

STATE OF INDIANA)
COUNTY OF LAKE)

2020-081276

2020 Nov 6 2:42 PM

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

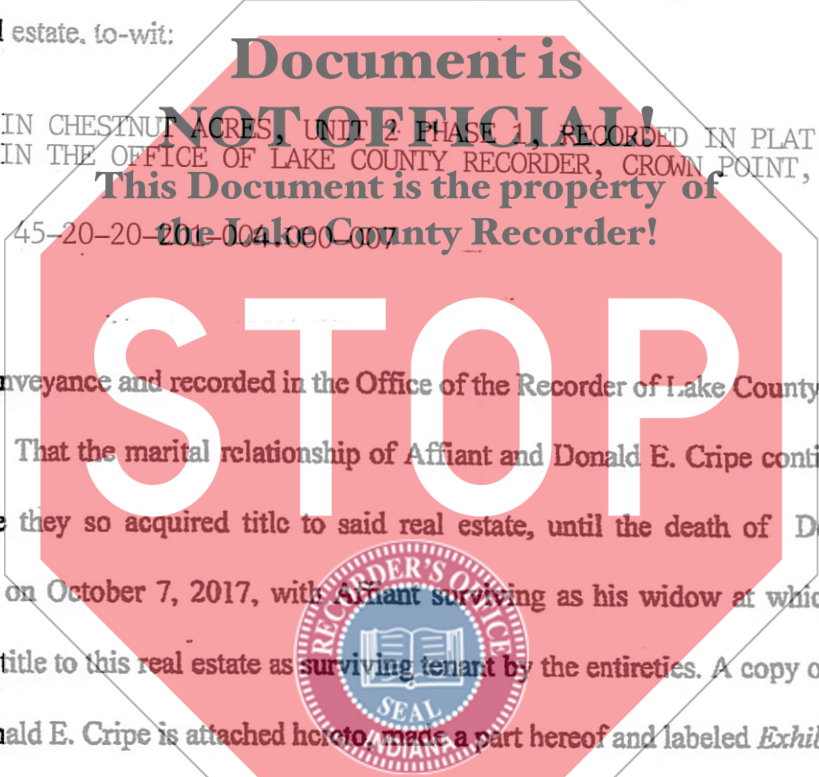
SURVIVORSHIP AFFIDAVIT

Bonnie L. Cripe, being first duly sworn upon her oath deposes and says:

1. That Affiant and her husband, **Donald E. Cripe**, acquired title to the following described real estate, to-wit:

OUTLOT A IN CHESTNUT ACRES, UNIT 2 PHASE 1, RECORDED IN PLAT BOOK 88 PAGE 67, IN THE OFFICE OF LAKE COUNTY RECORDER, CROWN POINT, INDIANA.

TAX NO.: 45-20-20-01-004-000-007



by deed of conveyance and recorded in the Office of the Recorder of Lake County.

2. That the marital relationship of Affiant and **Donald E. Cripe** continued unbroken from the date they so acquired title to said real estate, until the death of **Donald E. Cripe** ("Decedent") on October 7, 2017, with Affiant surviving as his widow at which time Affiant acquired sole title to this real estate as surviving tenant by the entireties. A copy of Certificate of Death for **Donald E. Cripe** is attached hereto, made a part hereof and labeled *Exhibit "A."*

4. That the decedent's estate does not owe any federal estate tax and is not subject to Indiana Inheritance Taxes.

5. Affiant makes this affidavit for the purpose of having the real estate described in the attachment transferred to her as her sole property.

FILED

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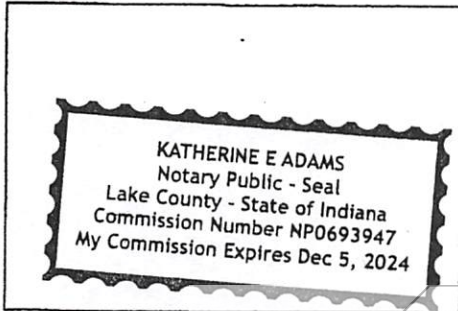
**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

Bonnie L. Cripe

Bonnie L. Cripe

25
CB
am

Subscribed and sworn to before me, a Notary Public, this 30th day of October 2020



