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2020-048944

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

2020 Jul 30 9:11 AM

AFFIDAVIT STATING SURVIVORSHIP

TAX: I.D. NO. 45-16-09-205-038.000-042

JEANNE E. HORWITH, being first duly sworn upon oath, deposes and says:

1. That ANNE FERGUSON A/K/A ANNE C. FERGUSON, died on the 26th day of April, 2020 at Valparaiso, Porter County, Indiana.
2. That at the time of her death, she held a life estate interest in the following described real estate:
THE EAST 1/2 OF LOT 99 IN PRAIRIE VIEW UNIT 2, AN ADDITION TO THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 85 PAGE 42, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.
COMMONLY KNOWN AS 1714 DOGWOOD DRIVE, CROWN POINT, INDIANA 46307
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 not sufficient to necessitate payment of the Federal Estate Tax.
4. That this Affiant's relationship to the Decedent was DAUGHTER.



FURTHER, your Affiant saith naught.

Jeanne E. Horwith
JEANNE E. HORWITH

STATE OF INDIANA
COUNTY OF LAKE SS



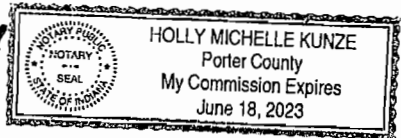
Before me, the undersigned, a Notary Public in and for said county and state this 22nd day of July, 2020, personally appeared JEANNE E. HORWITH, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.
 Commission Number: NP0061300
 My Commission Expires: 6-18-23 Signature Holly M. Kunze
 Resident of Porter County Printed Holly M. Kunze, Notary Public

FILED

JUL 29 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

024484



COMMUNITY TITLE COMPANY
FILE NO. 2019334
12380 25-2A

EXECUTED AND DELIVERED IN MY PRESENCE:

Nancy Larson Witness Signature

NANCY LARSON Witness' Printed Name

STATE OF INDIANA) County of LAKE)

Before me, a Notary Public in and for said County and State, personally appeared the above named WITNESS NANCY LARSON to the foregoing instrument, who, being duly sworn by me, did depose and say that he/she knows JEANNE E. HORN to be the individual(s) described herein and who executed the foregoing instrument in the Witness's presence, and that the above named described Witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 22 day of July, 2020

Holly M. Kunze Notary Public Signature
HOLLY M. KUNZE Notary Public Printed Name

Commission Number: NR 0669360

My Commission Expires: 6-18-23

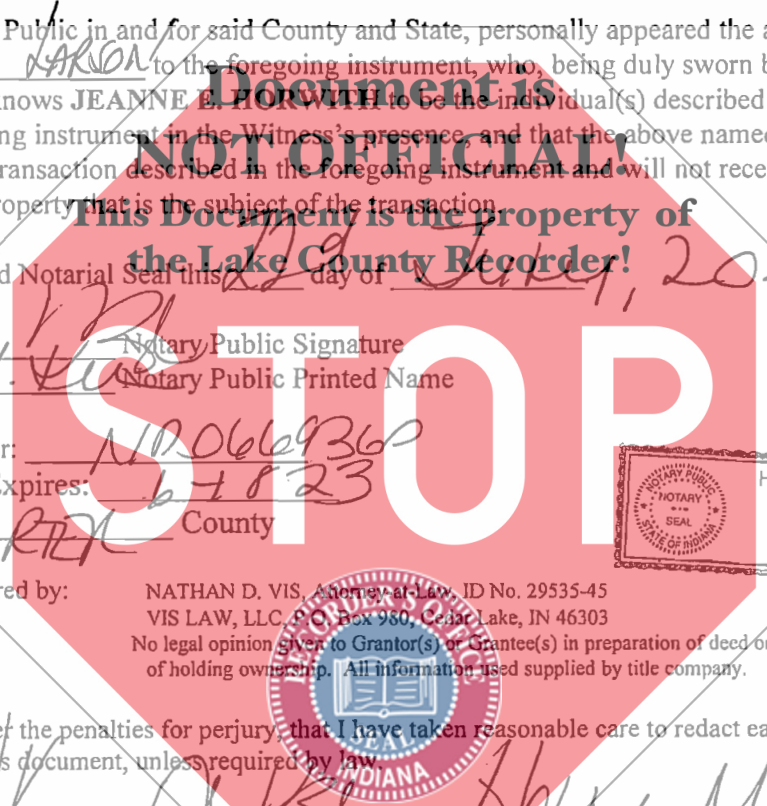
Resident of PORTER County



This instrument prepared by: NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45
VIS LAW, LLC, P.C., 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.

Holly M. Kunze Signature
Holly M. Kunze Printed Name





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 000556

EDR No 00000775943

State No 022203

1. Decedent's Legal Name (First, Middle, Last) ANNE C FERGUSON			1a. Maiden Name (if female) MCGUIRE			2. Sex FEMALE		3. Time Of Death 08:45 PM		4. Date Of Death (Month/Day/Year) 04/26/2020		
5. Social Security Number [REDACTED]		6a. Age - Yrs 95		6b. Under 1 Year Months: 0 Days: 0		6c. Under 1 Month Hours: 0 Minutes: 0		7. Date of Birth (Month/Day/Year) 09/16/1924		8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			10. If Death Occurred In A Hospital: <input 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			10b. Other (Specify) DAUGHTERS HOME			
11. Family Name (If Not Institution, Give Street and Number) 121 SHOREWOOD DRIVE												
12. City Or Town, State, And Zip Code VALPARAISO, IN, 46385						13. County Of Death PORTER			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation DIRECTOR OF ARBITRATION		17. Kind Of Business/Industry BETTER BUSINESS BUREAU		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town CROWN POINT			18d. Apt. No.		18e. Zip Code 46307	
18c. Street And Number 1710 DOGWOOD DRIVE												
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
22. Parent's Name (First, Middle, Last) FRANCIS MCGUIRE				23. Parent's Name (First, Middle, Last) MARY ANN MCGUIRE				23a. Parent's Last Name Before First Marriage CONAGHAN				
24. Informant's Name JEANNE HORWITH			24a. Relationship To Decedent DAUGHTER			24b. Mailing Address (Street And Number, City, State, Zip Code) 424 SHOREWOOD DRIVE, VALPARAISO, IN 46385						
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) NORTHWEST INDIANA CREMATION SERVICES			25c. Place Of Disposition (City, Town, And State) CROWN POINT, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307				27a. Funeral Home License Number: FH83002445					
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE												
27c. License Number (Of Licensee): FD20700059												
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 On A Line. Add Additional Lines If Necessary.												
Immediate Cause (Final Disease Or Condition Resulting In Death)						A. MALIGNANT PLEURAL EFFUSION			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						B. UNKNOWN BUT SUSPECTED MALIGNANCY OF THE BILIARY TRACT			Due to (Or As A Consequence Of)			
C.						D.			Due to (Or As A Consequence Of)			
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			Approximate Interval: Crsct To Death MONTHS			
30. Were Autopsy Findings 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. Injured At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
37. 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)			41. Signature Of Person Certifying Cause Of Death: MICHAEL F MIROCHINA, 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: MICHAEL F MIROCHINA, 336 WEST US HIGHWAY 30, STE A, VALPARAISO, IN 46385			44. License Number 01069822A			
45. Date Certified 04/27/2020						46. Additional Funeral Service Provider:			47. *Akas:			
48. Signature Of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 01 2020						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
49: 04/28/2020 LAKE COUNTY HEALTH DEPARTMENT												

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN RUBBED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.

STATE OF INDIANA

COMMUNITY TITLE COMPANY
FILE NO. 2019334