CHICAGO TITLE INSURANCE COMPANY

# Chicago Title Insurance Company

### SURVIVORSHIP AFFIDAVIT

On this _9/11/2020 _before me personally appeared _David Jacobs _aka (insert date)	2020-073151 20 Oct 14 8:13
to me personally known, who being duly sworn on oath did say that:	73
1. Affiant resides at the address given below affiant's signature:  Document is	<b>151</b> 9:13 AM
2. Affiant is Owner TOFFICIAL!  (state interest of affiant in the above premises as "owner"," son of owner", etc.  This Document is the property of	STATE LAK FILED MICHA RE
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by David Jacobs and Mary Jacobs;	TE OF INDIANA AKE COUNTY D FOR RECORD HAEL B BROWN RECORDER
4. Said Mary Jacobs  (fill in name of co-tenant who died)	VN D
died on 10/02/2015	
leaving No will;  (insert "a" or "no" of will left, attach a copy  5. The legal description of the premises in question is:  Tax ID: 45-08-30-252-007-000	¥ (4)
6. Is there Federal or State inheritance tax liability by reason of the death of said	
decedent? Yes No	
If yes, then estimated taxes due are \$	
The taxes due are paid or unpaid	10)
FILED (# 1820801888	
OCT 13 2020 026973	į.
JOHN E. PETALAS LAKE COUNTY AUDITOR	ra.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever
divorced?No
(If answer is "Yes", identify the divorce proceedings:
8. Affiant's relationship to the deceased was _Husband
Documentined Name_David Jacobs aka Dave L. Jorcato
NOT OFFICAddress: L3827 W 40th Ave
This Document is the property of 46408
Subscribed and sworn to before me by the affian prder!
This  (insert date)  (insert date)
Printed Name War Crair
My County of Residence is:
In the State of
My Commission Expires
This instrument prepared by
13513 784-Ct
Dy or IN 46311

### CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:
Res
Witness Signature
Joanna Anaya
Witness Printed Name
PROOF:
STATE OF INDIANA COUNTY OF LAKE  NOT OFFICIAL!
Before me, a Notary Public in and for said County and State, on 15 1, 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 Lake County Recorder.
to be the individual(s) described in and who executed the foregoing instrument; that said WITNESS was present and saw said Grantor execute the same; and that said WITNESS at the same time subscribed his/her name as a witness thereto.  NOTARY PUBLIC Printed: KAREN CRAIG Resident of: LAKE County State of INDIANA My Commission Expires: 11/04/2022 Commission No. 659349

#### LEGAL DESCRIPTION

Order No.: CTNW2004850

For APN/Parcel ID(s): 45-08-30-252-007.000-001

THE WEST 1/2 OF THAT PART OF THE NORTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE SOUTHWEST 1/4 OF THE NORTHEAST 1/4 OF SECTION 30, TOWNSHIP 36 NORTH, RANGE 8 WEST OF THE 2ND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA, LYING EAST OF THE WEST 180 FEET THEREOF.



