

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-005607

12:54 PM 2023 Feb 15

SURVIVORSHIP AFFIDAVIT

ON THIS 13th DAY OF February, 2023 personally appeared Kay F. Styles

To me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:
2. Affiant is the Owner(s)/ Wife
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by, Theodore R. Styles Jr., and Kay F. Styles Husband & Wife

4. Said: Theodore R. Styles Jr ;
Died ON: May 16, 1992 ;
Leaving: NO will;

5. The legal description of the premises in question is:

- **Property Number:** 45-08-18-227-024.000-004
- Commonly known as: 3320 W. 22nd Ave Gary, In 46404-2953
- Legal: Worthley's Addition Lot 35 Block 4 E. 20 Feet Lot 34 Block 4, In Lake County, Indiana

6. Is there Federal or State inheritance tax liability by reason of the death of said

Decedent? YES NO

If yes, then estimated taxes due are \$ _____

The taxes due are paid or _____ unpaid.

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever

FILED

FEB 15 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25.00
cash
KK

CERTIFICATE OF DEATH

INDIANA STATE BOARD OF HEALTH
CERTIFICATE OF DEATH

State No.

DEC 3 1992
Total 13

92-0350

TYPE/PRINT
IN
PERMANENT
BLACK INK

IDENTIFY
ACCIDENT

IDENTIFY
FORNANT

IDENTIFY
DISPOSITION

IDENTIFY
CAUSE OF
DEATH

IDENTIFY
CERTIFIER

IDENTIFY
HEALTH
OFFICER

IDENTIFY
CORONER
USE ONLY

VOID IF ALTERED OR ERASED

1. OCCASION -
2. SEX: Male
3. AGE: 60
4. DATE OF BIRTH: May 16, 1932
5. PLACE OF BIRTH: Gary, Indiana
6. DATE OF DEATH: August 30, 1992
7. PLACE OF DEATH: Gary, Indiana
8. SOCIAL SECURITY NUMBER: [REDACTED]
9. MARITAL STATUS: Married
10. COUNTY: Lake
11. CITY/TOWN/LOCATION: Gary
12. COUNTY OF DEATH: Lake
13. DEATH CAUSE: Coronary atherosclerosis
14. SIGNATURE OF PHYSICIAN: Robert Allen Sr.
15. MEDICAL LICENSE NO.: 01051696
16. DATE SIGNED: 5/21/92
17. SIGNATURE OF HEALTH OFFICER: [REDACTED]
18. DATE FILED: MAY 26 1992

WARNING: This Form is a Special White Security Paper and the Great Seal of the State of Indiana on Back That Shows Upon Exposure to Ultraviolet or Business Optical Documents and a Nuclear Warning Icon That Appears Under Photocopying.