

NOT AN OFFICIAL DOCUMENT

FILED

Jul 21 2023 KAP
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

2023-523403
07/21/2023 03:02 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3
RECORDED AS PRESENTED

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

File No.: CTNW2302522A

COUNTY OF LAKE

Case No.:

Comes now Robert D. Hubbell, II, who being duly sworn upon his oath, deposes and says:

That, Robert D. Hubbell, II is the surviving son of Judy E. Hubbell, deceased who died domiciled in Lake County, Indiana, on October 7, 2010.

That Robert D. Hubbell, II and Judy E. Hubbell acquired title to certain real estate as Son and Mother, as joint tenants with rights of survivorship, said real estate being described as follows:

For APN/Parcel ID(s): 45-08-26-181-005.000-018

THE SOUTH 50 FEET OF THE NORTH 250 FEET OF LOT 2, BLOCK 3, OF CHAS M. BARNEY'S GARY PARK ADDITION TO HOBART, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 10, PAGE 6, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

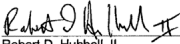
Property: 4047 Willow St, Hobart, IN 46342

Affiant states that Robert D. Hubbell, II and Judy E. Hubbell continued to hold title together continuously from the date they took title to the above described real estate, until the date of Judy E. Hubbell's death. The Parties acquired title to the premises by Deed recorded July 31, 1989 as Instrument No. 049561, in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Robert D. Hubbell, II.

IN WITNESS WHEREOF, the undersigned have executed this document on July 20th, 2023.



Robert D. Hubbell, II

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Robert D. Hubbell, II, this 20th day of July, 2023.

Signature:

Printed: Emily Kurczynski

Resident of: Lake County

State of: INDIANA

My Commission expires: March 26, 2026



#NPO711848

NOT AN OFFICIAL DOCUMENT

EXHIBIT "A"
Legal Description

Prepared By: Dena Phillips Farling, for the benefit of Chicago Title Company, LLC

Grantee's Address and Tax Billing Address: 23733 N. High Ridge Dr., Lake Zurich, IL
60047

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: Dena Phillips Farling.

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

10/20/2010 13:49

2194642508

ITS

PAGE 02

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 360010			State No.																
1. Decedent Legal Name (Print, Middle, Last) Judy E. Moore		14. Maiden Last Name (if Female) Moore		2. Sex Female		3. Time of Death 7:10 PM		4. Date of Death (Month/Day/Year) October 7, 2010											
5. Social Security Number 74		6a. Under 1 Year None		6b. Under 1 Month None		6c. Under 1 Day None		7. Cause of Birth (Month/Day/Year) June 23, 1936		8. Birthplace (City And State Or Foreign Country) Gary, Indiana									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> 10. Death Occurred In A Hospital? <input type="checkbox"/> 11. Cause of Death Covered by Insurance? <input type="checkbox"/> 12. Place of Death Covered by Insurance? <input type="checkbox"/> 13. Place of Death (City And State Or Foreign Country) St. Mary Medical Center																			
11. Facility Name (If Not Institution, Print Street And Number) St. Mary Medical Center				12. City Or Town, State, and Zip Code Hobart, Indiana 46342				13. County Of Death Lake				14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown							
15. Residence Telephone Number n/a				16a. Of Which/Who Was Last Name n/a				16b. Decedent's Usual Occupation Supervisor				17. ICD-10 of Underlying Cause Hospital							
18. Residence - State Indiana				19a. County Lake				19b. City Or Town Hobart				19c. Apt. No. n/a							
19d. Zip Code 46342				19e. Health City District n/a				20. Decedent's Education 12				21. Decedent Of Hispanic Origin Non-Hispanic							
22. Father's Name (Print, Middle, Last) Russell Moore				23. Mother's Name (Print, Middle, Last) Paulina Moore				24. Mother's Maiden Last Name Mark				25. Decedent's Race White							
26. Relationship To Decedent Son				27. Address (Street, City, State, Zip Code) 100 Arcadia Ln Lake Zurich, Illinois 60047				28. Federal Home Licensure Number FB40900005				29. Signature of Indian Funeral Service Licensee Larry Swain							
30. Place of Disposition (Name Of Cemetery, Crematory, Other Place) Garrison Cremation Centre				31. Location - City, Town, And State Crown Point, Indiana				32. Signature of Informant Larry Swain				33. License Number Of Informant FD09000013							
34. Cause of Death (See Instructions And Examples) Acute Kidney Injury on Chronic 2 wks Hepato Renal syndrome with End-stage Cirrhosis of Liver - Fungal Ca-Colon & Metastatic												35. Approximate Interval From Cause To Death 2 wks							
36. First Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Clearly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Venous Thrombosis Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines if Necessary. Anemia, Hypotension												37. Immediate Cause (Final Disease Or Condition Resulting In Death) Anemia, Hypotension				38. Underlying Cause (Underlying Cause of Injury That Initiated The Events Resulting In Death) List Anemia, Hypotension			
39. Place of Injury (City, State, Zip Code) St. Mary Medical Center												40. Date of Injury 10/07/2010				41. Location of Injury - State Indiana			
42. City Or Town Hobart				43. Street & Number 209 E. 86th Court				44. Decedent Home Injury Occurred <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				45. If Transportation Vehicle, Specify None							
46. Signature of Person Reporting Cause of Death Paragani Padhya												47. Gender (Check Only One) <input type="checkbox"/> Male <input type="checkbox"/> Female				48. Country (Print) USA			
49. Additional Funeral Service Provider Paragani Padhya, 209 E. 86th Court, Merrillville, Indiana 46410												50. Telephone Number 01055974A				51. Date of Death 10/12/10			
52. Signature of Local Health Officer Swain J Bert so												53. Year Register Only - Date Paid (Month/Day/Year) October 13, 2010				54. Date of Death October 13, 2010			

10/20/2010 2:53PM