5 CTNW 2003245

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Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

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

2020-044461 2020 Jul 15 9:08 AM

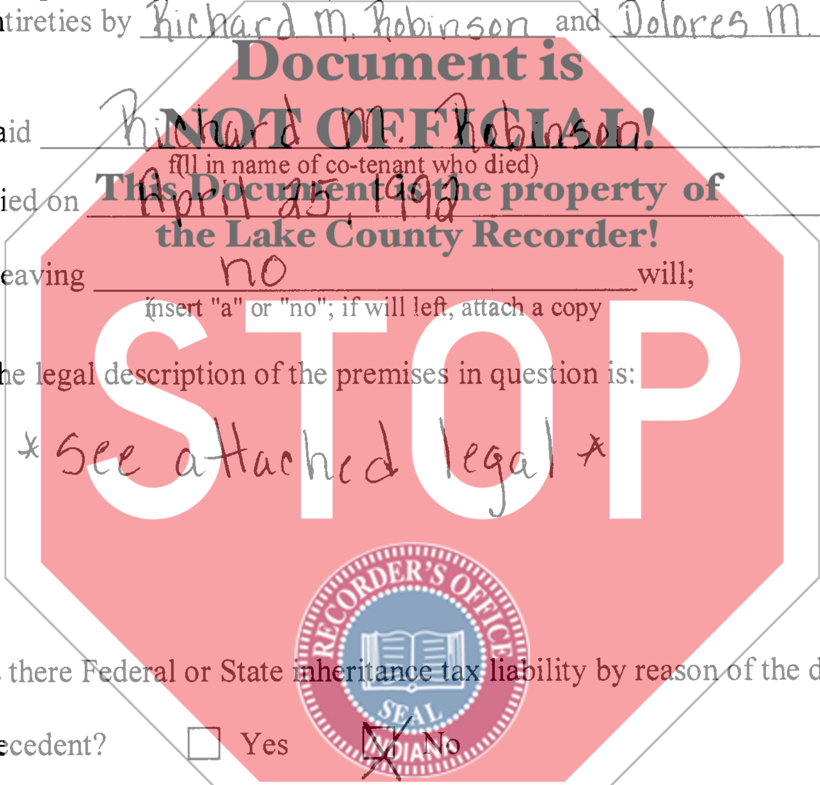
On this 7/10/2020 before me personally appeared
(insert date)
Dolores M. Robinson

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

2. Affiant is Owner
(state interest of affiant in the above premises as "owner"," son of owner", etc.

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Richard M. Robinson and Dolores M. Robinson;



4. Said Richard M. Robinson
(fill in name of co-tenant who died)
died on April 25 1992
leaving no will;
(insert "a" or "no"; if will left, attach a copy

5. The legal description of the premises in question is:

* See attached legal *

6. Is there Federal or State inheritance tax liability by reason of the death of said decedent? ☐ Yes ☒ No

If yes, then estimated taxes due are $

The taxes due are ☐ paid or ☐ unpaid..

FILED
JUL 14 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR

$25.00

CCH 182080179 7

002425

CHICAGO TITLE INSURANCE COMPANY

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes" , identify the divorce proceedings:

____):

8. Affiant's relationship to the deceased was Wife

Signature: Dolores Robinson

Printed Name Dolores M. Robinson

Address: 508 S. Cleveland Ave.

Belton, MO 64012

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

STOP

Subscribed and sworn to before me by the affiant

This 7/10/2020
(insert date)

____
Notary Public

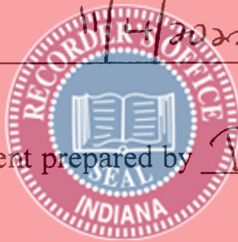
Printed Name Karen Craig

My County of Residence is: Lake

In the State of IN

My Commission Expires 11/4/2022

KAREN CRAIG
Notary Public – Seal
Lake County – State of Indiana
Commission Number 659346
My Commission Expires Nov 4, 2022



This instrument prepared by Dolores M. Robinson

CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:

