

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2022-000167
3:31 PM 2022 Jan 6

STATE OF INDIANA)
COUNTY OF LAKE)
IN THE MATTER OF THE ESTATE OF)
LOUISE E. HOWARD)
Deceased)
IN THE LAKE CIRCUIT COURT
SS: CROWN POINT, INDIANA
ESTATE NO: 45C01-2110-EU-000523

SURVIVORSHIP AFFIDAVIT

On this 27th day of November, 2021,
before me personally appeared Sandra J. Ramsey, as Personal Representative for the estate
of Louise E. Howard, deceased, to me personally known, who being duly sworn on oath did
say that:

- Affiant resides at the address given below affiants' signature.
- A probate estate has been opened by way of the decedent's passing, cause #45C01-2110-EU-000523. A copy of her redacted death certificate is attached hereto.
- Affiant is a surviving daughter of Louise E. Howard, and the Personal Representative of her estate.
- Louise E. Howard was married to Dan Howard at the time of his death.
- Said premises was formerly owned by, and titled in the names of, Dan Howard and Louise E. Howard, husband and wife, as tenants by the entirety.
- Dan Howard passed away on April 7, 2010. No estate was opened for Dan Howard at the time of his death. He did not have a Will at the time of his passing. Louise E. Howard inherited the real property in fee simple at the time of his death as the surviving joint owner.
- More than 45 days, and more than 5 months, have passed since the death of the decedent.
- Louise E. Howard was the legal owner of the property in fee simple at the time of her passing. She resided in the property at the time of her passing.
- The premises are commonly known as: 1140 Fillmore Street, Gary, IN, 46407.

Property Number: 45-08-09-176-028.000-004
Legal description of the property:

LOT FOURTEEN (14), BLOCK FIVE (5), GARY LAND COMPANY'S
ELEVENTH SUBDIVISION IN THE CITY OF GARY, AS SHOWN IN PLAT BOOK
13, PAGE 25, IN LAKE COUNTY, INDIANA.

Re-recording to correct by attaching death certificate.

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2022-006874
2:30 PM 2022 Feb 23

FILED
FEB 23 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED
JAN 05 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

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NOT AN OFFICIAL DOCUMENT

- To the best of affiant's knowledge there is no Federal or State estate tax liability by reason of the death of said decedent.
- The most recent document conveying this property is a Warranty Deed, recorded on August 27, 1962, document number 426686. A copy is attached hereto.
- Please mail all future tax bills/notices to the below address.

Signature: Sandra J. Ramsey
Sandra J. Ramsey
Address: 1819 Blue Oat Court
Grayson, GA, 30017

STATE OF Georgia)
COUNTY OF Forsyth)

Before me, a Notary Public in and for said County and State, personally Sandra J. Ramsey who acknowledged execution of the Survivorship Affidavit and who, being duly sworn, stated the representations contained therein to be true.

WITNESS my hand and Notarial Seal this 27th day of November, 2021.

My Commission expires: Aug 5, 2023

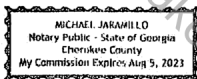
Signature: [Signature]

Resident of Fulton County

Printed: Michael Jaramillo

Commission Number: N/A

SEAL



I affirm under the penalties of perjury, that I have taken reasonable care and steps to redact each social security number in the document, including attachments, unless required by law.

[Signature]
Kimberly A. Mouratides

This instrument prepared by: Kimberly A. Mouratides, 120 W. Clark Street, Crown Point, IN, 46307, Attorney at Law
Attorney No.: 30778-45; Phone: (219) 865-8376; FAX: (219) 865-4054.

Receipt No. 224471
Recorded this 21 day of August 1962
A.D. 1962
WARRANTY DEED
LAKE COUNTY TITLE CO.
Recorder

426686 THIS INDENTURE WITNESSETH

That VERONICA BOSKO, a widow, and JOSEPH F. YURA and MARY YURA, husband and wife,
of Lake County, and State of Indiana

CONVEY & WARRANT
To DAN HOWARD and LOUISE E. HOWARD, husband and wife, as tenants
by the entirety,

of Lake County, in the State of Indiana
for the sum of Two (\$20.00) Dollars and other good and valuable Considerations
the following described REAL ESTATE in Lake County, in the
State of Indiana, to-wit:

Lot Fourteen (14), Block Five (5), Gary Land
Company's Eleventh Subdivision in the City
of Gary, as shown in Plat Book 13, page 25,
in Lake County, Indiana.

Subject to taxes for the year of 1962 payable in 1963 and thereafter.



