M57860

Chicago Title Insurance Company

92025730

SURVIVORSHIP AFFIDAVIT

STATE OF
COUNTY OF } S. S.

On this 17th day of April (insert date) before me personally appeared EILEEN M. O'HARA

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 OWNER (state interest of affiant in the above premises as "owner," "son of owner," etc.);

3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Patrick J. O'Hara and Eileen M. O'Hara;

4. Said Patrick J. O'Hara (fill in name of co-tenant who died)
died on May 30, 1991;
leaving No will; (insert "a" or "no"; if will left, attach a copy)

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

Lot 3, Block 3, Highland Estates, in the Town of Highland, as shown in Plat Book 27, page 84, in Lake County, Indiana.

#27-192-3

6. To the best of affiant's knowledge there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent;

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

No

(If answer is "Yes," identify the divorce proceedings:

);

8. Affiant's relationship to the deceased was Wife.

Signature: Eileen M O'Hara

Address: 8212 Kennedy Ave.
Highland, IN. 46322

Subscribed and sworn to before me by the affiant

this 17th day of April, 1991 (insert date)

Susan M. Pabon
Susan M. Pabon Notary Public

My Commission Expires 8-10-93
County of Residence: Lake

This instrument prepared by Eileen M. O'Hara

FILED
APR 24 1992
AUDITOR LAKE COUNTY

012336 $00

CHICAGO TITLE INSURANCE COMPANY
INDIANA DIVISION

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
APR 27 1 33 PM '92

M-57860

Local No. 1168-91

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

State No. .....

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1 DECEASED—NAME (First Middle Last)			2 SEX	3a TIME OF DEATH	3b DATE OF DEATH (Month Day Yr)
PATRICK	JAMES	O'HARA	MALE	8:35 AM	MAY 30, 1991

4 SOCIAL SECURITY NUMBER	5a AGE—Last Birthday (Years)	5b UNDER 1 YEAR (Months / Days)	5c UNDER 1 DAY (Hours / Minutes)	6 DATE OF BIRTH (Mo Day Yr)	7 BIRTHPLACE (City and State or Foreign Country)
340-14-6836	68			January 16, 1923	Chicago, Illinois

8a WAS DECEDENT A US VETERAN?	8b YEAR LAST SERVED IN US ARMED FORCES?	9a PLACE OF DEATH (Check only one See instructions)
Yes	1946	HOSPITAL ☐ Inpatient ☒ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b FACILITY NAME (If not institution give street and number)	9c CITY, TOWN OR LOCATION OF DEATH	9d COUNTY OF DEATH
THE COMMUNITY HOSPITAL	MUNSTER	LAKE

10 MARITAL STATUS (Specify)	11 SURVIVING SPOUSE (If wife, give maiden name)	12a DECEDENTS USUAL OCCUPATION (Give kind of work done during most of working life Do not use retired)	12b KIND OF BUSINESS/INDUSTRY
Married	Eileen Bermingham	Meter Technician	Utility

13a RESIDENCE—STATE	13b COUNTY	13c CITY, TOWN OR LOCATION	13d STREET AND NUMBER
Indiana	Lake	Highland	8212 Kennedy Avenue

13e ZIP CODE	13f INSIDE CITY LIMITS	13g ON A FARM?	14 CITIZEN OF WHAT COUNTRY?	15 WAS DECEDENT OF HISPANIC ORIGIN?	16 RACE—American Indian Black White etc (Specify)	17 DECEDENTS EDUCATION (Specify only highest grade completed)	
46322	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes (If yes specify Cuban Mexican Puerto Rican etc)	White	Elementary/Secondary (0-12): 8	College (1-4 or 5+)

PARENTS

18 FATHERS NAME (First Middle Last)			19 MOTHERS NAME (First Middle Maiden Surname)		
John	Christopher	O'Hara	Mary	Catherine	Guerin

INFORMANT

20a INFORMANTS NAME (Type/Print)	20b MAILING ADDRESS (Street and Number or Rural Route Number City or Town State Zip Code)	20c Relationship
Eileen O'Hara	8212 Kennedy Ave. Highland, IN 46322	Wife

DISPOSITION

21a METHOD OF DISPOSITION	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c LOCATION—City or Town State
☒ Burial ☐ Cremation ☐ Entombment ☐ Removal from State ☐ Donation ☐ Other (Specify)	June 3, 1991 Chapel Lawn Memorial Gardens	Schererville, Indiana

22a EMBALMER'S NAME	22b EMBALMER'S LICENSE NO	23 WAS DEATH REPORTED TO CORONER?
Lawrence Miller	FDO 1006015	☒ No ☐ Yes

24a SIGNATURE OF FUNERAL DIRECTOR	24b LICENSE NUMBER (of Licensee)	25 NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME
[signature]	FDO 1006015	Fagen-Miller Funeral Gardens, Inc. 2828 Highway Avenue Highland, Indiana 46322 FH83003035

CAUSE OF DEATH

26. PART I Enter the diseases, injuries, or complications that caused the death Do not enter nonspecific terms such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line

Approximate Interval Between Onset and Death

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. Cardiac tamponade

DUE TO (OR AS A CONSEQUENCE OF)
b. Acute emphysema

DUE TO (OR AS A CONSEQUENCE OF)
c.

DUE TO (OR AS A CONSEQUENCE OF)

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

FILED
APR 24 1992

JUN 03 1991

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I

27 WAS DECEDENT PREGNANT OR IN 90 DAYS POSTPARTUM? (Yes or no)	28a WAS AN AUTOPSY PERFORMED? (Yes or no)	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF DEATH? (Yes or no)
NO	NO	

Anna N. Caton
AUDITOR LAKE COUNTY

CERTIFIER

29a CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) as stated
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) as stated
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated

29b SIGNATURE AND TITLE OF CERTIFIER	29c MEDICAL LICENSE NO.	29d DATE SIGNED (Month Day Year)
Conrado Castor M.D.	27402	MAY 30 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)
CONRADO CASTOR M.D. 911 FRANKLIN PARKWAY MUNSTER, INDIANA 46311

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE
Alexander D. Williams, M.D.

32 DATE FILED (Month Day Year)
June 3, 1991

CORONER USE ONLY

33 MANNER OF DEATH
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide

34a DATE OF INJURY (Month Day Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)	34f LOCATION (Street and Number or Rural Route Number City or Town State)

34g DATE PRONOUNCED DEAD (Month Day Year)	34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc

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SBH06-001