

STATE OF INDIANA) Mailing address: 6868 Avocet Cir., Hobart, IN 46342
)SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Elizabeth M. Howard, and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Dorothy E. Bishop, deceased.
2. That Dorothy E. Bishop and Gerald L. Bishop, acquired the following property as Husband and Wife during the term of their marriage.

PART OF LOT 247 IN UNIT 15 OF BARRINGTON RIDGE, A PLANNED UNIT DEVELOPMENT, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 85 PAGE 30, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA BEING MORE PARTICULARLY DESCRIBED AS FOLLOWS: BEGINNING AT THE SOUTHWEST CORNER OF SAID LOT 247, THENCE NORTH 3 DEGREES 05 MINUTES 28 SECONDS EAST, ALONG THE WEST LINE OF SAID LOT 247, A DISTANCE OF 139.17 FEET TO THE NORTHEAST CORNER OF SAID LOT 247; THENCE SOUTH 86 DEGREES 27 MINUTES 38 SECONDS EAST, ALONG THE NORTH LINE OF SAID LOT 247, A DISTANCE OF 58.68 FEET; THENCE SOUTH 3 DEGREES 05 MINUTE 28 SECONDS WEST, PARALLEL WITH THE WEST LINE OF SAID LOT 247, A DISTANCE OF 164.73 FEET TO THE NORTHERLY RIGHT-OF-WAY LINE OF AVOCET CIRCLE, IN SAID BARRINGTON RIDGE, UNIT 15, THENCE NORTH 64 DEGREES 49 MINUTES 57 SECONDS WEST ALONG SAID NORTHERLY RIGHT-OF-WAY LINE, A DISTANCE OF 63.29 FEET TO THE POINT OF BEGINNING.

Commonly known as: 6868 Avocet Cir., Hobart, IN 46342
Parcel Number: 45-13-08-128-003.000-046

3. That Dorothy E. Bishop and Gerald L. Bishop, remained married until the death of Gerald L. Bishop on the 21st day of December, 2017.
4. That Dorothy E. Bishop, became the fee simple owner of the property at the death of Gerald L. Bishop.

I affirm under the penalties for perjury that the forgoing statements are true.

Elizabeth M. Howard
Elizabeth M. Howard

EXECUTED AND DELIVERED IN MY PRESENCE:

Lynne Jenks Witness Signature
Lynne Jenks Witness Printed

FILED

DEC 06 2021

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25.00
CW# 1341
MK
F.

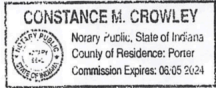
NOT AN OFFICIAL DOCUMENT

STATE OF)
)SS:
COUNTY OF)

Before me, a notary public in fore said county and state this 9 day of November, 2021, **Elizabeth M. Howard** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as her voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 9 day of November, 2021.
Constance M. Crowley Notary Signature

Constance M. Crowley Notary Print



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

[Signature]

↘ This Instrument prepared by:
Shatma M. Lange, ESQ
REES AND LANGE, P.C.
301 Main Street, Hobart, IN 46342
(219) 947-1692

Property of L... County Recorder

NOT AN OFFICIAL STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 004430

EDR No 00000616413

State No 062936

1. Decedent's Legal Name (First, Middle, Last) GERALD L BISHOP		1a. Maiden Name (If Female)		2. Sex MALE	3. Time of Death 11:00 AM	4. Date of Death (Month/Day/Year) 12/21/17	
5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year) 12/25/1935	
8. Birthplace (City and State and Foreign Country) NEWARK, OH							
9. Ever in U.S. Armed Forces?		10. If Death Occurred in a Hospital:		15b. If Death Occurred Somewhere Other Than a Hospital:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		<input type="checkbox"/> Hospice Facility <input checked="" 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) 6868 AVOCET CIRCLE							
12. City or Town, State, and Zip Code HOBERT, IN 46342						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"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown				16. Decedent's Usual Occupation SWITCHMAN		17. Kind of Business or Industry RAILROAD	
15. Surviving Spouse's Name DOROTHY E BISHOP		15a. Last Name Before First Marriage VINCE		16. Decedent's Usual Occupation SWITCHMAN		17. Kind of Business or Industry RAILROAD	
18. Residence - State INDIANA							
18a. County LAKE		18b. City or Town HOBERT		18c. Street and Number 6868 AVOCET CIRCLE		18d. Apt. No.	
18e. Zip Code 46342		18f. In 96 City Limits?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE							
20. Decedent of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) GEORGE BISHOP				23a. Parent's Name (First, Middle, Last) MARIE BISHOP		23b. Parent's Last Name Before First Marriage BONHAM	
24. Informant's Name DOROTHY E BISHOP		24a. Relationship to Decedent WIFE		24b. Mailing Address (Street and Number, City, State, Zip Code) 6868 AVOCET CIRCLE, HOBERT, IN 46342			
25. Place of Disposition							
25a. Method of Disposition: <input 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) CALUMET PARK HOBERT PORTAGE		25c. Location - City, Town, and State HOBERT, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name and Complete Address of Funeral Home RENDINA FUNERAL HOME INC, 5100 CLEVELAND STREET, GARY, IN 46408				27a. Funeral Home License Number FH8300781	
27b. Signature of Indiana Funeral Service Licensee MICHELLE L. HANRAHAN, BY ELECTRONIC SIGNATURE		27c. License Number of Licensee FD2090062					
28. Part I. Enter the Chain of Events - Diseases, Injuries, or Complications - That Directly Caused the Death. Do Not Enter Terms That Do Not Appear on This Form. Enter the Underlying Cause (Disease or Injury That Initiated the Events Resulting in Death) Last.							
Immediate Cause (Final Disease or Condition Resulting in Death)		A. CARDIAC ARREST		29. Approximate Interval: Onset to Death		1. MINUTES	
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		B. PNEUMONIA		29. Approximate Interval: Onset to Death		5. DAYS	
		C. COPD		29. Approximate Interval: Onset to Death		2. YEARS	
		D.		29. Approximate Interval: Onset to Death			
29. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting in the Underlying Cause Given in Part I							
30. Were Autopsy Findings Available To Complete the Cause of Death?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown							
32. If Female:		33. Manner of Death:		33. Manner of Death:			
<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 checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation					
<input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		<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"/> One Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Driver <input type="checkbox"/> Other					
41. Signature - Of Person Certifying Cause Of Death JOHN E DOLATOWSKI, 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 JOHN E DOLATOWSKI, 1441 S LAKEPARK AVE, HOBERT, IN 46342				44. License Number 01046155A		45. Date Certified 1/27/2017	
46. Additional Funeral Service Provider		47. "As At"					
48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year) DEC 27 2017			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED