2019-082036

2019 Nov 27

10:40 AM

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

PARCEL TAX NO.: 45-06-24-402-037.000-027

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Frank E. Lowry a/k/a Francis E. Lowry being duly sworn upon oath, and states as follows:

1. That affiant is the surviving beneficiary of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Three (3), Block One (1), Munster Manor Addition to the Town of Munster, Lake County, Indiana, as shown in Plat Book 40, Page 8.

Commonly known as: 8648 Harrison, Munster, Indiana 46321
Mail tax bills to: Frank E. Lowry, 8648 Harrison, Munster, Indiana
46321
This Document is the property of

2. That the affiant and the decedent, dane Le cowryewere married on June 10, 1972. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated March 8, 1977 and recorded in the Office of the Lake County Recorder.

- 3. The property was deeded into THE JOINT REVOCABLE TRUST AGREEMENT of FRANCIS E. LOWRY AND JANET L. LOWRY, dated OCTOBER 27, 2014, in which Janet L. Lowry was Co-Trustee to said real estate until her death on May 12, 2019, at which time the Trust acquired title to the real estate. See attached Death Certificate as Exhibit A.
- 4. That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return and therefore not subject to Federal Estate Tax.

Page 1 of 27 2019

NO SALES DISCLOSURE NEEDED

JOHN E. PETALAS LAKE COUNTY AUDITOR 5339

CM

Approved Assessor's Office

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 195303

Local No	EDR No (DR No 000000709885			State No 023366 2. Sex 3. Time Of Death 4. Date Of Death (Month/Day/Yea								
JANET L LOWRY				1		(ir remaie)		Z. Sex	3. Time	Of Death	4. Date 0	Of Death (Month/Day/Yes	
5. Social Security Number 6a. Age	e - Yrs	6b. Under 1 Ye	ar 6c. Under 1	KLAP Month 6d Unde		6e. Under 1 Hour	7. Date o	FEMALE If Birth (Month/Day/)		15 PM Birtholace (Cit	v and State	05/12/2019 or Foreign Country)	
	9	Months	Days	Hours		Minutes	-	•					
Ever in U.S. Armed Forces?	10. If Dea	th Occurred In A H	lospital:	1		10a. If Death Occu	urred Somev	10/31/1949 where Other Than A I	- E Hospital	AST CHI	JAGO, I	N	
Yes No Unknown	☐ Inpatie	ent 🗌 Emergenc	y Department Out	patient Dead	on Arrival	☐ Hospice Facility ☐ Other (Specify)		cedent's Home	Nursing	Home/Long-ten	m Care Facil	lity	
1. Facility Name (If Not Institution, 648 HARRISON AVEN	UF '	et and Number)											
2. City Or Town, State, And Zip Coo	Je		·			13. County	Of Death			14. Marital Sta	itus At Time	Of Death	
MUNSTER, IN, 46321		LAKE					Married Married, But Separated Divo						
5. Surviving Spouse's Name	·			15a. Last Nam	e Before Firs	LAKE at Marriage		16. Decedent's Usu	al Occupat	Mdowed ion		or Married Unknown Of Business/Industry	
RANCIS LOWRY							١.					•	
18. Residence - State		18	a. County	<u> </u>		18b. City Or Tox		IOMEMAKER	<u> </u>		OWN F	IOME	
NDIANA		LA	KE			MUNSTER							
8c. Street And Number						INONOTER		18d. A	ot. No.	18e. Zip	Code	18f. Inside City Limits	
648 HARRISON AVENUE									46321 ⊠ Yes □ I			☑ Yes ☐ No	
9. Decedent's Education IIGH SCHOOL GRADU	ATE O	R GED	20. Dacedent Of	Hispanic Origin		21.	Decedent's R	ace	 	40.	J	1	
OMPLETED 2 Parent's Name (First, Middle, Last			NOT HISPA	NIC		White							
	,				2	23. Parent's Name (I	First, Middle	, Last)		23a. P	arent's Last I	Name Before First Marria	
OHN KLAPAK 4. Informant's Name			24a Relation	chin To Donada et	E	LEANOR KL	APAK			DOR	KA		
RANCIS LOWRY	z4a. Neiauonsni				Constitution, Only, State								
5a. Method Of Disposition			HUSBAN		25 Diace	Of Disposition		ENUE, MUNS	TER, I	N 46321			
Burial Cremation Donation Removal From State Other (Specify):	n 🗌 Eni	tombment		/		atory, Other Place)		ation - City, Town, Ar	nd State				
