*This document is being Re-Recorded to correct the spelling of the grantors name. in the first three lines.

THE SITO CERTIFY THAT THIS IS A TRUE

AND PLACE COPY OF THE ORIGINAL INSTRUMENT.
FILELITY NATIONAL TITLE INSURANCE CO.

11364 BROADWAY

11364 BROADWAY
CROWN POINT IN 46307

SURVIVORSHIP AFFIDAVIT

STATE OF File No.: FNW2001408-KKS Case No.:											
Comes now Celste Jones, who being duly sworn upon his/her oath, deposes and says: That, she is the surviving spouse of Michael Jones, deceased who died domiciled in fake County, Indiana, on 11-6-2019 That Micanel Jones and CelesteJones 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 and 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 '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 take County Indiana, to transfer the above described real estate to .											
IN WITNESS WHEREOF, the undersigned have executed this document on											
Executed: 5-15-200 Leleste M. Jones 2020-072984 LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER STATE OF INDIANA LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER Subscribed and sworn to before me, a Notary Public in and for raid county and state, by Leleste M. Jones Subscribed and sworn to before me, a Notary Public in and for raid county and state, by A LAKE COUNTY FILED FOR RECORD MICHAEL B BROWN RECORDER											
Notary Public County Resident of County My Commission expires: County											
026927											

Affidavit (Survivorship) IND1079.doc / Updated: 01.02.20 Page | LED

OCT 0 9 2020

JOHN E. PETALAS LAKE COUNTY AUDITOR Printed: 05.12.20 @ 08:26 AM by KKS IN-FT-FIDS-01040.246363-FNW2001408

CR#1820704772

FIDELITY NATIONAL TITLE COMPANY
FN(0)20001408

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

Kim Simpson.

Return to: Celeste Jones
223 South Pennsylvania Street
Hobart, IN 46342

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

Affidavit (Survivorship) IND1079.doc / Updated: 01.02.20 Printed: 05.12.20 @ 08:26 AM by KKS IN-FT-FIDS-01040.246363-FNW2001408

EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): 45-09-31-207-005.000-018

LOT 8, EXCEPT THE SOUTH 20 FEET THEREOF IN BLOCK 15 IN HOBART PARK ADDITION TO HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 12 PAGE 30, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 215046

