	7A		05/28/2019	
46. Additional Funeral								ur o	( AL	HEALT	H OFF	ICER		47. *Akas:				
48. Signature of Local			LECTRO	NIC C	CICNIATUR	_ 1	LA.	ML: U		with the commence of		49: POTRO	gistrar O	•		NDsy/Year).		
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE  AMENDMENT							T TO CERTIFICATE OF DEATH (ENTRY OR ORIG					DRIGINAL)	MAY 28 2019 BINAL)					