4 NOT AN OFFICIAL DOCUMENT

2021-046565

11:31 AM 2021 Jul 13

SURVIVORSHIP AFFIDAVIT

Gertrude Dear, being first duly sworn upon her oath deposes and says:

1. She is the owner in fee simple of the real estate located in County, Indiana, and

legally described as:

Lot 13, and the North 10 Feet of Lot 14, Block 3, as marked and laid down on the recorded plat of the re-subdivision of Gary Land Company's 13th Subdivision of Gary, as shown in plat book 19, page 10, in the Office of the Recorder of Lake County, Indiana (45-08-03-482-010.000-004),

and commonly known as 877 Louisiana Street, Gary, Indiana 46402.

- She acquired title with her spouse, Benjamin P. Dear, by deed recorded on March
- 31, 1969 located in the Office of the Recorder of Lake County, Indiana in deed book

11068, page 1327.

3. Benjamin P. Dear died on December 27, 2009. (Exhibit A, Death Certificate of

Benjamin P. Dear) SR.

FILED

No estate was opened, and no federal or state estate taxes due.

JUL 1 3 2021

FURTHER AFFIANT SAYETH NOT

JOHN E. PETALAS LAKE COUNTY AUDITOR

Gertrude Dear

STATE OF INDIANA

) SS:

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 21st day of July, 2016.

WILLIAM ANTHONY WALKER
Lake County
My Commission Expires
August 30, 2020
My Commission Expires

William Anthony Walker

2.C1

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"I AFFIRM, UNDER THE PENALTIES FOR PERUIRY THAT I HAVE TAKEN REASON-ABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."

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NOT AN OFFICIAL DOCUMENT CERTIFICATE OF DEATH

Local	No O	9 0633						State No						
Decedent's Legal Name (Fig. 1)	irst, Middle, Last)			1a. Maiden Last N	ame (Il Female)		2. Sea		3. Time C			BER 27,2009		
BENJAMIN P. DEA							M		1.49	PM		BER 27,2009		
5. Social Security Number							April 28,1919 MUEKOGEE; OKLAHOMA							
	90													
9. Ever in U.S. Armod Forces Tyes No Unknow	10s. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospital Facility ☑ Decedent®Home ☐ Nivisian Hom Term Care Facility ☐ Other (Specify)							□ Nursing Homot.ong						
11. Facility Name (if Not Insti	11. Facility Name of Not Institution, Give Street And Number)													
877 LOUISANA ST												*		
12. City Or Town, State, And	13. County Of Death				14. Marital Status Al Timo Of Doath									
GARY,INDIANA,46402					LAKE				Married					
15. Surviving Spouse's Name		15a. (if Wife)Give Maiden Last Name			18. Decedent's Usual Oc				Susiness/Industry					
GERTRUDE DEAR			1.	ARMER		FURNACE M			l		STEEL M	STEEL MILL		
18. Residence - Guide 18a. County 18b. Chych Town INDIANA LAKE GARY														
18c. Street And Number 877 LOUSIANA S	18d. Apt.			18d. Apt. No.	46402		.000	19 Yes 10 No						
19. Decedent's Education	I 21	21 Develor's Bare						L						
High school graduat		1												
22. Father's Name (First, Middle, Last) MONROE DEAR					23. Mother's Name HESTER ANN	mer's Name (First, Middle, Last) Zia. Mölher's Maiden Last Name CLAY						in Casil Nome		
24 Internation Name			Number Dis	C STATE ZINCEAN	91									
GERTRUDE DEAR	240. Matang Address (Street And Number, Cay, State, Zap Code) 877 LOUISANA STREET GARY, INDIANA, 46402													
25. Place Of Disposition														
26. Method Of Disposition: Burde 32 Cremidin 250. Pipor Of Disposition Plates of Commency, Cornelloy, Other Plates) 25c. Location - City, Tony, And State EliGHTS CREMATORY EliGHTS CREMATORY CHICAGO, ILLINOIS														
27. Wars Corcose Contacted? 27. Name And Complete Address Of Funeral Facility														
1⊒ Yes 2⊠ No	PC	WELL-COLEM	AN FUNERAL H	OME 3200 W. 15	TH AVE GARY,I	NDIANA,4	8404				FH10800	011		
Borne Gindana Fo	9	27c. License Number (Of Licensee) FD09200084					see)							
Gause Of Death (See Instructions And Examples)														
28. Part I. Enter The Chein Of Events—Diseases, Irjunes, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cerdice Arrest, Respiratory Arrest, Or Ventriouser Fibrillation Without Showing The Eticlogy. Do Not Abbreviate. Enter Only One Cause On														
A Line. Add Additional L Immediate Cause (Final			Dooth A	Lund	Anna	mer		ines	+		m	To Death		
		-		7	nuci	Due To (Or)	A course	W4 0)			١	Menh		
Sequentially List Condition Line A. Enter The Under	riving Cause (D	ding To The Cause isease Or triury Th	at Initiated	Gnes		Due Te (Or a	As A Consequ	400			- h	N. N. J.		
The Eventis Resulting in Death) Lest C Where C Due to (or Authorization C)														
D. Paut II. Enter Other Sont Sont Connitions Contribution To Death But Not Resulting in The Underlying Cause Given in Part I 29: Wills An Autophy PRINTING														
Point 9. Enter Other Spanishous Coordination To Death but Not Resolving In The Underlying Cause Given in Part 1 20 Water Analogies Proteined To Death St. No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1														
31. Old Tobacco Use Contrib	sute To Death?	32 If Fer	nele:					33. Manner		\sim				
DY to Drockey by 160 DU	hknown	☐ Not Pro	gnant Within Past Year D I gnant, But Prognant 43 Days	Prognant At Time Of Death (To 1 Year Below Death (□ Not Prognant, But Progna □ Unknown II Prognant Wat	ant Within 42 Days on The Post Yoor	Of Death	D Natural D	Homicide C	Accident (2)	A. 1	on .		
34. Date Of Injury (Month/De	Dissoner if Program Writer The Pear Year													
38. Location Of Injury - State	,	38a. City	Or Town	38b.	Street & Number					38c. Apt. No	380. Z	ip Code		
									- 1					
39 Describe How Injury Occu	med								-		y, Specify:	(Seedle)		
Dhart Country Pressage Protein Other (Speed) 41. Separture, Of Pressage Control Critical Cri											10,000			
30 Cortifing Physician Coroner Heath Officer														
43. Name, Address And 2	Zip Code Of Per		Medicini	hud h	لمستقر	· vans			EBO.		1	4 · 6		
46. Additional Funeral Servi			11-4447	WILL S	M. 7.144			47.		OFIX				
48. Signature of Local Healt	4	1			49. For Registra	er Only - Date	Filed (Mont	VDay(Yosr):						
	ヒト	bod	hm				JAN	119	2010)				
State Form 10110 (R7/9-0	17) ATTENTION S 574	TE The Secret Secrets 8 to	being recentled by the state	econov in order to pursue to	datulory responsibility. Descri	nue is voketary a	and there will be	no penalty for refus	# THE RECO	MDS IN THIS I	ERIES ARE CONF	DENTIAL PER IC 15-3 7-1-10		

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Stopeny of lake County Recorder