3. Was Coroner Contacted?	27.	Name And Compl	ete Address OfFu	EMATION Sineral Facility	FRAIC	ment	MUNS	TER, IN			27a Fune	eral Home License Numb	
☐ Yes ☒ No	KIS	SH FÜNERA	LHOME	0000 CALL			LT.A.	I					
7b. Signature Of Indiana Funeral Se EVIN W. KISH, BY ELE	wice I ico	DEGO:		OUDU CALU	METAV	E, MUNSTE	R, IIV 46	27c. Licens	Number	(Of Licensee);	FH1070	00038	
			his	Cause Of De	ath (See In	structions And E	kamplest	ETTV OI	1590				
28. Part I. Enter The <u>Chain Of Ev</u> Such As Cardiac Arrest, Respirate A Line. Add Additional Lines If No	ents - D ory Arres	iseases, Injuries, st, Or Ventricular										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease				PANCREA	TIC CANCE	ER METASTATIC	TO LIVER	AND LUNG WITH I	MALIGNA	NT PLEURAL		10 Death	
The Case (1 mai Disease	Or Cond	RION Resulting In	Death)	A. <u>EFFUSION</u>	1			Consequence Of):				7 MONTHS	
Sequentially List Conditions, If Ar Line A, Enter The Underlying Car	ny, Leadi	ing To The Cause	Listed On	8.			Due to (Or As A	Consequence On:				-	
The Events Resulting In Death) Li	ast	ALSO OF REJURY TEL		C.:			(0) 1131	Commence Off.					
							Due to (Or As A	Consequence Of):					
art II. Enter Other Significant Condition	ns Contri	buting to Death Bu	t Not Resulting In	The Underlying C	ause Given	n Part I	29. Was A	n Autopsy Performed	12	-			
								utopsy Finding Avail		Yes mplete The Ca	No use Of Deat	h? 🗖 v 📆 v	
Did Tobacco Use Contribute To De		32. If Farr		C Prement At Time	Of Duath F7	Not Pregnant, But Pregna			nner Of D			Yes No	
Yes ☐ Probably ☐ No ☑ Un Date Of Injury (Month/Day/Year)	Known	Not Pre	gnant, But Pregnant 43 (Days To 1 year Before De	eath.	Unknown if Pregnant With	hin The Past Yea	, In sui	cide C	ould Not Re De	hanima	Pending Investigation	
, and a surprise of the surpri		35. Time	Of, Injury		36. Place C	Elnjury (E.G., Dece	dent's Home	, Construction Site, I	Restaurant	Wooded Area	37.	Injury At Work?	
Location Of Injury - State		38a. City	Or Town		38b. Stree	t & Number	<u> </u>			39a Ant No		Yes No	
					~	TABLE OF WARRING TO SERVE.	E THE SEC ST. AND ADDRESS.	M.Thurty		38c. Apt. No	. 360	. Zip Code	
Describe How Injury Occurred						TRUE COPY		40. If T	ransportat	on Injury, Spec	ifv:		
Signature, Of Person Certifying Ca	use Of D	leath:				ON FILE WI HEALTH DEP		Oriver	Operator	NOT	VALID	ÜNLESS	
LE R MUNN , BY ÉLEC Name, Address And Zip Code Of P	TRO	VIC SIGNAT	URE	L.A.I.E.	400	TALL THE PARTY OF		42 Certifier (Che Certifying Phy				ealth Officer	
ليردون تتووان أنوفو الجواف					MA	1 4 2019				Number		Date Certified	
LE R MUNN , 600 SUF Additional Funeral Service Provider	PERIO	R AVENUE	MUNSTER	R, IN 46321	17174	17 4013			03158		5 1 - 13	05/13/2019	
Signature of Local Health Officer:				'		eti stantu ilizi dherre ilimini		4	7. 'Akas:	Albania (n. 1884). Maria (n. 1884).	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
HANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				36	(R)			49. For Registrar Only Date Filed (Month/Da			Table 10 10		
			AMENE	MENT TO CER	TI BOATE	A THE WITH U	EFICER.	ZINAL)	1 500	MAY 14 20)19	<u> </u>	
				Λ					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			EXHIBIT	· /ł					102		SEPH.		

PARCEL TAX NO.: 45-06-24-402-037.000-027

o. That this difficulty file the to said fear estate.
Dated this /3 day of November, 2019.
Jeane Eraung
Frank E. Lowry a/k/a Francis E. Lowry
State of Indiana)) SS:
County of Lake
Subscribed and swørn to before me a Notary Public in and for said county and state, this day of November, 2019 FFICIAL!
My Commission Expires Lake Constitution David E. Mears, Notary Public
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.
Many miles
Bavid E Mears SEAL WINNELLING WORLD WOR
This Instrument Prepared By: David E. Mears, Attorney at Law #9119-45, 3527 Ridge Road, Highland, IN 46322; (219) 972-0990.

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