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2020-083263

2020 Nov 17 1:52 PM

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

STATE OF INDIANA)) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now, Annie B. Crowder, being duly sworn upon her oath and states as follows:

1. That Annie B. Crowder, referred to hereafter as "Affiant", is the owner in fee simple real estate located in Lake County, Indiana more particularly described as follows:

This Document is the property of

the Lake County Recorder!

Lots 33 and 34 in Block 4 in Highland Park Addition, an Addition to the City of Gary, as per plat thereof, recorded in Plat Book 8, Page 13, Office of the Recorder of Lake County, Indiana.

Commonly Known As: 4251 Van Buren, Gary, IN 46408

Parcel No.: 45-08-28-406-007.000-004

- 2. That Annie B. Crowder and the Decedent, Thomas E. Crowder, were Joint Tenants with Rights of Survivorship at the time they acquired title to said real estate by deed of conveyance.
- 3. That this joint ownership existed between said Affiant and Thomas E. Crowder, and continued unbroken from the time they so acquired title to said real estate until the death of Thomas E. Crowder on March 28, 2020, at which time said Affiant acquired title to the real estate as surviving joint owner.
- 4. That the gross value of the Decedent's estate was less than the value required for the filing of Federal Estate Taxes and was not subject to Indiana Inheritance Tax.

FILED

NOV 17 2020

JOHN E. PETALAS LAKE COUNTY AUDITOR

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5. That the Affiant states that the decedent, Thomas E. Crowder, passed away on March 28, 2020, as confirmed by a certified copy of a death certificate, issued by the State of Indiana, a copy of which is attached hereto as part of this Affidavit.

Further, Affiant sayeth not.
Dated this day of November, 2020 DOCUMENT CROWDER
This Document is the property of
STATE OF INDIANA) the Lake County Recorder!
COUNTY OF LAKE
Before me the undersigned, a Notary Public in and for said County and State, personally appeared Annie B. Crowder and on 10 10 10 10 10 who acknowledged the execution of this Affidavit.
Subscribed and sworn to before me by the affiant this day of November, 2020.
WITNESS MY HAND AND SEAL.
My Commission Expires: March 21, 2022 Evonne N. Carrillo, Notary Public
EXECUTED AND DELIVERED in my presence:
SEAL:
Witness Signature Witness Signature My Commission Expires March 21, 2022
Witness Printed Name

STATE OF INDIANA)
) SS: COUNTY OF LAKE)
Before me the understand, a Notary Public in and for said County and State, this witness personally appeared and on, who acknowledged the execution of this Affidavit.
Subscribed and sworn to before me by the affiant this day of November, 2020,
WITNESS MY HAND AND SEAL DOCUMENT IS
My Commission Expires Notary Public, State of Indiana Evonne N. Carrillo, Notary Public SEAL Commission Number NP0651467 My Commission Expires March 21, 2022
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. Shelice R. Tolbert
E LIDE
NOTE: This instrument prepared by Attorney Shelice R. Tolbert, 1085 Broadway, Suite B, Gary, Indiana 46402; (219) 427-0094

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

THE TOTAL PROPERTY STATES AND THE ST

Loc	al No 000	0153				007700	47		State No	0175		
1. Decedent's Legal Name)		18. 4	Asiden Nami	e (if femsie)		2. Sox		Of Death	4. Date	Of Death (Month/Day/Year)
THOMAS E CROV 5. Social Security Number		6b. Under	1 Year 6c. Under 1	Month 8d. Und	ier 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month/D:		17 AM	ity and State	03/28/2020 or Foreign Country)
	74	Months	Days	Hours		Minutes	1	12/21/1945		VHITESV		
9. Ever in U.S. Armed Ford		th Occurred in				10a. If Death Occu		where Ciher Than	A Hospital			
⊠ Yes □ No □ Unk			gency Department Out	patient Dea	d on Arrival	Hospice Facility Other (Specify)		ecedent's Home	[_] Nursing	Home/Long-le	mı Cara Faci	lity
11. Facility Name (If Not Ir METHODIST HOS 12. City Or Town, State, Ar	SPITALS INC					13. County	O. D H					
va. Ony or rown, chair, ri	a zp coo					13. County	OI Desui		i	14. Marital S Married	Married, 6	But Separated Divorced
GARY, IN, 46402 15. Surviving Spouse's Nar	те			15a. Last Nan	ne Before Fi	LAKE rst Marriage		16. Decedent's	Usual Occupa	☐ 'Midowed	1 Nov	er Married Unknown Of Business/Industry
ANNIE B CROWD	FR			LAWREN	ICE			MACHINE (DERAT	n P	INII ANI	D STEEL CORP
18. Residence - State			18a. County	12 (11)	<u> </u>	18b. City Or Tox		WATCHINE	DI CIVITI	<u> </u>	THATTIA	D STEEL CORP
INDIANA			LAKE			GARY					_	
18c. Street And Number								180	. Apt. No.	18e. Zi	p Code	18f. Inside City Limits?
4251 VAN BUREN	STREET	_		Do	<u>CU1</u>	ment	<u>1S</u>			46	3404	⊠ Yes □ No
19. Decedent's Education HIGH SCHOOL G	RADUATE C	R GED	20. Dezedent Of	Hispanic Origin	OT	21. 0	Decedent's	Race				
COMPLETED 22. Parent's Name (First, M	iddle Lasti		NOT HISPA	NIC	UF	23. Parent's Name (ican America	n	1 220	Oncente I sel	Name Before First Marriage
EL. I GON STONE (F HOL, M	out, casy		This D	ocum	ent	is the n	1101	erty o	f	238.	Parent 3 Last	Name Belore First Martiage
EDGAR CROWDE 24. Informant's Name	R	_/_		iship To Decade		MARY PERR 24b, Mailing Address	S (Street (And Number City	State. Zin Coo	NE\	NSOME	
ANNIE B CROWD	FR		WIFE	Lake		4251 VAN BL						
					25. Plac	e Of Disposition				0404		
25a. Method Of Disposition ☐ Burial ☑ Cremation [25b. Place Of Disposit	on (Name Of Ce	metery, Cre	matory, Other Place)	25c. La	ocation - City, Tow	n, And State			
Removal From State			OAK HILL CRE	MATORY			CAB	V IN				
Other (Specify): 26. Was Coroner Contacted	17 27.		omplete Address Of F				GAR	Y, IN			27a. Fu	neral Home License Number:
☐ Yes 🗵 No	GU	IY & ALL	EN FUNERAL	DIRECTO	RS 295	59 WEST 11T	'H AVE	NUE GARY	/ IN 464	24	FHRS	007704
27b. Signature Of Indiana F CARMELITA V. PE	uneral Service Lice	ensee:						27c. Li	cense Numbe	r (Of Licensee):	,01104
				Cause Of D		Instructions And		3)	., , , , , ,			Approximate
28. Part I. Enter The <u>Ch</u> Such As Cardiac Arrest, A Line. Add Additional	, Respiratory Arres	st, Or Ventrio	unes, Or Complication With	ns - That Direct out Showing Th	e Etiology.	Do Not Abbreviate.	Enter On	minal Events Ny One Cause Or	1			Interval: Onset To Death
Immediate Cause (Final	•		ng In Death)	A. ACUTE N	YOCARDI	IAL INFARCTION						
•							Due to (Or A	As A Consequence Oil)				
Sequentially List Condit Line A. Enter The Unde	ions, If Any, Lead arlying Cause (Dis	ling To The C ease Or Iniu	euse Listed On That Initiated	B. CONGES	TIVE HEA	RT FAILURE	Due to (Or A	As A Consequence Of):				
The Events Resulting In	Death) Last			C. CARDIA	CARRHYT	HMIA	Due to rOr A	As A Consequence Où				
				D. ANEMIA	Executive IN	DIAMA MINIS						
Part II. Enter Other Significa	nt Conditions Contr	buting to Dea	ath But Not Resulting I	The Underlying	Cause Give	n in Paril	29. Was	s An Autopsy Perfo	rmed?	☐ Yes	⊠ No	
CECAL POLYP			W.C	\			30. Wer	re Autopsy Finding		·		
31. Did Tobacco Use Contr	_		If Female: Not Pregnant Within Past Yea	Pregnent At To	ime Of Death	itol Prognant, But Prago	nant William 42		3. Manner Of Natural 🔲		Accident	Pending Investigation
34. Date Of Injury (Month/D			Not Pregnant & Time Of Injury	Ozys To I year Belore		Unknown If Prognant W		Year	Suicide 🔲	Could Not Bo	Determined	7. Injury At Work?
, o.v. oan or u,a., (,,					· · · · · · · · · · · · · · · · · · ·			J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	,	,	Yes No
38. Location Of Injury - Stat	te	38a.	City Or Town	-	38b. Str	reet & Number				38c. Apt.	No. 3	8d. Zip Code
39. Describe How Injury Oc	curred				<u></u>			40). If Transpor	tation Injury, S	pecify:	
								-	Onves/Operator	Passenger [Pedestrian	Other (Specify)
41. Signature, Of Person C BERNARDO SERI	RANO LUCE	NA , BY	ELECTRONIC	SIGNATU	RE			42. Certifier Certifyin	(Check Only g Physician	One) Coron	er . 🗆	Health Officer
43. Name, Address And Zip	Code C! Person C	ertifying Caus	se Of Death:						44. Licen	se Number		5. Date Certified
BERNARDO SER	RANO LUCE	NA , 87	77 BROADAY	STE A, ME	RRILLV	<u>/ILLE, IN 464</u>	10		010393			04/01/2020
46. Additional Funeral Serv									47. *Aka			
48. Signature of Local Heat ROLAND H WALK		:CTPON	C SIGNATI ID					49. For Registr	ar Only - Da	te Filed (Mont APR 07	• .	
IVOLAND II VVALN	LIN, VIA ELE	-OTROPI			ERTIFICAT	E OF DEATH (EN	TRY OR C	DRIGINAL)		75 K U/	2020	