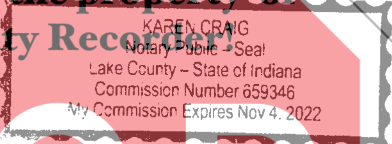
Witness Signature
Joanna Anaya

Witness Printed Name

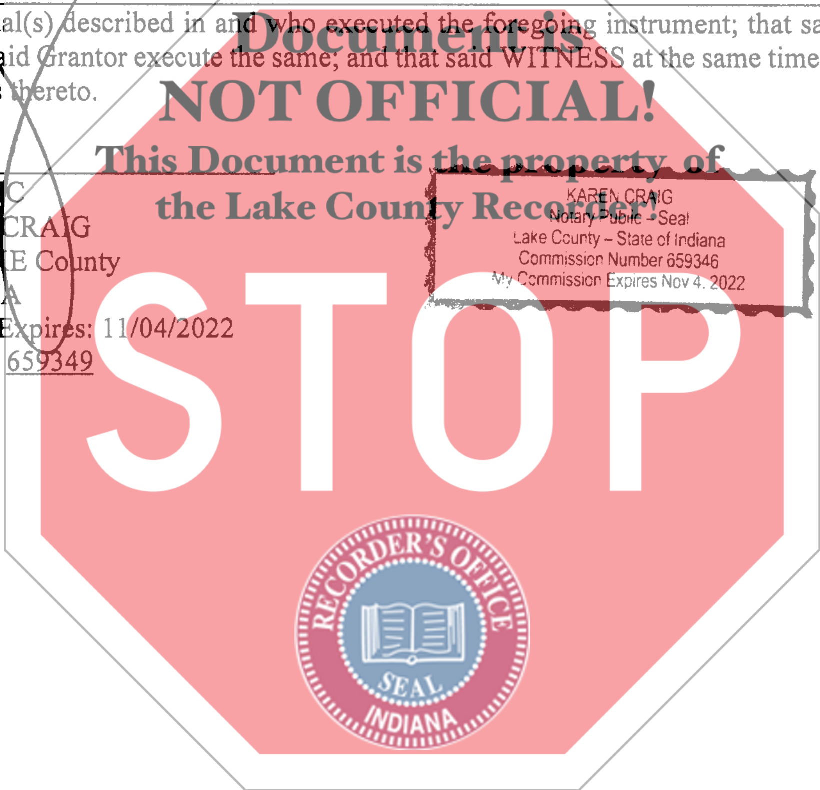
PROOF:

STATE OF INDIANA
COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, on July 10th, 2020, personally appeared the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows Dolores M. Robinson



to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Grantor execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.



KAREN CRAIG
Notary Public - Seal
Lake County - State of Indiana
Commission Number 659346
My Commission Expires Nov 4, 2022

NOTARY PUBLIC
Printed: KAREN CRAIG
Resident of: LAKE County
State of INDIANA
My Commission Expires: 11/04/2022
Commission No. 659349

Local No. 0925-92

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. ....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

Field	Entry
1. DECEASED—NAME (First, Middle, Last)	Richard M. Robinson
2. SEX	Male
3a. TIME OF DEATH	2:50 A M
3b. DATE OF DEATH (Month, Day, Yr)	April 25, 1992
4. SOCIAL SECURITY NUMBER	[redacted]
5a. AGE—Last Birthday (Years)	71
5b. UNDER 1 YEAR (Months / Days)	
5c. UNDER 1 DAY (Hours / Minutes)	
6. DATE OF BIRTH (Mo, Day, Yr)	Jan. 27, 1921
7. BIRTHPLACE (City and State or Foreign Country)	Hebron, Indiana
8a. WAS DECEDENT A U.S. VETERAN?	YES
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	1945
9a. PLACE OF DEATH (Check only one. See instructions.)	HOSPITAL: [X] Inpatient [ ] ER/Outpatient [ ] DOA; OTHER: [ ] Nursing Home [ ] Residence [ ] Other (Specify)
9b. FACILITY NAME (If not institution, give street and number)	St. Anthony Hospital
9c. CITY, TOWN, OR LOCATION OF DEATH	Crown Point
9d. COUNTY OF DEATH	Lake
10. MARITAL STATUS (Specify)	Married
11. SURVIVING SPOUSE (If wife, give maiden name)	Dolores Sommers
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired)	Truck Driver
12b. KIND OF BUSINESS/INDUSTRY	Union
13a. RESIDENCE—STATE	Indiana
13b. COUNTY	Lake
13c. CITY, TOWN, OR LOCATION	Gary (Calumet Township)
13d. STREET AND NUMBER	3860 Gerry St.
13e. ZIP CODE	46408
13f. INSIDE CITY LIMITS	[X] No [ ] Yes
13g. ON A FARM?	[X] No [ ] Yes
14. CITIZEN OF WHAT COUNTRY?	U.S.A.
15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	[X] No [ ] Yes
16. RACE—American Indian, Black, White, etc. (Specify)	White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5 +)	11

PARENTS

Field	Entry
18. FATHER'S NAME (First, Middle, Last)	Milton Robinson
19. MOTHER'S NAME (First, Middle, Maiden Surname)	Lydia Claussen

INFORMANT

Field	Entry
20a. INFORMANT'S NAME (Type/Print)	Dolores Robinson
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	3860 Gerry St. Gary, Indiana
20c. Relationship	Wife

