

OLGA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-003188

8:36 AM 2023 Jan 23

SURVIVORSHIP AFFIDAVIT

I, JAMES L. PEACOCK, who resides at 6424 Kentucky Place, Merrillville, IN 46410 in Lake County, being first duly sworn, state:

1. I am the widow of URSULA D. PEACOCK, who passed away November 7, 2022, (see attached Exhibit "A"); and

2. At the time of URSULA D. PEACOCK'S death, JAMES L. PEACOCK and URSULA D. PEACOCK were husband and wife and the owners of certain real estate, as husband and wife, located in Lake County, Indiana, under a Deed recorded on or about August 19, 1969, in the Office of the Recorder of Lake County, Indiana, more particularly described as follows:

See Attachment Exhibit "B"

Parcel Number: 45-12-10-255-013.000-030
Property Address: 6424 Kentucky Place, Merrillville, IN 46410
Grantor's Address: 6424 Kentucky Place, Merrillville, IN 46410
Grantee's Address: 6424 Kentucky Place, Merrillville, IN 46410
Tax Mailing Address: 104 W. Church Street, Hebron, IN 46341

3. At the time of URSULA D. PEACOCK'S death, JAMES L. PEACOCK, and URSULA D. PEACOCK were not divorced and were living together as husband and wife.

4. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in JAMES L. PEACOCK and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: December 7, 2022

James L Peacock
JAMES L. PEACOCK

Witness Signature: Bra

Printed: Brett R. Galvan

FILED

JAN 05 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

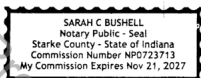
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NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA, COUNTY OF LAKE, SS:

I, Sarah C. Bushell, a Notary Public in and for said County and State do hereby certify that **JAMES L. PEACOCK**, personally known to me to be the same persons whose name is subscribed to the foregoing Survivorship Affidavit, appeared before me this day in person and acknowledged that he signed this instrument as his free and voluntary act, for the uses and purposes therein set forth, including the transfer of title, as therein set forth. Given under my hand and official seal this 7th day of **December 2022**.

Witness my hand and official seal.

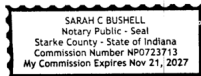


Sarah C. Bushell
Sarah C. Bushell, Notary Public
Resident Starke County, IN
My Commission Expires: 11/21/2027

STATE OF INDIANA, COUNTY OF LAKE, SS:

I, Sarah C. Bushell, a Notary Public in and for said County and State do hereby certify that **Brett R. Galvan** personally appeared before me as *Witness* and *acknowledged* the execution of the foregoing Survivorship Affidavit.

In Witness Whereof, I have hereunto subscribed my name and affixed my official seal.



Sarah C. Bushell
Sarah C. Bushell, Notary Public
Resident Starke County, IN
My Commission Expires: 11/21/2027

"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." /s/Brett R. Galvan

Local No 004490

EDR No 000011458706

State No 2022-082689

1. Decedent's Legal Name (First, Middle, Last) Ursula D. Peacock		1a. Maiden Name (if female) Richardson		2. Gender Female		3. Time of Death 01:30 PM		4. Date of Death (Month/Day/Year) 11/07/2022	
5. Social Security Number [REDACTED]		6a. Age - Yrs 75		6b. Under 1 Year Member		6c. Under 1 Month Days		6d. Under 1 Day Hours	
6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) 08/09/1947		8. Birthplace (City and State and Foreign Country) Germany					
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"/> Death 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) St. Mary Medical Center Hobart									
12. City or Town, State, and Zip Code Hobart, Indiana 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"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unkown			
15. Surname Spouse's Name James			15a. Last Name Before First Marriage Peacock			15b. Decedent's Usual Occupation Inspector		15c. Kind of Business/Industry Anderson Windshield Wipe	
16. Residence - State IN		16a. County Lake		16b. City or Town Merrillville		16c. Apt. No.		16d. Zip Code 46410	
16e. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Decedent's Education 9th-12th grade, No Diploma		18. Decedent Of Historic Origin Not Spanish/Hispanic/Latino		19. Decedent's Race White			
20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino			21. Decedent's Race White			22. Parents Name (First, Middle, Last) Irene Richardson		23. Mother's Last Name Before First Marriage Wachtler	
24. Informant's Name James Peacock		24a. Relationship To Decedent Husband		24b. Mailing Address (Street And Number, City, State, Zip Code) 6425 Kentucky Place, Merrillville, IN, 46410					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Gelsen Cremation Centre		25c. Location - City, Town, And State Crown Point, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Reception Centre 606 East 113th Avenue, Crown Point, Indiana, 46307						27a. Funeral Home License Number FH10700031	
28. Signature Of Indiana Funeral Service Licensee Larry Allen Gissen				28a. License Number (Of Licensee) FO09000013				28b. Cause of Death (See Instructions And Examples) Cause of Death: acutely diverticulitis	
29. 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 For A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		A. Immediate Cause (Final Disease Or Condition Resulting In Death) acutely diverticulitis		B. Intermediate Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last		C. 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		Approximate Interval: 2 weeks	
30. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. Major depressive disorder, esophageal stricture		31. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32. Signature of Person Certifying Cause of Death Nitin Kumar Garg					
33. Name, Address And Zip Code of Person Certifying Cause of Death Nitin Kumar Garg 2851 E Discovery Parkway, Bloomington, IN 47408		34. Signature of Local Health Officer Cassandra Perin		35. For Registrar Only [REDACTED]		36. Date of Death (Month/Day/Year) 11/07/2022			

EXHIBIT "B"

SITUATED IN THE COUNTY OF LAKE AND STATE OF INDIANA:

THE NORTH 80 FEET OF LOT 32, BLOCK 1, E. M. ROGNES 2ND
ADDITION TO GLENELLYN, AS SHOWN IN PLAT BOOK 28, PAGE 8, IN
LAKE COUNTY, INDIANA.

Permanent Parcel Number: 08-15-0210-0052
JAMES L. PEACOCK AND URSULA DAGMAR PEACOCK, HUSBAND AND WIFE

6425 KENTUCKY PLACE, MERRILLVILLE IN 46410
Loan Reference Number : 4785367/23-08468966
First American Order No: 12091198

Property of Lake County Recorder