	ocal No	904	4145		E	EDR No (0000	0007	4141	7		St	ate N	<u>. 056</u>	310	8		
1. Decedent's Legal Na						1a. M	aiden Nam	ne (if female	0)		2. Sex	1		Of Death	l	4. Date C	of Death (Month/Day/Ye	181)
MICHAEL STEF			Tob Hadas	V 1 6	Sc. Under 1 M	onth 8d. Unde	er 1 Day	Se Unde	er 1 Hour	7. Date of		ALE Onth/Day/Y		25 PM Birthplace	(City a	ind State	11/06/2019 or Foreign Country)	\dashv
5. Social Security Num	_		6b. Under					· 					- 1	IAMMC				ļ
9. Ever in U.S. Armed F		55 10. If Dea	Months ath Occurred In		Days al;	Hours		Minutes 10a. If D	eath Occur	red Somew		or Than A I	lospital					\neg
☐ Yes ⊠ No ☐ (Joknown				artment Outpa	tient Dead	on Arrival	1 —	r (Specify)	⊠ Dec	edent's H	lome [Nursing	Home/Lon	g-term	Care Faci	ity	_
11. Facility Name (If N 223 SOUTH PE	NNSYL'	VANIA		r)			W + F							14. Marit	al Ciali	e At Time	Of Death	
12. City Or Town, State	, And Zip Co	ode						13	. County O	if Death				⊠ Marri	ied 🔲	Married, E	But Separated_ Dive	orced
HOBART, IN, 40						15a, Last Nam	a Dalara E		AKE		18 Dece	dent's Usu	al Occupa		wed		er Married Unkno	wn
15. Surviving Spouse's	Name					15a. Last Ivair	te Delote F	-u ər mısınay	je						- 1.			
CELESTE JONES 18. Residence - State 18a. County					ounty	GONZALEZ 18b. City Or To					MRI ENGINEER					ENGIN	IEER	-
					· · · · ·			нов	ART									
18c. Street And Number	or .			LAKE				11100	77111			18d. A	pt. No.	189	. Zip C	ode	18f. Inside City Lim	- 1
223 SOUTH PE	NNSYL	VANIA	STREET			/_									463	42	☑ Yes ☐ No	<u>'</u>
19. Decedent's Educat					Decedent Of H	tispanic Origin	OC	un	ner	ecadent's F	Sace							
ASSOCIATE DI			.S)	NO.	T HISPAI	VIC _		Loc to	White		(200)			1 9	3a Da	rent's I ac	Name Before First Mar	riage
22. Parent's Name (Firs	il, Middle, Le	ast)				NO.	I. (23. Paren	nt's Name (F	irst, widdle	AST)	4.			.vu. ra			•
FRED W. JONE	<u>:S</u>				This	hip To Docuder	31112	PEGG	Y J. JO	NES	nd Numba	r Cily/Sta	ten Zin Co		TEP	HEN		
24. Informant's Name	50							246. Mail 223 S				⊿			RT I	N 463	42	
CELESTE JON	<u>ES</u>				SPOUSE		25. Pla	ca Of Dispo	osition						<u>``</u>	11 100	12	
25a. Method Of Dispos ☐ Burial ☑ Crematic		tion D F		25b. Place	of Disposition	n (Name Of Co	metery, Cr	rematory, Of	ther Place)	25c. Lo	cation - Ci	ity, Town, /	And State					
Removal From Stat	_		- 11			00511	4.TI.O.L	050/4	050	CAR	V IN							
Other (Specify): 26, Was Coroner Conta	acted?	27			CARRO Address Of Fut	LL CREM/ neral Facility	ATION	SERVIC	CES	GAR	Y, IIN					27a. Fu	neral Home License Nu	mber:
⊠ Yes □ No		_		CDAL	110115	OBART (SUADE	1 600 1	M OLD	PIDGE	BD F	4OBAR	T IN 4	16342		FH83	003069	
27b. Signature Of India		Service Lie	censee:				JHAFE	L, 000	VV OLD	MIDOL		27c, Licer	use Muun	er (Of Licer	150e):			-
JOSHUA R. KR						Cause Of D	eath (Se	e Instructi	ions And I	Examples)		00000				Approximate Interval: Ons	
28. Part I. Enter The Such As Cardiac Al A Line. Add Additio	rest, Respi	ratory Arr	est, Or Ventri	uries, Or cular Fibr	Complication rillation Witho	ut anowing 11	ie Etiolog)	y, DU 1901 A	ADDI O FIZIO.	Enter Tern Enter Onl	ninal Eve ly One Ca	nts ause On					To Death	,ei
Immediate Cause (Final Disea	se Or Cor	ndition Result	ing In De	ath)	A. CARDIA	C ARRES	TOTAL STREET	TIME OF	Due to (Or As	s A Conseque	ence Ot):					IMMEDIATE	—
			adian Ta Tho	Councili	ated On	B. SEVERE	CORON	ARY ARTE	RY DISEA	SE.							INTERMEDIA	<u>re</u>
Sequentially List Co Line A. Enter The I The Events Resulting	Underlying (Cause (D	isease Or Inj	iry That I	nitiated		METER COLORAS					A Consequence Oi):						
THE LYCIUS NOSCILI	ng in Dodui	, cust				C				Due to (Or A	s A Conseque	ence Oi):						
Part II. Enter Other Sig		distant Con	atabudian to Da	oth But No	at Resulting In	D	Cause Gi	iven to Part	1	29. Was	An Autop	sy Perforf	ned?		Yes	□ No		==
Fart II. Enter Other <u>Sto</u>	Daleant Cole	ununis COI	PERPENSION CO. DE	MAI DREIM	S. Hosaiding III		V	WDI	ANA			Finaling Av	vailable To	Complete				No
31. Did Tobacco Use	Contribute T	o Death?	32.	If Fomale	2;		Town Cife :	D to a fin	mand But Bee	nant Wilthin 49 1	Days Of Park		Manner C	f Death:		Accident	Pending Investigation	on
Yes Probably	⊠ No □	Unknown	' ⊏	Not Pregnar	nt, But Pregna ns 43 -	Prespant At 1	PDESUN-	-P-000006#	HIPPEGRUNT	AUTOT THE PESC	TEN]		Suicide 🗀	Could No	t Be Do	termined	37. Injury At Work?	
34. Date Of Injury (Mo	nth/Day/Yes	er)	35	. Time Of	f Injury	THI THE RE	S RS ARI	ON FILE	KORPOK ROPE E WITH	adont's Ho THE	me Cons	truction Sit	e, Kestau	rant, Wood	eu Ares	"	Yes No	,
38. Location Of Injury	- State		38:	a. City Or	Town	LAKE COL	14.29P.1	SEAL THE	BEPAR	TMENT				38c.	Apt. N	0.	38d. Zip Code	
So. Country or signly	J			,,	1	Γ_					1							
39. Describe How Inju	ry Occurred						DEC	03	2019		1	40. □°	if Transpo dver/Operator	ortation Inju	ny, Spe	City:	D'UNLESS	
41. Signature, Of Per	son Certifyin	g Cause (Of Death:					<u> </u>		L	42.	Certifier (C	Check On!	y (5n8)				
MERRILEE D. 43. Name, Address A	FREY.	BY EL	ECTRON	IC SIG	NATURE		10		_ :::- ^		1-	Certifying	Physician	nse Numbe	er er		Health Officer 45. Date Certified	
MERRILEE D.	EDEV	2000	ייים פיייי	A\/E	CROWN	DAAKE!	COUNT	YHEAL	TH OFFI	CER	_						12/02/2019	
48. Additional Funera	Service Pro	vider:	vv. 33KD.	AVE.,	CROVAN	T CHT; T	14 -020	· ·					47. A	cas.				
48. Signature of Loca											49. For	Rogistrar	Only	ate Filed (:	
CHANDANA V	AVILAL	A, VIA	ELECTR	ONIC S	SIGNATU	IRE IDMENT TO C	ERTIFICA	ATE OF DE	EATH (EN	TRY OR C	RIGINAL	L)	+	DEC	02 2	2019		
28I-Cause B;					Amen	.55 10 0			Interval A:			·						
28I-Cause A: DEFER		NG FURT	HER INVEST	IGATION	1			281- 12-F	Interval B: Building: 23	33								
1 30: NO								18c-	: KELLY C Building: 2	233	CREMAT	IONS SER	VICES					
49: 11/18/2019 State Form 53395	ATTENTION	ECTAT	E: The Cas'-'	Canadh	# in balan	unnind by thin	etale aca	24b	-Building: 2	233 e responsi	ibility Di-	sclosure is	s voluntar	v aRAI	SEI) SE	AL.A.E.IXE	D