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2020-063519

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

2020 Sep 14 8:34 AM

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

File No.: FNW2003659RJW
Case No.:

Comes now Lori A. Glines, who being duly sworn upon his/her oath, deposes and says:

That, Lori A. Glines is the surviving spouse of Robert E. Glines, deceased who died domiciled in Lake County, Indiana, on January 2, 2020.

That Lori A. Glines and Robert E. Glines acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

Affiant states that Lori A. Glines and Robert E. Glines 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 Robert E. Glines's death.

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 Lori A. Glines.

IN WITNESS WHEREOF, the undersigned have executed this document on September 3, 2020.

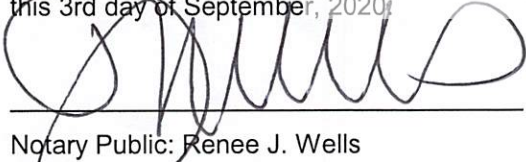
Executed: September 3, 2020


Signature

Lori A. Glines
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 LORI A. GLINES, this 3rd day of September, 2020.



Notary Public: Renee J. Wells
Resident of Lake County
My Commission expires: 7-8-25



FILED 026129

SEP 11 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

FIDELITY NATIONAL
TITLE COMPANY
FNW2003659

CK#1820704744

25
AM

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

RENEE WELLS.

Return to: Lori A. Glines



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-19-24-301-022.000-008

LOT 17 AND THE SOUTH 1/2 OF LOT 18 IN VIANT'S ADDITION TO LOWELL, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 4 PAGE 14, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

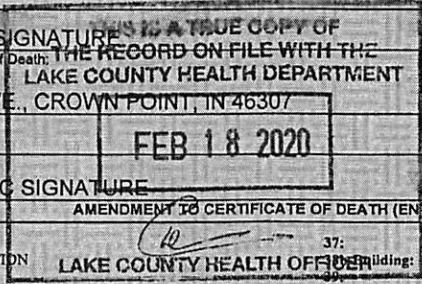
Tracking No. 224045

Local No 000015

EDR No 00000752306

State No 000170

Form fields including: 1. Decedent's Legal Name (ROBERT EARL GLINES), 2. Sex (MALE), 3. Time Of Death (08:20 PM), 4. Date Of Death (01/02/2020), 5. Social Security Number, 6a. Age - Yrs (60), 7. Date of Birth (09/28/1959), 8. Birthplace (HAMMOND, IN), 11. Facility Name (217 EAST STREET), 12. City Or Town, State, And Zip Code (LOWELL, IN, 46356), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (LORI GLINES), 15a. Last Name Before First Marriage (BROWN), 16. Decedent's Usual Occupation (PLUMBER), 17. Kind Of Business/Industry (PLUMBING), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (LOWELL), 18c. Street And Number (217 EAST STREET), 18d. Apt. No., 18e. Zip Code (46356), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (RUSSELL GLINES), 23. Parents Name (NAOMI ANDERSON), 23a. Parents Last Name Before First Marriage (LINMAN), 24. Informant's Name (LORI GLINES), 24a. Relationship To Decedent (SPOUSE), 24b. Mailing Address (217 EAST STREET, LOWELL, IN 46356), 25a. Method Of Disposition (Burial, Cremation, Donation, Entombment, Removal From State, Other), 25b. Place Of Disposition (COMMUNITY CREMATION SERVICE), 25c. Location - City, Town, And State (SCHERERVILLE, IN), 26. Was Coroner Contacted? (Yes), 27. Name And Complete Address Of Funeral Facility (BURDAN FUNERAL HOME INC, 12901 WICKER AVENUE, CEDAR LAKE, IN 46303), 27a. Funeral Home License Number (FH83002461), 27b. Signature Of Indiana Funeral Service Licensee (SCOTT A. BURDAN, BY ELECTRONIC SIGNATURE), 27c. License Number (FD20700051), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (A. MASSIVE HEAD INJURY, B. GUNSHOT WOUND TO THE NECK), 28. 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? (Yes), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (Yes), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death (Suicide), 34. Date Of Injury (01/02/2020), 35. Time Of Injury (08:20 PM), 36. Place Of Injury (INSIDE GARAGE), 37. Injury At Work? (No), 38. Location Of Injury - State (INDIANA), 38a. City Or Town (LOWELL), 38b. Street & Number (217 EAST STREET), 38c. Apt. No., 38d. Zip Code (46356), 39. Describe How Injury Occurred (GUNSHOT WOUND), 40. If Transportation Injury, Specify (Driver/Operator), 41. Signature, Of Person Certifying Cause Of Death (MERRILEE D. FREY, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307), 44. License Number, 45. Date Certified (02/05/2020), 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) (FEB 05 2020), 30: NO, 28I-Cause A: DEFERRED PENDING FURTHER INVESTIGATION, 28I-Cause B: 1, 34: 28I-Interval B: 37: LAKE COUNTY HEALTH OFFICE Building: 38b-Street Type: 28I-Interval A: NO



NOT VALID UNLESS

RAISED SEAL AFFIXED

CERTIFICATE OF PROOF

File No.: FNW2003659RJW

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

Witness Signature

THERESA A. LEPPER
Witness Name

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

PROOF:

STATE OF INDIANA

COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, on September 3, 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 Lori A. Glines to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Lori A. Glines execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.

NOTARY PUBLIC

Printed: Renee J. Wells

Resident of: Lake County

State of: INDIANA

My Commission expires: July 8, 2025



"OFFICIAL SEAL"
RENEE J. WELLS
NOTARY PUBLIC-INDIANA
LAKE COUNTY - INDIANA
Commission No. 702361
My Commission Expires 07/08/2025

CERTIFICATE OF PROOF
(continued)

Property Address: 217 East St, Lowell, IN 46356

Grantee's Address and Tax Mailing Address: 217 East St
Lowell, IN 46356

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: RENEE WELLS.

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

