

2020-063512

2020 Sep 14

8:34 AM

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

THIS IS TO CERTIFY THAT THIS IS A TRUE
AND EXACT COPY OF THE ORIGINAL INSTRUMENT.
FIDELITY NATIONAL TITLE INSURANCE CO.
11364 BROADWAY
CROWN POINT, IN 46307

BY Sydney A. [Signature]

2020-017522

2020 Mar 13

9:33 AM

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

*This document is being Re-Recorded to correct the grantors name

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

File No.: FNW2000614-SMS

3 COUNTY OF Lake

Case No.:

Comes now Robert Andree, Jr., who being duly sworn upon his/her oath, deposes and says:

That, Robert G. Andree is the surviving spouse of Linda Lou Andree, deceased who died domiciled in Lake County, Indiana, on May 17, 2016. *L

That Robert G. Andree and Linda Lou Andree acquired title to certain real estate as tenants by the entireties, said real estate being described as follows: *L

For APN/Parcel ID(s): 45-11-16-485-012.000-036

Lot 1 in Rita's Addition Unit 5, to the Town of Schererville, as per plat thereof, recorded in Plat Book 65 page 32, and as corrected by Certificate of Correction recorded May 15, 1989 as Document No. 036485, in the Office of the Recorder of Lake County, Indiana. *L

Affiant states that Robert G. Andree and Linda Lou Andree, continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Linda Lou Andree's death. *L

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Robert G. Andree.

IN WITNESS WHEREOF, the undersigned have executed this document on March 11, 2020.

Executed: at Schererville, Indiana

026123

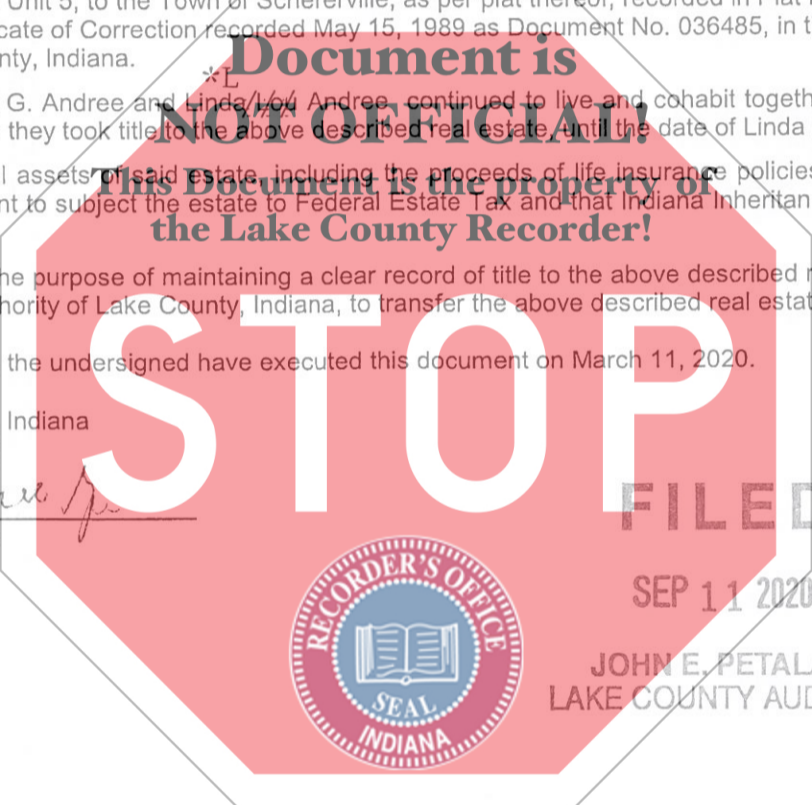
[Signature]
Signature

Robert Andree, Jr.
Print Name

STATE OF Indiana
COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Robert Andree, Jr., who personally appeared on this 11th day of March, 2020.

[Signature]
Notary Public: Shannon Stiener
Resident of Lake County
My Commission expires: 3-14-23



Affidavit (Survivorship)
IND1079.doc / Updated: 01.02.20

Page 1

021045

Printed: 03.10.20 @ 07:48 PM by SMS
N-FT-FIDS-01040.246338-FNW2000614

FILED

MAR 13 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

FIDELITY NATIONAL
TITLE COMPANY
FNW2000614

~~CK# 1820704558~~

25
AM
CK# 1820704744

SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by:
Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C.
130 North Main Street, Crown Point, IN 46307

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

Shannon Stiener.



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT**

Tracking No. **89205**

Local No **001641** EDR No **000000512620** State No **024159**

1. Decedent's Last Name (First, Middle, Last) LINDA LOU ANDREE		10. Maiden Name (if female) TILTON		11. Sex FEMALE	12. Time of Death 06:26 PM	13. Date of Death (MM/DD/YYYY) 05/17/2016
2. State Security Number 78	3. Date of Birth (MM/DD/YYYY) 11/01/1937	4. Underlying Cause of Death (ICD-10) R18.9	5. Underlying Cause of Death (ICD-9) 57.9	6. Underlying Cause of Death (ICD-10) R18.9	7. Underlying Cause of Death (ICD-9) 57.9	8. Underlying Cause of Death (ICD-10) R18.9
9. Place of Death (ICD-9) RENSELAER, IN						
14. Facility Name (if applicable) WILLIAM J. RILEY MEMORIAL RESIDENCE HOSPICE						
15. City or Town, State and Zip Code MUNSTER, IN 46321						
16. Marital Status at Time of Death Married						
17. Usual Residence (if different from above) ROBERT ANDREE						
18. Residence - State INDIANA						
19. Residence - County LAKE						
20. Residence - City or Town SCHERERVILLE						
21. Street and Number 2545 LORI LANE						
22. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED						
23. Decedent's Race NOT HISPANIC						
24. Decedent's Ethnicity White						
25. Mother's Name (First, Middle, Last) MILDRED TILTON						
26. Father's Name (First, Middle, Last) ROBERT ANDREE						
27. Spouse's Name (First, Middle, Last) ROBERT ANDREE						
28. Decedent's Marital Status at Time of Death Married						
29. Decedent's Usual Residence at Time of Death WILLIAM J. RILEY MEMORIAL RESIDENCE HOSPICE						
30. Decedent's Usual Residence at Time of Death (City or Town, State and Zip Code) MUNSTER, IN 46321						
31. Date of Injury (MM/DD/YYYY) 05/17/2016						
32. Location of Injury (City or Town, State and Zip Code) MUNSTER, IN 46321						
33. Describe How Injury Occurred CHRONIC DISEASE						
34. Date of Death (MM/DD/YYYY) 05/17/2016						
35. Time of Death (MM/DD/YYYY) 06:26 PM						
36. Signature of Cause Report CHERYL MORGAN-IRIG, BY ELECTRONIC SIGNATURE						
37. Signature of Cause Report CHANDANA NAIKALIA, VIA ELECTRONIC SIGNATURE						
38. Signature of Cause Report CHERYL MORGAN-IRIG, 1630 W. 46TH AVENUE, MUNSTER, IN 46321						
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