

2020-028342

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

2020 May 21 11:11 AM

AFFIDAVIT of SURVIVORSHIP

TAX I.D. NO.: 45-07-27-352-007.000-026

Isolde Barton, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, Alvin L. Barton a/k/a Alvin Leroy Barton, died (without leaving a will) (leaving a will) on November 9, 2001 at Highland, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate.

LOT NO. SIXTEEN (16), IN BLOCK FOUR (4), IN ELLENDALE FIRST ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 32, PAGE 78, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 9327 FORREST DR., HIGHLAND, IN 46322

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.
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.

FURTHER, your Affiant saith naught.

* Death Certificate Attached

Isolde M. Barton 4-27-2020

Isolde Barton

STATE OF INDIANA, COUNTY OF L

Before me, the undersigned, a Notary Public in and for said county and state this 27 day of April, 2020, personally appeared Isolde Barton, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: NP0724723

My commission expires: 1-23-28

Resident of Lake County Public

Signature [Signature] Printed Jared Gutierrez, 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
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company.

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.

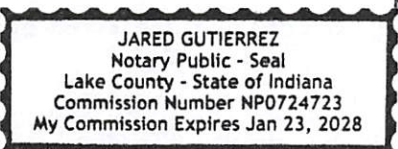
Signature [Signature]

DULY ENTERED FOR TAXATION SUBJECT Name
FINAL ACCEPTANCE FOR TRANSFER

DeAnna Griggs

\$25000

JTB



MAY 20 2020

41883

Community Title Company
File No. 20180218

CK12249

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2729-01

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Alvin Leroy Barton		2 SEX Male	3a TIME OF DEATH 1:15 A.M.	3b DATE OF DEATH (Month, Day, Yr.) November 9, 2001
4 *SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 68	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr.) September 7, 1933
7 BIRTHPLACE (City and State or Foreign Country) Venita, Oklahoma		9a PLACE OF DEATH (Check only one. See instructions.) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence		
8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1961	9b FACILITY NAME (If not institution, give street and number) 9527 Forest Dr		9c CITY, TOWN OR LOCATION OF DEATH Highland
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Isolde Schnetder	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Fireman	12b KIND OF BUSINESS/INDUSTRY Steel
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION Highland		13d STREET AND NUMBER 9527 Forest Dr
13e ZIP CODE 46322	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? USA	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) 		18 FATHER'S NAME (First, Middle, Last) Robert Lincoln Barton		
19 MOTHER'S NAME (First, Middle, Maiden Surname) Alma Tona Harrison		20a INFORMANT'S NAME (Type/Print) Isolde Barton		
20b RESIDING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9527 Forest Dr Highland, Indiana 46322		20c Relationship Wife		
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) November 12, 2001 Summersville City Cemetery		21c LOCATION—City or Town, State Summersville, Missouri
22a EMBALMER'S NAME Edward F. Mullaney		22b EMBALMER'S LICENSE NO. EDO 1007176		22c WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24a SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b LICENSE NUMBER (of Licensee) ED 000015		24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Homes Inc 3828 Highway Ave Highland, IN. 46322 FH83003035
26 PART I Enter the diseases, injuries, or complications that caused or contributed to the death. List only one cause on each line. Metastatic Adenocarcinoma				Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic Adenocarcinoma				
a. DUE TO (OR AS A CONSEQUENCE OF) _____				
b. DUE TO (OR AS A CONSEQUENCE OF) _____				
c. DUE TO (OR AS A CONSEQUENCE OF) _____				
d. DUE TO (OR AS A CONSEQUENCE OF) _____				
PART II Other significant conditions: _____				
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) _____		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) _____		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) _____
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.		<input type="checkbox"/> HEALTH OFFICER On the basis of examination and investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		<input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i> DR ROBERT CHEN		29c. MEDICAL LICENSE NO. 01048772	29d. DATE SIGNED (Month, Day, Year) 11/9/01	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29b) 7905 Calumet Ave, Munster, IN 46321 DR. ROBERT CHEN				32. DATE FILED (Month, Day, Year) November 9, 2001
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i> Susan D. Best, D.O.				
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. DESCRIBE HOW INJURY OCCURRED		34e. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.		

