

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL  
RECORDER

2021-019260

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

9:04 AM 2021 Mar 19

GINA PIMENTEL  
RECORDER

2021-019260

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

8:38 AM 2021 Mar 4

\*This document is being re-recorded to correct the grantors name

SURVIVORSHIP AFFIDAVIT

STATE OF IN

File No.: FNW2100252-DS

COUNTY OF Lake

AKA Burton Hastings

Comes now Burton G. Hastings, Sr., who being duly sworn upon his/her oath, deposes and says:

AKA Burton Hastings

That, Burton G. Hastings, Sr. is the surviving spouse of Joyce Hastings, deceased who died domiciled in Lake, County, Indiana, on July 22, 2010

AKA Burton Hastings

That Burton G. Hastings, Sr. and Joyce Hastings 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

AKA Burton Hastings

Affiant states that Burton G. Hastings, Sr. and Joyce Hastings 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 Joyce Hastings'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 Lake County, Indiana, to transfer the above described real estate to Burton G. Hastings, Sr. AKA Burton Hastings

IN WITNESS WHEREOF, the undersigned have executed this document on March 1, 2021.

Executed: March 1, 2021

*Burton G. Hastings Sr.*  
Signature

Burton G. Hastings, Sr. AKA Burton Hastings  
Print Name

FILED  
MAR 03 2021  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

STATE OF IN

COUNTY OF Lake

AKA Burton Hastings

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Burton G. Hastings, Sr., this 1st day of March, 2021

*Dawn Stanley*  
Notary Public Dawn Stanley

Resident of Lake County

My Commission expires: 7/29/26

NOTARY PUBLIC  
SEAL  
STATE OF INDIANA  
DAWN STANLEY  
Commission Number 714648  
My Commission Expires 07/29/26  
County of Residence Lake County

FIDELITY - HIGHLAND

*FNW2100252*

FIDELITY NATIONAL  
TITLE COMPANY  
*FNW2100252*

FILED  
MAR 18 2021  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

*DSR M*  
*JK*  
CK# 1820704448  
CK# 1820705022

**SURVIVORSHIP AFFIDAVIT**

(continued)

Prepared by:                      AKA Burton Hastings  
Burton G. Hastings Sr.

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 :    Dawn Stanley

Return to: Burton G. Hastings, Sr.                      AKA Burton Hastings

4    *Burton Ln*  
*Pipersville, IL 60959*

Property of Lake County Recorder

## EXHIBIT "A"

Legal Description

For APN/Parcel ID(s): 45-06-24-183-004.000-027

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UNIT 104 IN RENAISSANCE CONDOMINIUMS AS CREATED BY A DECLARATION RECORDED IN INSTRUMENT NUMBER 2000 045384 AND AS BUILT FLOOR PLANS RECORDED AS INSTRUMENT NUMBER 2000 045386 AND SUPPLEMENTAL DECLARATION AND/OR AMENDMENT RECORDED AS INSTRUMENT NUMBER 2001 044097 AND ANY ADDITIONAL SUPPLEMENTAL DECLARATIONS AND/OR AMENDMENTS THERETO WHICH ARE RECORDED IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. TOGETHER WITH AN UNDIVIDED PERCENTAGE INTEREST IN THE COMMON AREAS AND LIMITED COMMON AREAS. TOGETHER WITH THE EXCLUSIVE RIGHT TO USE GARAGE UNIT NUMBER 104 WHICH RIGHT SHALL PASS WITH TITLE TO UNIT 104.

Property of Lake County Recorder

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1. Decedent's Name (First, Middle, Last) <b>Joyce E. Hastings</b>		10. Maiden Name (First, Middle, Last) <b>Moore</b>		Sex <b>Female</b>		8. Birth Date (Month/Day/Year) <b>8:38 PM July 22, 2010</b>	
5. Social Security Number <b>83</b>		6b. Under 1 Year Months <b>None</b>		6c. Under 1 Year Days <b>None</b>		7. Date of Birth (Month/Day/Year) <b>July 7, 1927</b>	
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: Term Care Facility <input type="checkbox"/> Other (Specify)		8. Birthplace (City And State Or Foreign Country) <b>Highwood, IL</b>	
11. Facility Name (If Not Institution, Give Street And Number) <b>Community Hospital</b>							
12. City Or Town, State, And Zip Code <b>Munster, IN, 46321</b>				13. County Of Death <b>Lake</b>		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	
15a. Surviving Spouse's Name <b>Burton Hastings</b>			15b. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>Homemaker</b>	17. Kind Of Business/Industry <b>Own Home</b>
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Munster</b>		18c. Apt. No. <b>#104</b>	18d. Zip Code <b>46321</b>
19c. Street And Number <b>8421 MANOR AVE.</b>		19d. Apt. No.		19e. Zip Code		19f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>High school graduate or GED completed</b>		20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>		21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>Earl Moore</b>			23. Mother's Name (First, Middle, Last) <b>Verna Moore</b>			24a. Mother's Maiden Last Name <b>Longren</b>	
24. Informant's Name <b>Burton Hastings</b>		24b. Relationship To Decedent <b>Spouse</b>		24c. Mailing Address (Street And Number, City, State, Zip Code) <b>8421 Manor Ave. #104, Munster, IN 46321</b>			
25. Place Of Disposition							
25a. Method Of Disposition <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) <b>Memory Lane Cemetery</b>		25c. Location - City, Town, And State <b>Schererville, Indiana</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Kish Funeral Home 10000 Calumet Avenue, Munster, IN 46321</b>				27a. Funeral Home License Number: <b>FH10700038</b>	
27b. Signature Of Indiana Funeral Service Licensee 						27c. License Number (Of Licensee) <b>FD01021580</b>	
<b>Cause Of Death (See Instructions And Examples)</b>							
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. <b>CONGESTIVE HEART FAILURE</b> <span style="float: right;">Approximate Interval: Onset To Death <b>5 YRS</b></span>							
B. _____ C. _____ D. _____							
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last							
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Given In Part I)							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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"/> 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"/> Corrupt Or In Determined		34. Date Of Injury (Month/Day/Year)	
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 checked="" 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							
41. Signature Of Person Certifying Cause Of Death: 						42. Certify (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: <b>Dr. A. Gandhi 10010 Donald Powers Dr. Munster, IN 46321</b>						43. Date Certified <b>01029887 27 July 10</b>	
45. Additional Funeral Service Provider:							
46. Signature Of Local Health Officer: 				46. For Registrar Only - Date Issued (Month/Day/Year): <b>July 27, 2010</b>			