DISPOSITION

Field	Entry
21a. METHOD OF DISPOSITION	[ ] Burial [X] Cremation [ ] Removal from State [ ] Entombment [ ] Donation [ ] Other (Specify)
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	April 28, 1992 Calumet Park Cemetery
21c. LOCATION—City or Town, State	Merrillville, Indiana
22a. EMBALMER'S NAME	David Peterson
22b. EMBALMER'S LICENSE NO.	FDO 8601585
23. WAS DEATH REPORTED TO CORONER?	[X] No [ ] Yes
24a. SIGNATURE OF FUNERAL DIRECTOR	[signature]
24b. LICENSE NUMBER (of Licensee)	FDO 1010850
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME	Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500

THIS CERTIFIES THAT THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

CAUSE OF DEATH

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. APR 27 1992

	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Approximate Interval Between Onset and Death
a.	Adenocarcinoma Right lung	6 mos
b.	DUE TO (OR AS A CONSEQUENCE OF):	
c.	DUE TO (OR AS A CONSEQUENCE OF):	
d.	DUE TO (OR AS A CONSEQUENCE OF):	

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions—Conditions contributing to death but not previously stated in Part I.
1) IDDM (Insulin dependent diabetes mellitus)
2) Immune [illegible] Glomerulonephritis
3) Chronic Obstructive pulm Disease

Field	Entry
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)	N/A
28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	no

CERTIFIER

29a. CERTIFIER (Check only one)
- [X] CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
- [ ] HEALTH OFFICER 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) as stated.
- [ ] 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.

Field	Entry
29b. SIGNATURE AND TITLE OF CERTIFIER	Thomas [signature] MD
29c. MEDICAL LICENSE NO.	01035170
29d. DATE SIGNED (Month, Day, Year)	04-27-92
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)	THOMAS GOLUBSKI, M.D. 569 Tyler St. Gary, Ind 46402

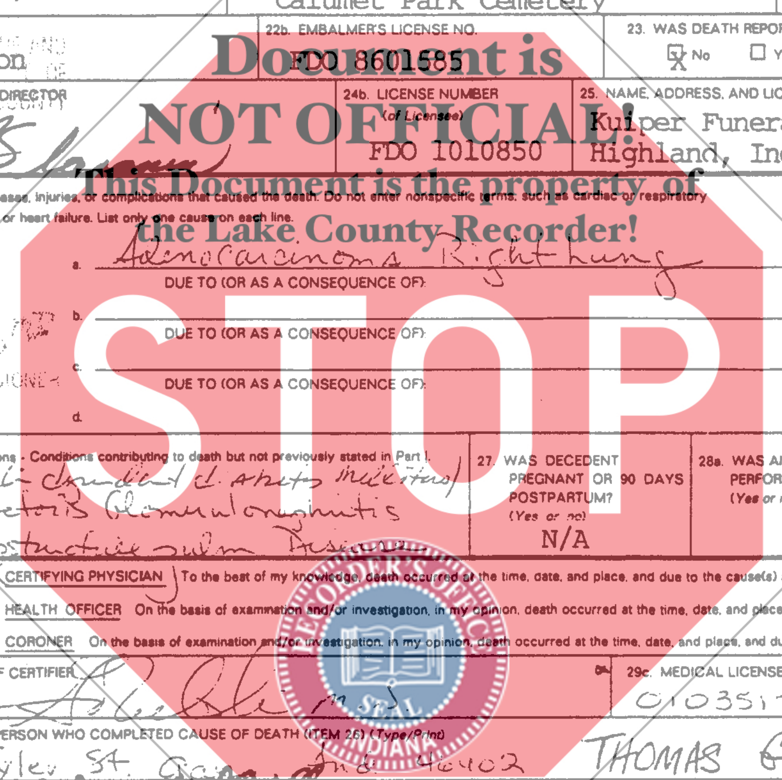
HEALTH OFFICER

Field	Entry
31. HEALTH OFFICER'S SIGNATURE	Alejandro [signature], M.D.
32. DATE FILED (Month, Day, Year)	April 27, 1992

LAKE COUNTY HEALTH COMMISSIONER

CORONER USE ONLY

Field	Entry
33. MANNER OF DEATH	[ ] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] 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.	



SBH06-004 State Form 10110 (R2/3-89) DEA CERT PD 1

EXHIBIT A

Order No.: CTNW2003245

For APN/Parcel ID(s): 45-07-25-176-008.000-001

LOT NUMBER 9, EASTWOOD ADDITION TO THE TOWN OF GRIFFITH, SAID PLAT BEING RECORDED IN PLAT BOOK 24 PAGE 22, RECORDER'S OFFICE, LAKE COUNTY, INDIANA.