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

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 NOT OFFICIAL! FILED

3. That all funeral expenses in connection with the death of said decedent have been paid in full.

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 here sufficient to necessitate payment of Federal Estate Tax.

JOHN F DETAIL

5. That this Affiant's relationship to the Decedent was Son.

JOHN E. PETALAS LAKE COUNTY AUDITOR

FURTHER, your Affiant saith naught.

Joanne Joyce

STATE OF INDIANA, COUNTY OF LIVE 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

NDVewb/2019.

My Commission Expires: 3 305 Signature.

My Commission Expires: 3 Signature Printed Printed No. 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

ELIZABETH R. KINZIE
Seal
Notary Public – State of Indiana
Lake County
My Commission Expires Mar 22, 2025

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

imberin this document, unless required by law.

Printed Name of Preparer

COMMUNITY TITLE COMPANY FILE NO. 191748

CKIDORS

1 4

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	003112 (, Last)	E	DR No 0000		86 I 2.5		e No	04337	3 4. Date Of Death (Month)
BARBARA L KREGEL			ROSS			MALE	00.0	1	·
5. Social Security Number 6a. Age - Y	Yrs 6b. Under	1 Year 6c. Under 1 Mo		6e. Under 1 Hour	7. Date of Birth (	MALE   Month/Day/Year	U8:0:	5 AM thplace (City ar	09/23/2013 nd State or Foreign Countr
<b>19419124312</b> 78	Months	Days	Hours	Minutes	01/09	/1935	мс	HENRY, I	(Y
_	if Death Occurred In			10a. If Death Occu	rred Somewhere Ot	her Than A Hosp	oital		
		gency Department Outpatio	ent Dead on Arrival	Other (Specify)		HOME N	ursing Ho	me/Long-term C	are Facility
11. Facility Name (If Not Institution, Give ST ANTHONY MEDICAL C	Street and Numbe CENTER OF	CROWN POINT		W.1					
12. City Or Town, State, And Zip Code				13. County (	Of Death		14	. Marital Status	At Time Of Death
CROWN POINT, IN, 46307	,			LAKE			P	Married M Widowed	arried, But Separated   Never Married   U
15. Surviving Spouse's Name		1	Sa. (If Wife)Give Maider		16. Dec	edent's Usual O	Į.		7. Kind Of Business/Indus
EUGENE KREGEL					DISPA	TCHER			RIFFITH POLICE EPARTMENT
18. Residence - State		18a. County		18b. City Or Tov				10	CLANTIMENT
NDIANA 18c. Street And Number		LAKE		GRIFFITH					
						18d. Apt. N	0.	18e. Zip Cod	le 18f. Inside Cit
518 SOUTH BROAD STRE	ET							4631	g ⊠Yes □
HIGH SCHOOL GRADUAT	E OR GED	20. Decedent Of Hisp	oanic Origin	21. D	ecedent's Race				
COMPLETED  22. Father's Name (First, Middle, Last)		NOT HISPANI	С	White					
				23. Mother's Name (I	rirst, Middle, Last)			23a Moth	er's Maiden Last Name
ARTHUR GLENN ROSS 24. Informant's Name		24a. Relationship		JUANITA ROS				BROW	N
UGENE KREGEL		HUSBAND		24b. Mailing Address		•			
			25. Place	518 SOUTH B Of Disposition	RUAD STRE	EI, GRIFI	-11H, I	N 46319	
5a, Method Of Disposition  3 Burial Cremation Donation	] Entombment	5b. Place Of Disposition (I	Name Of Cemetery, Cres	natory, Other Place)	25c. Location - C	ty, Town, And S	tate		
Removal From State			Door	122 0411	110				
Other (Specify): 6. Was Coroner Contacted?	27. Name And Co	ALUMET PARK	CEMETERY U	mem	MERRILLVI	DLE, IN		1 25	7a. Funeral Home License
☐ Yes ⊠ No	WHITE FUN	IERAL HOME &		RVICE, 921 V	WEST 45TH	VENUE.	GRIFF		7a. Furieral nome License
71 01	46319 Licensee:	/ 171				27c. License No		FI	H10600026
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28. Part I. Enter The <u>Chain Of Events</u> Such As Cardiac Arrest, Respiratory A A Line. Add Additinal Lines If Necess	Diseases, Injur	ries, Or Complications -	That Directly Caused T	instructions And <b>E</b> he Death, Do <b>Not</b> E	xamples) oter Terminal Ever	nts			Approximinterval:
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