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 67014

Loc	al No 00	3313		EDR No 0000	0047210	)3		State N	<u>ю 0473</u>	67		
Decedent's Legal Name	(First, Middle, Last	)		1a. Maiden Nam	e (If female)		2. Sex		e Of Death		f Death (Month	
MARY K JACOBS  5. Social Security Number	Ba. Age - Yrs	1 6b. Under	1 Year   6c. Under 1	MC AULIFFE Month   6d. Under 1 Day		7. Date o	FEMAI		2:05 PM 8. Birthplace (City		10/02/2019 r Foreign Count	<u> </u>
-		Months	Days	Hours	Minutes			1	CHICAGO.			
9. Ever in U.S. Armed Force	54 es?   10. if Dea	ath Occurred in		Hours	10a. If Death Occur		07/19/196 where Other Th		CHICAGO,	<u>                                      </u>	<del> </del>	
☐ Yes ☒ No ☐ Unkı	nown   Inpeti	ent 🗆 Emer	sency Department Out	patient 🔲 Dead on Arrival	Hospice Facility Other (Specify)	⊠ De	cedent's Home	Nursin	g Home/Long-terr	n Care Facili	ty	
11. Facility Name (If Not In					Outer (Opening)							
3827 WEST 40TH 12. City Or Town, State, An					13. County O	f Death			14. Marital Sta	itus At Time	Of Death	
-									Married [	Married, B	ut Separated [ r Matried ]	Divorced
GARY, IN, 46408  15. Surviving Spouse's Name	ne			15s. (If Wife)Give Malder	LAKE Last Name		16. Decedent	rs Usual Occup			Of Business/Indu	
DAVID L JACOBS  18. Residence - State	SR		18a. County	<u> </u>	16b. City Or Town		HOMEMA	KER		OWN H	IOME	
INIDIANIA			LAVE		GARY							
INDIANA 18c. Street And Number			LAKE		IGART		7	18d. Apt. No.	18e. Zip	Code	18f. Inside C	ity Limits?
3827 WEST 40TH	AVENUE								46	408	⊠ Yes	□ No
19. Decedent's Education			20. Decedent Of	Hispanic Origin	21, De	ecedeni's F	Raco		40	400	<u> </u>	
SOME COLLEGE DEGREE	CREDIT, BI	UT NOT A	NOT HISPA	NIC	White	12						
22. Father's Name (First, Mi	ddie, Last)		NI	OTOL	23. Mother's Neme (f		o, Last)		23a. (	Viother's Mai	den Last Name	
ROBERT R MC AI	II IEEE				MARY FRANC	ES M	CAULIFF	E	HAY	ES		
24. Informant's Name	JLII 1 L		24a, Relatio	big Comment	246. Melling Address	(Street A	nd Number, Ci	y, State, Zip Co				
DAVID L JACOBS	SR	/_	HUSBAI	In also Co	3827 WEST 4	OTH AV	VENUE, C	SARY, IN	46408			
25a. Method Of Disposition			25b. Place Of Disposit	on (Name Of Cemetery, Cre				own, And State			<del></del>	
Burial Cremation	Donation 🔲 E	ntombment										
Removal From State Other (Specify):			DAK RIDGE C	EMETERY		LANS	ING, IL					
26. Was Coroner Contacted	27	. Name And C	Complete Address Of F	uneral Facility						27a. Fun	eral Home Licen	ise Number:
☐ Yes   No	St	MITS FUI	NERAL HOME	2121 PLEASANT	SPRINGS LAN	NE, DY	ER, IN 46	5311		FH110	00037	
27b. Signature Of Indiana F	uneral Service Lie	ensee;		\			27c.	License Numb 20600101	er (Of Licensee):			
	•			Cause Of Death (See					THIS IS A T	BUE CO	Approxi	mate
Such As Cardisc Arrest	Respiratory Arr	est, Or Ventri	cular Fibrillation With	ns - That Directly Caused out Showing The Etiology.	Do Not Abbreviate	Enter Only	y One Cause		RECORD	ON FILE	WITHTOPPE	yth
A Line. Add Additinal Li Immediate Cause (Final			ing to Death)	A. RENAL CANCER	THE PARTY OF THE P			LAKE	COUNTY H	EALTH C	EPARTME	.NT
atimogramo ondoo (t ana	Discussion Of Oak		, in a second	TILL	ER'S	Due to (Or As	A Consequence O	a l	OCT	A D 96	45	
Sequentially List Condit Line A. Enter The Unde	ions, If Any, Lea	ding To The	Cause Listed On	В		Due to (Or As	A Consequence O	0	1 061	0 0 20	HD	
The Events Resulting In			, , ,	C. Due to (Or Asi A Consequence					entity 4	election.	<del></del>	
				D. E .	길루비 / 🚦			1	Scare or	دينڪ ک	مه س	
Part II. Enter Other Significa	nt Conditions Con	tributing to De	eth But Not Resulting	n The Underlying Cause Giv	In in Part I				F COHATA			
				See IN	DIANA	30. Were	Autopsy Find	ling Available To 33. Manner C	o Complete The C	ause Of De	Yes	□ No
31. Did Tobacco Use Cont	_	図	If Formale: Not Pregnant Within Past Yes	Pregnant At Time Of Death	Not Pregnant, But Pregna			☑ Natural ☐	Homicide 🔲		Pending Inve	stigation
Yes Probably 34. Date Of Injury (Month/D		ليبا ز	Not Pregnant, But Pregnant 4 Time Of Injury	3 Days To 1 year Belore Death 38. Plac	Unknown if Pregnant Wit	hin The Park Y	me, Constructi		Could Not Be D		7. Injury At Worl	k?
JA: Data Of Injury (Intelligen	, a, , , ou, ,	"									☐ Yes	□ No
38. Location Of Injury - Sta	to	384	. City Or Town	36b. S	treet & Number				38c. Apt. I	No. 36	3d. Zip Code	
39. Describe How Injury Oc	courred							40. If Trenspo	ortation Injury, Sp	ocity:	TT TTO : =	:55
41. Signature, Of Person (	Certifying Cause C	f Death:						fier (Check Onl	y Ona)			
MATTHEW A. MA 43. Name, Address And Zi	ZUR . BY E	LECTRO	NIC SIGNATU	RE				fying Physician			Heath Officer  Date Certified	<del></del>
				DND IN 40044					<b>;</b>	.	10/05/2	
MATTHEW A. MA 48. Additional Funeral Sen	∠UR , 5454 rice Provider:	HOMAN	AVE., HAMM	UNU, IN 46311		<del></del> =	<del></del>	47. *A	3607A  ##:		10/00/20	<u> </u>
48. Signature of Local Hea	ith Officer						49. For Reg	istrar Only - D	t. Date Filed (Month	/Day/Year):	<del></del>	
SUSAN W. BEST,		FRONIC S	SIGNATURE						OCT 08		· : <u>-</u>	
			AME	NDMENT TO CERTIFICA	TE OF CEATH (ENT	KY OR O	KIGINAL)			*	<del></del>	
									i * :			
									1 * * * * * * * * * * * * * * * * * * *		-	
L							hilib: Diad	uga la valuata	N. O. P. A. I. S.		AL AEF	IXED
State Form 53395 ATTE	NTION ESTATE	: The Social	Security # is being re	quested by this state agen	ich iu ouger to brugne	responsii	ыну. ывсюв		1. 01.44 41.414 40.1			