## 2020-086529

2020 Nov 24

2:27 PM

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

## SURVIVORSHIP AFFIDAVIT

Vincent Starks, being first duly sworn upon his oath deposes and says:

1. That Affiant and his wife, Victoria A. Starks, acquired title to the following real estate, commonly known as 1525 Rhett Court, Schererville, Indiana, which is currently described as:

LOT 74, IN RIDGEMOOR SECOND ADDITIONT TO THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 68, PAGE 51, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel Number: 45-11-17-352-006.000-036 11 15

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

- 2. That the marital relationship of Affiant and Victoria A. Starks continued unbroken from the date they acquired title to said real estate, until the death of Victoria A. Starks ("Decedent") on October 19, 2020, with Affiant surviving, at which time Affiant acquired sole title to this real estate as surviving tenant by the entireties. A copy of Decedent's Certificate of Death is attached hereto (with social security number redacted), made a part hereof and labeled Exhibit "A."
- 3. That the gross value of Decedent's estate for purposes of Federal Estate Taxes is less than the value required for the filing of a Federal Estate Tax Return; therefore, Decedent's estate is not subject to Federal Estate Tax nor required to file a Federal Estate Tax Return.
  - 4. That Decedent's estate is not subject to Indiana Inheritance Taxes.

5. Affiant makes this affidavit for the purpose of having the real estate located at 1525 Rhett Court, Schererville, Lake County, Indiana, transferred to him as his sole property.

Vincent Starks

STATE OF INDIANA SS:

Subscribed and sworn to before me, a Notary Public this day of November, 2020.

TINA MARIE ZIENTARA Notary Public – Seal Lake County – State of Indiana Commission Number 652637 My Commission Expires Apr 9, 2022

Notary Rublic

(Printed Signature)

County of Residence: LAKE

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:

Nancy I Townsend

This instrument was prepared by Nancy J. Townsend (#17178-45), Krieg DeVault LLP, 8001 Broadway, Suite 400, Merrillville, Indiana 46410.

FILED

NOV 24 2020

JOHN E PETALAS LAKE COUNTY AUDITOR 25 CS

RN

## **CERTIFICATE OF PROOF**

WITNESS to the signature (s) on the foregoing instrument to which this Proof is attached. VINCENT E. STARKS **Witness Printed Name PROOF:** ocument is the property of STATE OF e County Recorder! **COUNTY OF** Before me a Notary Public in and for said County and State, Dated on 1/ \24 \20 ), personally appeared the above-named WITNESS to the foregoing instrument, who, being by me duly sworn, did depose and say that he/she knows WITNESS- Vincent Starks be the individual(s) described in and who executed the foregoing instrument: that said WITNESS was present and saw said GRANTOR(S)the same: and the said WITNESS at same time subscribed his/her name as a witness thereto **Notary Name exactly as Commission Notary Public-State of** My Commission Expires: 07-14-27 Commission No: 0121314



