

2019-082014

2019 Nov 27

10:23 AM

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

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-11-02-305-007.000-006

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Joanne Joyce, being first duly sworn upon oath, deposes and says:

1. That Affiant's mother, **Barbara L. Kregel** died leaving a will on September 23, 2013, at Crown Point, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest in the following described real estate:

PART OF THE EAST HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 2, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, AND MORE PARTICULARLY DESCRIBED AS COMMENCING AT A POINT 280 FEET SOUTH AND 20 FEET WEST OF THE NORTHEAST CORNER OF THE EAST HALF OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 2, TOWNSHIP 35 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, THENCE WEST 145 FEET, THENCE SOUTH 50 FEET, THENCE EAST 145 FEET, THENCE NORTH 50 FEET TO THE PLACE OF BEGINNING, IN THE TOWN OF GRIFFITH, LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: **518 SOUTH BROAD STREET, GRIFFITH, INDIANA 46319**

3. That all funeral expenses in connection with the death of said decedent have been paid in full.
4. 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.
5. That this Affiant's relationship to the Decedent was Son.

FURTHER, your Affiant saith naught.

Joanne Joyce
Joanne Joyce

STATE OF INDIANA, COUNTY OF Lake SS:

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared **JOANNE JOYCE** and acknowledged the execution of the said document this 22 day of November 2019.

My Commission Expires: 3/22/2025 Signature: *[Signature]*
County of Residence: Lake Printed: ELIZABETH KINZIE, Notary Public

This instrument prepared by: **NATHAN D. VIS, Attorney-at-Law ID No. 29535-45 VIS LAW, LLC P.O. Box 980, Cedar Lake, IN 46303**



I affirm, under the penalties for perjury, that I have taken reasonable care to reflect each Social Security number in this document, unless required by law.

[Signature]
Signature of Preparer

ELIZABETH KINZIE
Printed Name of Preparer

COMMUNITY TITLE COMPANY
FILE NO. 1917483



044203
FILED
NOV 27 2019
JOHN E. PETALAS
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003112

EDR No 00000344686

State No 043373

1. Decedent's Legal Name (First, Middle, Last) BARBARA L KREGEL				1a. Maiden Name (If female) ROSS		2. Sex FEMALE		3. Time Of Death 08:05 AM		4. Date Of Death (Month/Day/Year) 09/23/2013		
5. Social Security Number		6a. Age - Yrs 78		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date of Birth (Month/Day/Year) 01/09/1935		8. Birthplace (City and State or Foreign Country) MCHENRY, KY										
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) ST ANTHONY MEDICAL CENTER OF CROWN POINT												
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307						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 EUGENE KREGEL				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation DISPATCHER		17. Kind Of Business/Industry GRIFFITH POLICE DEPARTMENT		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town GRIFFITH			18d. Apt. No.		18e. Zip Code 46319	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 518 SOUTH BROAD STREET			19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) ARTHUR GLENN ROSS				23. Mother's Name (First, Middle, Last) JUANITA ROSS				23a. Mother's Maiden Last Name BROWN				
24. Informant's Name EUGENE KREGEL			24a. Relationship To Decedent HUSBAND			24b. Mailing Address (Street And Number, City, State, Zip Code) 518 SOUTH BROAD STREET, GRIFFITH, IN 46319						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, 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. Cause of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. END STAGE CARDIAC DISEASE Due to (Or As A Consequence Of): 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. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): 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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input 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 <input type="checkbox"/> Unknown If Pregnant Within The Past Year			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 (List Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT			38c. Apt. No.		38d. Zip Code			
34. Location Of Injury - State		35a. City Or Town		35b. 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"/> Pedestrian <input type="checkbox"/> Other (Specify)												
41. Signature, Of Person Certifying Cause Of Death KATHRYN HENKLE MULLIGAN, BY ELECTRONIC SIGNATURE												
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: KATHRYN HENKLE MULLIGAN, 919 MAIN STREET, SUITE 102, DYER, IN 46311						44. License Number 01052342A		45. Date Certified 09/23/2013				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 24 2013						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

Slate Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

COMMUNITY TITLE COMPANY
FILE NO. 1917483