DULY ENTERED
FOR TAXATION
AUG 25 1962

Arthur J. Hensch
AUDITOR LAKE COUNTY

STATE OF INDIANA S 40
LAKE COUNTY
FILED FOR RECORD
AUG 27 1962
RAY BUTZ, RECORDER

IN WITNESS WHEREOF, The said Veronica Bosko, Joseph F. Yura and Mary Yura

Have hereunto set their Hand and seal, this 27th day of July 1962
VERONICA BOSKO (SEAL) Joseph F. Yura (SEAL)
JOSEPH F. YURA (SEAL)
MARY YURA (SEAL)

STATE OF INDIANA, LAKE County, Ind.

Before me, the undersigned, a Notary Public in and for said County and State, personally
appeared the within named Veronica Bosko, a widow, and Joseph F. Yura and
Mary Yura, husband and wife, their
who acknowledged the execution of the foregoing Deed to be their voluntary act and deed.

WITNESS, my hand and Seal this 22nd day of August 1962
My commission expires 2-25-65

Robert I. Crain, Jr.
Notary Public

This instrument was prepared by:
Attorney Ceval W. Anderson
522 Broadway, Gary, Ind.

1211 REC 433

Doc 1211 Fee 43



Property of Lake County Recorder

WARRANTY DEED 6x8 1/2

1988 Section 8376 50

From

To

Received for Record

day of

October 11

A. D. 1988. It is hereby recorded.

and recorded in record.

pages. Recorder

of County

Recorder, See

Duly Examined for Taxation

19

Asst. Sec.

Transfer Fee

Lake County Title Co., Inc.

County Public Clerk and Recorder

Frank Ahrens & Title Corp.

Yakima

Washington

1988

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000554

EDR No 00000354467

State No

1. Decedent's Legal Name (First, Middle, Last) LOUISE HOWARD		1a. Maiden Name (if female) JACKSON		2. Sex FEMALE	3. Time Of Death 10:35 PM	4. Date Of Death (Month/Day/Year) 11/14/2013		
5. Social Security Number 89		6a. Under 1 Year Months	6b. Under 1 Month Days	6c. Under 1 Day Hours	7. Date of Birth (Month/Day/Year) CHICAGO, IL	8. Birthplace (City and State or Foreign Country)		
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 type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input 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) METHODIST HOSPITAL, NORTHLAKE				13. County Of Death LAKE		14. Medical Cause At Time Of Death <input type="checkbox"/> Natural <input type="checkbox"/> Man-made, Not Intentional <input type="checkbox"/> Intended <input type="checkbox"/> Poisoned <input type="checkbox"/> Never Mentioned <input type="checkbox"/> Unknown		
15. Building Section's Name		15a. If Wife/Divorced Maiden Last Name		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18c. Apt. No.	18d. Zip Code 46407	18e. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19c. Street And Number 1140 FILLMORE STREET		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American		22. Mother's Maiden Last Name UNKNOWN UNKNOWN		22a. Mother's Maiden Last Name UNKNOWN
23. Informant's Name TRENELL WHITTINGTON DAUGHTER		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 1140 FILLMORE STREET, GARY, IN 46407		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HEIGHTS CREMATORY		25a. Location - City, Town, And State CHICAGO HEIGHTS, IL
26. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		26a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HEIGHTS CREMATORY		26b. Location - City, Town, And State CHICAGO HEIGHTS, IL		27a. Funeral Home License Number FH10800011		27b. License Number Of Undertaker FD09200084
27c. Signature Of Indiana Funeral Service Licensee BONNIE E. TUGGLE, BY ELECTRONIC SIGNATURE		27d. Cause Of Death (See Instructions And Examples) ASYSTOLE		27e. License Number Of Undertaker FD09200084		Approximate Interval, Closest To Death: MINUTES		27f. License Number Of Undertaker FD09200084
28. Part 1: 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) ASYSTOLE		28a. Under Other (Specify) Conditions Contributing To Death But Not Resulting In The Underlying Cause (List In Part 1)		28b. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28c. Was Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28d. 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"/> Could Not Be Determined
28e. Part 2: 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. Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) List: CARDIOPULMONARY FAILURE		28f. Time Of Injury		28g. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)		28h. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28i. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
28j. Metastatic Cholangiocarcinoma of Liver		28k. Time Of Injury		28l. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area)		28m. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28n. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined
29. Signature Of Person Certifying Cause Of Death ALBERT REYNOLDS, BY ELECTRONIC SIGNATURE		30. Name, Address And Zip Code Of Person Certifying Cause Of Death ALBERT REYNOLDS, 600 W GRANT ST., GARY, IN 46402		31. License Number D1051168A		32. Date Certified 12/04/2013		33. Signature Of Local Health Officer ROLAND H WALKER, VIA ELECTRONIC SIGNATURE
34. Additional Funeral Service Provider		35. Registrar Only - Date Filed (Month/Day/Year) DEC 05 2013		ATTENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				

WARNING: THIS CERTIFICATE OF DEATH IS A PUBLIC RECORD. IT IS BEING REPRODUCED ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN FURNED. ORIGINAL DOCUMENT HAS A HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.