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STATE OF INDIANA) SEND TAX BILLS: 4107 SWIFT ST., HOBART, IN 46342
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Barbara L. Patton, and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Shirley Baker, deceased.
2. That Shirley Baker and George Homer Baker, acquired the following property as Husband and Wife during the term of their marriage.

LOT 2 IN BLOCK 2 IN GLEN LANE ADDITION, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 33 PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known 4107 Swift St, Hobart, IN 46342
Parcel No.: 45-08-26-303-002.000-019

3. That Shirley Baker and George Homer Baker remained married until the death of George Homer Baker on the 20th day of September, 2016.
4. That Shirley Baker became the fee simple owner of the property at the death of George Homer Baker.

I affirm under the penalties for perjury that the foregoing statements are true.

Barbara L. Patton
Barbara L. Patton

STATE OF COLORADO)
)SS:
COUNTY OF Adams)

Subscribed and sworn to before me this 24th day of June, 2020.

My Commission Expires: ~~4/10/22~~ 12/08/2020



Samantha Gow, Notary Public
Resident of Adams County

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

Shauna M. Lange
Shauna M. Lange

This Instrument Prepared by:
Shauna M. Lange, ESQ
Rees and Lange, P.C.
301 Main Street, Hobart IN 46342
(219-947-1692)

FILED

JUL 14 2020

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

002413

2020 Jul 15 10:41 AM
2020-044591

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

**SAMANTHA GOW
NOTARY PUBLIC
STATE OF COLORADO**

NOTARY ID 20124077412
MY COMMISSION EXPIRES 12/08/2020

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25.00

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14 936



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 99943

Local No 003065

EDR No 00000533541

State No 044655

1 Decedent's Legal Name (First, Middle, Last) GEORGE HOMER BAKER				1a. Maiden Name (If female)		2 Sex MALE		3. Time Of Death 12:41 PM		4. Date Of Death (Month/Day/Year) 09/20/2016	
5 Social Security Number		6a. Age - Yrs 84		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) 02/22/1932		8. Birthplace (City and State or Foreign Country) TARENTUM, PA									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 MARY MEDICAL CENTER INC											
12. City Or Town, State, And Zip Code HOBART, IN, 46342						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 SHIRLEY BAKER				15a. Last Name Before First Marriage STAIGER				16. Decedent's Usual Occupation SUPERVISOR			17. Kind Of Business/Industry MANUFACTURING
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HOBART			18d. Apt. No.		18e. Zip Code 46342
18c. Street And Number 4107-SWIFT STREET											
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) HOMER J BAKER						23. Parent's Name (First, Middle, Last) HAZEL V BAKER			23a. Parent's Last Name Before First Marriage CHURCH		
24. Informant's Name SHIRLEY BAKER				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 4107 SWIFT STREET, HOBART, IN 46342			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATION SERVICES				25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342						27a. Funeral Home License Number FH83003069			
27b. Signature Of Indiana Funeral Service Licensee JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee: FD94006463					
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 Of Death On A Line. Add Additional Lines If Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death)											
A. SEPSIS Due to (Or As A Consequence Of)											
B. ISCHEMIC COLITIS Due to (Or As A Consequence Of)											
C. _____ Due to (Or As A Consequence Of)											
D. _____ 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											
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 type="checkbox"/> Probably <input checked="" 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			
34. Date Of Injury (Month/Day/Year)			35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State			38a. City Or Town			38b. 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)			
NOT VALID UNLESS											
41. Signature, Of Person Certifying Cause Of Death: DANIEL RAMIREZ, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death. DANIEL RAMIREZ, 1500 S. LAKE PARK, HOBART, IN 46342						44. License Number 01077277A			45. Date Certified 09/23/2016		
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer. CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): SEP 26 2016					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