Kath E Adams

Notary Public

Katherine E Adams

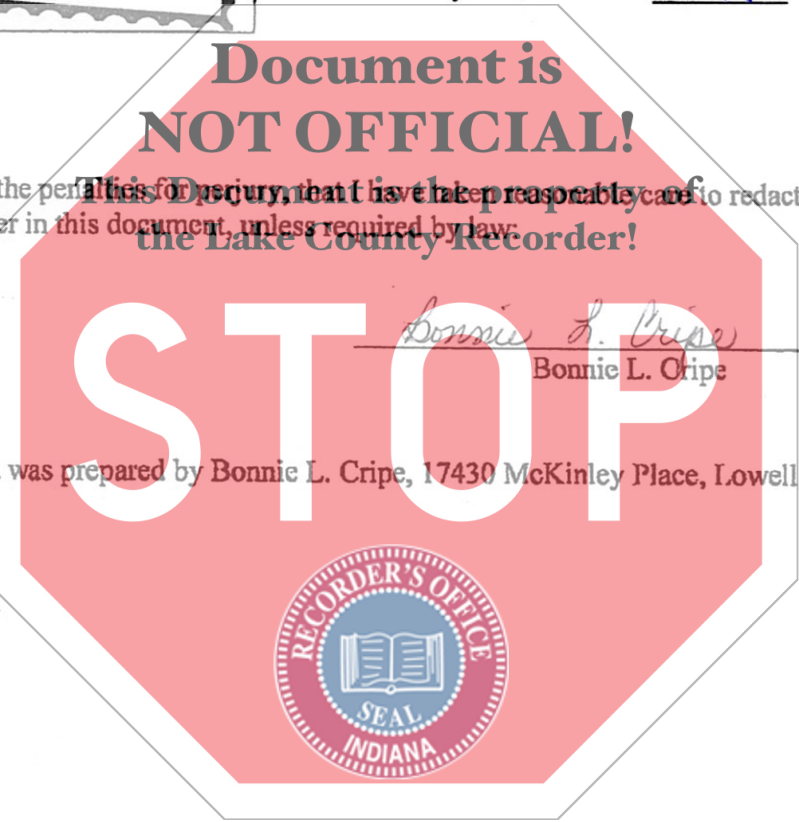
(Printed Signature)

County of Residence: Lake

**Document is
NOT OFFICIAL!**

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

the Lake County Recorder!



Bonnie L. Cripe

Bonnie L. Cripe

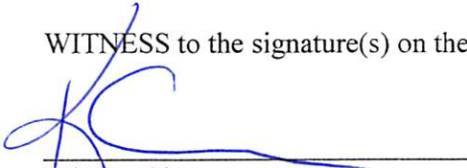
This instrument was prepared by Bonnie L. Cripe, 17430 McKinley Place, Lowell, IN 46356-7102.

KD 9363176 1.DOCX



CERTIFICATE OF PROOF

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


Witness Signature
Kim Chael
Madilyn Maher

PROOF:

STATE OF Indiana
COUNTY OF Lake

Before me, a Notary Public in and for said County and State, on Oct. 30, 2020, personally appeared Bonnie L. Crisp, the above named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that she knows Bonnie L. Crisp 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: Katherine E Adams
Resident of: Lake County
State of Indiana
My Commission Expires: December 5, 2024
Commission No. NP0693947



KATHERINE E ADAMS
Notary Public - Seal
Lake County - State of Indiana
Commission Number NP0693947
My Commission Expires Dec 5, 2024



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 137771

Local No 003462

EDR No 00000602613

State No 049203

1. Decedent's Legal Name (First, Middle, Last) DONALD E CRIPE				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 10:40 AM		4. Date Of Death (Month/Day/Year) 10/07/2017		
5. Social Security Number		6a. Age - Yrs 85		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date of Birth (Month/Day/Year) 12/24/1931		8. Birthplace (City and State or Foreign Country) ROSSVILLE, IN										
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 checked="" 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 <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT												
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307						13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name BONNIE CRIPE				15a. Last Name Before First Marriage CHITTICK				16. Decedent's Usual Occupation DEVELOPER		17. Kind Of Business/Industry REAL ESTATE		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LOWELL			18d. Apt. No.		18e. Zip Code 46356	
18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			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 (First, Middle, Last) FREEMAN CRIPE				
23. Parent's Name (First, Middle, Last) NORA CRIPE				23a. Parent's Last Name Before First Marriage ROSS				24. Informer's Name BONNIE CRIPE				
24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street And Number, City, State, Zip Code) 17430 MCKINLEY PLACE, LOWELL, IN 46356								
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ROSSVILLE CEMETERY				25c. Location - City, Town, And State ROSSVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356						27a. Funeral Home License Number: FH83004277				
27b. Signature Of Indiana Funeral Service Licensee: MOLLY E. TUCKER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09200061						
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. <u>COMPLICATIONS FROM LATE EFFECT CVA</u> Due to (Or As A Consequence Of): B. <u>ASPIRATION PNEUMONIA</u> Due to (Or As A Consequence Of): C. <u>CHRONIC LYMPHOCYTIC LEUKEMIA</u> Due to (Or As A Consequence Of): D. 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						30. Were Autopsy Finding 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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. 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: KRISTINE MARIE TEODORI, 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: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307						44. License Number: 02002441A		45. Date Certified: 10/09/2017				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 10 2017						

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)