Prepared by: Annie Lawrence
4251 Van Buren
Gary, IN 46408
Return to: Annie Lawrence
4251 Van Buren
Gary, IN 46408
Future Taxes to Grantee's Address (
OR to: see above

,2008 023420



2008 APR -2 AUTH: 33

QUIT CLAIM DEED

The Grantor(s) Annie Lawrence, a married person

Slease hold Counselors Title

MECHALIT AL IROWN RECORDER

	477		1 1 10
	(Th	e above space for Reco	raer's use only)
of the city of Gary	, County of Lake		of Indiana
or and in consideration of Ten (\$10.00)			sideration, in hand paid, convcy(s)
nd quit claim(s) to Annie Lawrence and T	homas Crowder, husband and	wife as Joint Tenants	
/			
whose address is 4251 Van Buren		of the city	of Gary
County of Lake	State of Ludiana		interest in the following described
eal estate situated in the County of Lake		State of Illinois to wit:	
Lots 33 and 34 in Block 4 in Highland Park	Addition, an Addition to the C	ity of Gary, as per plat	thereof, recorded in Plat Book 8,
Page 13, in the Office of the Recorder of L	ake County, Indiana.	LIAL!	
This Do	cument is the	property	of
Grantee Adducted	akite walling it	secorden!	70708
iereby releasing and walving all rights under	and by virtue of the Homestead	Exemption Laws of the	State of Illinois. To have and to
nold said premises not in Tenancy in Commo			THAL ACCEPTANCE FOR TRANSFLE
Permanent Index Number(s): 25-45-0037-00			The state of the s
Property Address: 4251 Van Buren, Gary,			110
Dated thisday of	March. 200	X ·	APR - 2 2008
STATE OF Indiana	·)		
) 55	¥£	GGY HOLINGA KATOWA
COUNTY OF Lake)		ME COUNTY AUDIT DR
11 (15)		Human	Cural
Annia I asyrang		Thomas Crowder	Cittata
Attitle Dawi Cite		I nomas Crowder	
	THE DOCUMENT		
	MI DIEK O	À	
, the undersigned, a Notary Public, in and fo	r said County and State aforesai	d, certify that	
Annie Lawrence and Thomas Crowder	SI nterent Y	e E	
personally known to me to be the same perso	n(s) whose name(s) subscribed i	to the foregoing instrum	ent, appeared before me this day
n person, and acknowledged that they s	igned, sealed and delivered the	said instruments as _th	ieir free and voluntary act for the
ises and purposes therein set forth, including	the release and waiver of the ri	ght of homestead.	/- r1
Given under my hand and Notarial Seal this	26 /day of MA	iscle 20	Ω8. ₋
		70	7 / 00 63 70 /
AFFIX TRANSFER TAX	STAMP OR	11/	
"Exempt under provisions of Parag	rgph <u>E</u> "/	.// 600 6	7
Section A. Real Estate Trag	sfer Tax Act.	Notary Public, State	of Indiana Allulus
		My commission exp	ires:
/Date /	/	0000	IAL PEAL
Buyer, Sell	er or Representative	LORETT	A HORTON
			, STATE OF ILLINOIS
			EXPIRES 11-15-2011