

STATE OF INDIANA )  
                                  )ss  
COUNTY OF LAKE )

Tax ID No.: 45-07-29-305-005.000-027

**AFFIDAVIT OF SURVIVORSHIP**

I, ROSS D CULP, INDIVIDUALLY & AS TRUSTEE OF THE CULP FAMILY TRUST, being first duly sworn, and in support of this *Affidavit of Survivorship*, deposes and states:

1. That Affiant is of lawful age and resides in Lake County, Indiana and the surviving tenant of the entireties with rights of survivorship of BETTY L CULP, now deceased;
2. That Betty L Culp, now deceased, a resident of Lake County, Indiana, died on 03/31/2020 (see attached copy of the Death Certificate for Betty L Culp as an Exhibit and incorporated by reference);
3. That during their lifetimes, Affiant & the decedent were owners and grantees of a certain parcel of real estate situated in Lake County, Indiana as tenants by the entireties with rights of survivorship, to-wit:

More commonly known as: 1754 Oriole Drive  
Munster, Indiana 46321

Legal Description: Lot 48, Fairmeadow Sixth Addition, Block Two, to the Town of Munster, Lake County, Indiana, as shown in Plat Book 39, Page 27, in the Office of the Recorder of Lake County, Indiana.

4. That Affiant & decedent took title to the above-described real estate as tenants by the entireties with rights of survivorship and remained as such continuously until the death of said decedent;
5. That Affiant, as the surviving tenant of the entireties with rights of survivorship, is now the owner in fee simple of the above described real estate; *and/or is a TRUST W/A HOLDING LIFE ESTATE*
6. That all burial & funeral expenses and doctor bills of said decedent have been fully paid and satisfied or will be fully paid and satisfied;
7. That the purpose of this Affidavit is to establish clear title;
8. That no inheritance tax or inheritance tax return is due from the surviving joint tenant.

**FILED**  
**DEC 08 2022**

*RJD*  
*GF*  
\_\_\_\_\_  
Ross D Culp, Affiant  
*INDIVIDUALLY + AS TRUSTEE OF THE CULP FAMILY TRUST*

STATE OF INDIANA )  
                                  )ss  
COUNTY OF LAKE )

**JOHN E. PETALAS**  
**LAKE COUNTY AUDITOR**

Before me, the undersigned, a Notary Public in and for said County and State, this 30 day of November, 2022, personally appeared: **ROSS D CULP** and acknowledge the execution of the foregoing Affidavit as his voluntary act for the purposes stated therein.

My commission expires: 06/11/2026  
County of Residence: Lake  
Commission Number: 714275

*George P Galanos*  
\_\_\_\_\_  
Notary Public: George P Galanos

Prepared by: George P. Galanos Attorney at Law 1301 North Main Street Crown Point, IN 46307 219/663-1938

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.  
PREPARED BY: *[Signature]*

*25.00*  
*Culp*  
*11/22*



# NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 230813

Local No 001289

EDR No 00000770269

State No 016866

1. Decedent's Legal Name (First, Middle, Last) <b>BETTY CULP</b>		1a. Maiden Name (if female) <b>TEETS</b>		2. Sex <b>FEMALE</b>		3. Time of Death <b>07:50 PM</b>		4. Date of Death (Month/Day/Year) <b>03/31/2020</b>	
5. Social Security Number <b>[REDACTED]</b>		6a. Age - Yrs <b>71</b>		6b. Under 1 Year Months: <b>0</b> Days: <b>0</b>		6c. Under 1 Month Hours: <b>0</b> Minutes: <b>0</b>		7. Date of Birth (Month/Day/Year) <b>12/12/1948</b>	
8. Place of Birth (City and State or Foreign Country) <b>EAST CHICAGO, IN</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 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 checked="" 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) <b>WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE</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. Last Name Before First Marriage		16. Decedent's Usual Occupation <b>CLAIMS ADJUSTER</b>	
15b. Surviving Spouse's Name		17. Kind of Business/Industry <b>INSURANCE</b>		18. Residence - State <b>INDIANA</b>		18a. City or Town <b>LAKE</b>		18b. City or Town <b>SCHERERVILLE</b>	
18c. Street and Number <b>1277 POPPYFIELD PLACE</b>		18d. Apt. No.		18e. Zip Code <b>46375</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>UNKNOWN</b>	
20. Decedent of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		23. Parent's Name (First, Middle, Last) <b>HELEN TEETS</b>		23a. Parent's Last Name Before First Marriage <b>NAGY</b>		24. Informant's Name <b>ROSS CULP JR</b>	
24a. Relationship to Decedent <b>SPOUSE</b>		24b. Mailing Address (Street and Number, City, State, Zip Code) <b>1277 POPPYFIELD PLACE, SCHERERVILLE, IN 46375</b>		25a. Place of Disposition (Name of Cemetery, Crematory, Other Place) <b>HEIGHTS CREMATORY</b>		25b. Location - City, Town, and State <b>CHICAGO HEIGHTS, IL</b>		25c. Location - City, Town, and State	
25d. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		26. 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) <b>A SEPSIS</b>		27. Name And Complete Address Of Funeral Facility <b>CASTLE HILL FUNERAL HOME, 1219 SHEFFIELD AVE, DYER, IN 46311</b>		27a. Funeral Home License Number <b>FH10900001</b>		27b. License Number (Of Licensee) <b>FD20700033</b>	
27c. Signature of Indiana Funeral Service Licensee <b>CHRISTOPHER CHELBANA, BY ELECTRONIC SIGNATURE</b>		27d. Cause Of Death (See Instructions And Examples) Part II: Enter Other Significant Conditions Contributing to Death, But Not Resulting in the Underlying Cause Given in Part I		28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Were Autopsy Findings Available To Complete This Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Approximate Interval: Onset To Death <b>DAYS</b>	
28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. Were Autopsy Findings Available To Complete This Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. If Registrar Only		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: <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 43 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year	
33. Marital Or 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		34. Date Of Injury (Month/Day/Year) <b>03/31/2020</b>		35. Time Of Injury		36. Place Of Injury (E.G. Decedent's Home, Construction Site, Restaurant, Wooded Area) <b>LAKE COUNTY HEALTH DEPARTMENT</b>		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		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger		41. Signature, Of Person Certifying Cause Of Death <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>		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 <b>LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321</b>	
44. License Number <b>01031582A</b>		45. Date Certified <b>04/02/2020</b>		46. Additional Funeral Service Provider		47. *Hours		48. Signature of Local Health Officer <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>	
49. For Registrar Only		50. Date Filled (Month/Day/Year) <b>APR 03 2020</b>		51. Date Filled (Month/Day/Year) <b>APR 03 2020</b>		52. Date Filled (Month/Day/Year) <b>APR 03 2020</b>		53. Date Filled (Month/Day/Year) <b>APR 03 2020</b>	

THIS IS A TRUE COPY OF  
THE RECORD ON FILE WITH THE  
LAKE COUNTY HEALTH DEPARTMENT  
APR 16 2021  
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS  
01031582A  
04/02/2020  
APR 03 2020  
APR 03 2020  
APR 03 2020