

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

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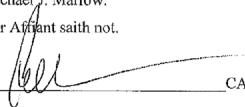
Sep 24 2024 EP
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

AFFIDAVIT OF SURVIVORSHIP

AFFIANT, being first duly sworn upon her oath, states:

- Affiant, CATHERINE MARLOW, residing at 8811 Parkway Drive, Highland, IN 46322 (who hereafter may be referred to as "Affiant"), is an adult, is familiar with the facts contained in this affidavit, and is the Personal Representative of the Estate of Michael J. Marlow, deceased, an unsupervised administration pending under Case Number 45D02-2405-EU-00023 of the Superior Court of Lake County, IN. This affidavit is made to induce the transfer of the following real estate located in Lake County, IN:
 Lot 9, in Seberger Farms, a Planned Unit Development to the Town of Highland, as per plat thereof, recorded in Plat Book 98, page 51, in the Office of the Recorder of Lake County, Indiana.
 (Tax ID #45-07-28-330-006.000-026)
 (Common address: 2644 Seberger Drive, Highland, IN 46322)
 Hereafter, this may be referred to as the "Real Estate".
- Title to the Real Estate was vested Michael J. Marlow and Barbara N. Marlow a/k/a Barbara Nastav Marlow, husband and wife.
- Barbara Nastav Marlow a/k/a Barbara N. Marlow died a resident of Lake County, IN on 09/15/2018 and a copy of her death certificate is attached to this Affidavit and made part hereof. Upon her death, title to the Real Estate vested in Michael J. Marlow.
- No estate was opened for Barbara Nastav Marlow a/k/a Barbara N. Marlow nor is such an estate anticipated. There are no taxes of any kind owed to the United States of America or the State of Indiana. This Affidavit is made to induce the transfer of the Real Estate to the Estate of Michael J. Marlow.

Further, your Affiant saith not.



CATHERINE MARLOW,

①

NOT AN OFFICIAL DOCUMENT

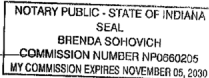
Before me, a Notary Public for the above county and state, personally appeared CATHERINE MARLOW, known or proven to me, who, being duly sworn by me, deposed and said that the statements made in the foregoing Affidavit of Survivorship are true and correct and were made for the purposes set forth therein.

WITNESS my hand and seal this 9/20/ _____, 2024.



NOTARY PUBLIC

My Commission expires: 11/5/2030



In accordance with IC 36-2-7.7, I do affirm under the penalties of perjury that I have reviewed the foregoing document for the purpose of identifying and, to the extent permitted by law, redacted, all Social Security Numbers; and that the foregoing declarations are true.



JOHN R. STANISH, Attorney at Law

PREPARED BY: JOHN R. STANISH, Attorney, 10120 Devonshire Ln., Munster, IN 46321

RETURN TO:

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **328362**

Local No. 935141		EDR No. 000002138521		State No. ZD18-048185	
1. Deceased's Legal Name (First, Middle, Last) BARBARA MARLOW		3. Maiden Name (if female) NASTAV		6. Time of Death 01:48 AM	
5. Social Security Number 78		8. Under 1 Year Male		9. Date of Birth (Month/Day/Year) 02/03/1942	
10. Under 1 Month Female		11. Under 1 Day Male		12. Place of Birth (City and Foreign County) Whiting, Indiana	
13. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		14. Death Occurred in A Facility? <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Care of Adult		15. 1967-73 Civil Control Summary Other Than A Hospital: <input type="checkbox"/> 150000 Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility	
ST ANTHONY MEDICAL CENTER OF CROWN POINT					
16. 94 of 15m, 68m, and Zip Code Crown Point, Indiana 46307		18. Cause of Death Lake		19. Month/Year At Time Of Death <input 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	
17. Surviving Spouse's Name MICHAEL MARLOW		18. Last Name Before First Marriage		19. Decedent's Usual Occupation ADMINISTRATOR ASSISTANT	
20. Residence - State IN		21. City or Town Highland		22. Kind of Business/Industry RAILROAD	
23. Street and Number 2644 SEBERGER Drive		24. Apt. No.		25. 2nd Code 40322	
26. Decedent's Education High School graduate or GED completed		27. Decedent of Indian Origin No		28. Decedent's Race WHM	
29. Parents' Name (First, Middle, Last) JOSEPH NASTAV		30. Parents' Name (First, Middle, Last) ROSE NASTAV		31. Parents' Last Name Before First Marriage MORDUS	
32. Marital Status Wife		33. Relationship to Decedent Husband		34. Mailing Address (Street and Number, City, State, Zip Code) 2644 SEBERGER Drive, Highland, IN, 46322	
35. Name of Decedent MICHAEL MARLOW		36. Place of Disposition ST JOHN CEMETERY		37. Address of Disposition (Street or Cemetery, City, State, and Zip Code) Hammond, IN	
38. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		39. Name of Funeral Home/Address of Funeral Facility Solar-Pruitt Funeral Service, Inc., 636 Solar-Pruitt, 14 KENNEDY AVENUE, Spanglersville, Indiana, 46375		40. Funeral Home License Number FH10200337	
41. Signature of Indian Funeral Service Licensee MEYER S POUZ 1/24/20		42. Electronic Seal		43. License Number of Licensee FD2600100	
44. 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 Traumatic Position Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death. Add Additional Lines if Necessary.					
A. ACUTE RESPIRATORY FAILURE					
B. ACUTE RESPIRATORY FAILURE					
C. ACUTE RESPIRATORY FAILURE					
D. ACUTE RESPIRATORY FAILURE					
45. Part II: Enter the Underlying Cause of Death (See Instructions and Examples)					
A. ACUTE RESPIRATORY FAILURE					
B. ACUTE RESPIRATORY FAILURE					
C. ACUTE RESPIRATORY FAILURE					
D. ACUTE RESPIRATORY FAILURE					
46. Enter Other Significant Conditions Contributing to Death (Do Not Pertain to the Underlying Cause of Death in Part I)					
47. Was An Autopsy Performed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
48. Were Autopsy Finding Available To Corroborate Cause of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No					
49. If Transfer of Death by Report: <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Other					
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