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 253642

MUNSTER, IN, 46321  15. Sunviving Spouse's Name    15a. Last Name Before First Marriage   16. Decedents Usual Occupation   17. Kind	Of Death  ut Separated  Divorce or Married  Unknown Of Business/Industry
Review   Days   Hours   Minutes   O2/20/1958   CHICAGO, IL	Of Death  ut Separated   Divorce or Married   Unknown  Of Business/Industry  AL  .  18f. Inside City Limits  X Yes   No
December	Of Death  ut Separated
Yes   No   Unknown   Impalient   Emergency Department Outpatient   Dead on Anfred   Owner (Specify)	Of Death  ut Separated
ILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE   13. County of Death   14. Martial Status At Time   15. City Town, Status, And Zip Code   15. Decodent of Usual Occupation   177. Kind   18. Martial Status At Time   16. Decodent of Usual Occupation   177. Kind   18. Martial Status At Time   18. Decodent of Usual Occupation   177. Kind   18. Residence - State   18. County   18. County   18. City or Town   18. Cit	ut Separated    Divoro r Married    Unknown Of Business/Industry  AL  .  18f. Inside City Limits  Yes    No
Company   Comp	ut Separated    Divoro r Married    Unknown Of Business/Industry  AL  .  18f. Inside City Limits  Yes    No
UNSTER, IN, 46321  Surviving Spouse's Name  15a, Last Name Before First Marriage  16. Decedent's Usual Occupation  177. Kind  MEDIC  NCENT STARKS  18a, County  18b, Cly O' Yown  18b, Cly O' Yo	Of Business/Industry  AL  18f. Inside City Limits  ⊠ Yes □ No
NCENT STARKS   18a. County   18b. City Or Town	. 18f. Inside City Limits  ☑ Yes □ No
Teaching   Teach   T	. 18f. Inside City Limits  ☑ Yes □ No
Segment of Number 18d. Apt. No. 18e. Zip Code 18d. Apt. No. 18d. Apt. No	⊠ Yes □ No
25. SHETT COURT  Decedent Selectacision  DECOLLEGE CREDIT, BUT NOT A  20. Decedent Of Mispan College  CFRENCY Name (First, Middle, Last)  CTOR COLE  Informant's Name  NCENT STARKS  BROWN  INCENT SCARL SCA	⊠ Yes □ No
Decedent's Education DME COLLEGE CREDIT, BUT NOT A DME COLLEGE CREDIT CRED	The property of the party of th
DME COLLEGE CREDIT, BUT NOT A GREE Parent's Name (First, Middle, Last)  CTOR COLE Informant's Name  NCENT STARKS  A Method Of Disposition Buria!   Cremation   Donation   Entombment Removal From State Other (Specify):   Yes   No   SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311   Yes   No   SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311   The Signature Of Indiana Funeral Service Licensee: MOTHY G SMITS , BY ELECTRONIC SIGNATURE   MOTHY G SMITS , Diseases, In uries, Or Complications - That Directly Caused fine Death. Do Not Death of the Death of Divided Caused for Divided Ca	Name Before First Marris
Parent's Name (First, Middle, Last)  CTOR COLE Informant's Name  NCENT STARKS  HUSBAND  125. Place Of Disposition Buriat   Cremation   Donation   Entombment Removal From State Other (Specify): Wars Goroner Contacted?  27. Name And Complete Address of Funeral Facility  28. Place Of Disposition Signature Of Indiana Funeral Service Licensee: MOTHY G SMITS , BY ELECTRONIC SIGNATURE  28. Part I. Enter The Chain Of Events - Diseases Injuries, Of 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 The Underlying Cause (Disease Or Injury Yeal Inhibated Cause (Final Disease Or Condition Resulting In Death)  29. Was An Audional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death)  29. Was An Audiops/ Performed?	Name Before First Marri
NCENT STARKS	
NCENT STARKS	- Table 1 Street
a, Method Of Disposition Burial   Cremation   Donation   Entombment Removal From State Other (Specify): Was Coroner Contacted?  27. Name And Complete Address Of Funeral Facility  Wes Soloner Contacted?  27. Name And Complete Address Of Funeral Facility  Wes Soloner Contacted?  27. Name And Complete Address Of Funeral Facility  Per Signature Of Indiana Funeral Service Licensee: MOTHY G SMITS , BY ELECTRONIC SIGNATURE  Cause Of Death (See Instructions And Examples)  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)  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury Neal Inhibated The Events Resulting In Death) Last  25. Place Of Disposition (Name Of Cemetery, Other Significant)  25. Place Of Disposition (Name Of Cemetery, Other Significant)  26. Place Of Disposition (Name Of Cemetery, Other Place)  27. License Number (Of Licensee):  FH11.  FH11.  FH11.  Cause Of Death (See Instructions And Examples)  Cause Of Death (See Instructions And Examples)  Cause Of Death (See Instructions And Examples)  (Indiana Funeral Events Center Only One Cause On Cause	化工作家医工艺术工艺医生术系统
a. Method Of Disposition Burial	
MOTHY G SMITS , BY ELECTRONIC SIGNATURE  Cause Of Death (See Instructions And Examples)  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)  Sequentially List Conditions, If Any, Leading To The Cause Listed On  Line A. Enter The Underlying Cause (Disease Or Injury That Initiated  The Events Resulting In Death) Last  C.  Due to (Or As A Consequence Of):	neral Home License Num 000037
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 Gree Cause On A Line. Add Additional Lines if Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death)  Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last  Due to (Or As A Consequence Of):	Approximate
D. 29. Was An Autopsy Performed?	Interval: Onse To Death 4 YEARS AND 9 MONTHS
Part II Enter Other Significant Conditions Contributing to Death Dut Not Newscard and The Conditions Contributing to Death Dut Not Newscard and The Conditions Contributing to Death Dut Not Newscard and Contributing to Death Dut Not Newscard and Contributing to Death Dut Not Newscard and Contributing to Death Dut Newscard and Contributing to Death Du	
30. Were Autobsy Finding Available To Complete The Cause Of D	
1 Did Tobacco Lice Contribute To Death? 33. Manner Of Death:	Harrist 11
Not Pregnant Within Past Year Pregnant All Time of Death Not Pregnant, But Pregnant, But Pregnant, But Pregnant, Within 42 Days Of Death Natural Homicide Accident	Thomas Hamen H.
4. 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?
38. Location Of Injury - State 38a. City Or Town 38b. Street & Number 38c. Apt. No.	38d. Zip Code
9. Describe How Injury Occurred  40. If Transportation Injury, Specify:  Driver/Operator Pessenge Pedestrian C  NOT VAL	DUNLESS
YI F R MUNN BY ELECTRONIC SIGNATURE THIS IS A THIS 2 SOLVE TO THE SECOND THE	
3. Name, Address And Zip Code Of Person Certifying Cause Of Death: THE HECOND ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT 01031582A	Health Officer
6. Additional Funeral Service Provider:	Health Officer 45, Date Certified 10/23/2020
48. Signature of Local Health Officer:  OCT 27 2020	45. Date Certified 10/23/2020
AMENDANA VAVILALA, VIA ELECTRONIO GIGINATOLIA INTERPORTATION CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)	45. Date Certified 10/23/2020
21-Black: 0 49: 10/26/2020 LAKE COUNTY HEALTH OFFICER	45. Date Certified 10/23/2020