

2011 024407

2011 MAY -2 AM 10:03

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

W. J. ...
Recorder

AFFIDAVIT OF SURVIVORSHIP

I, Ronald J. Parent, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

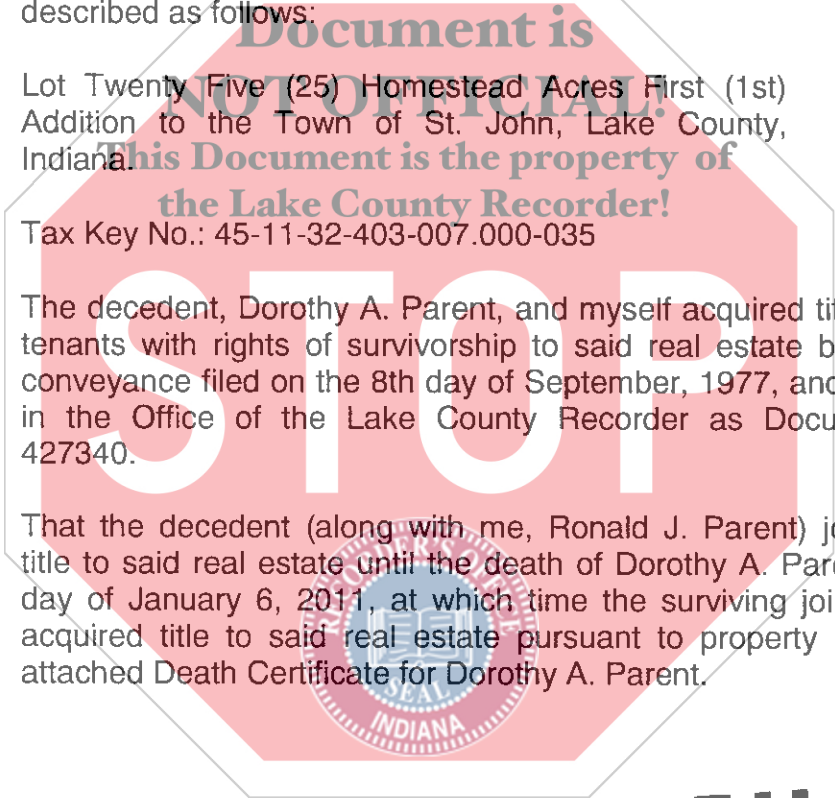
2. I am the surviving owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Twenty Five (25) Homestead Acres First (1st) Addition to the Town of St. John, Lake County, Indiana.

Tax Key No.: 45-11-32-403-007.000-035

3. The decedent, Dorothy A. Parent, and myself acquired title as joint tenants with rights of survivorship to said real estate by deed of conveyance filed on the 8th day of September, 1977, and recorded in the Office of the Lake County Recorder as Document No. 427340.

4. That the decedent (along with me, Ronald J. Parent) jointly held title to said real estate until the death of Dorothy A. Parent on the day of January 6, 2011, at which time the surviving joint tenants acquired title to said real estate pursuant to property law. See attached Death Certificate for Dorothy A. Parent.



AMOUNT \$ 15.00
CASH _____ CHARGE _____
CHECK # 5600
OVERAGE _____
COPY _____
NON-COM _____
CLERK WJS


052510

FILED

MAY 02 2011

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

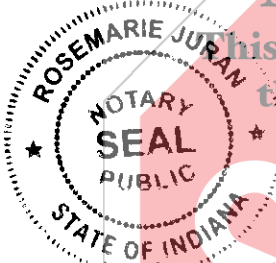


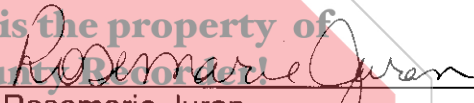
Ronald J. Parent, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Ronald J. Parent, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 17th day of March, 2011.

My Commission Expires: 09/06/2014



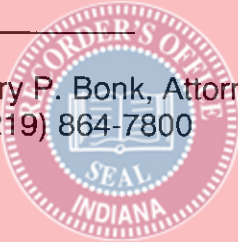
Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
Signature: 

Rosemarie Juran
Resident of Lake County, IN

"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."



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, Indiana 46375; (219) 864-7800



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

162590



Local No 000002

EDR No 00000174603

State No

1. Decedent's Legal Name (First, Middle, Last) DORIS DOROTHY A PARENT				1a. Maiden Name (If female) BOWLDS		2. Sex FEMALE	3. Time Of Death 04:20 AM	4. Date Of Death (Month/Day/Year) 01/06/2011	
5. Social Security Number 339-40-0939	6a. Age - Yrs 74	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 03/10/1936		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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"/> Dead on 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 CATHERINE HOSPITAL INC									
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312					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"/> Unknown		
15. Surviving Spouse's Name RONALD PARENT			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town ST. JOHN		18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 9811 OLCOTT		19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) MARSHALL BOWLDS			23. Mother's Name (First, Middle, Last) MAE BOWLDS			23a. Mother's Maiden Last Name MURPHY			
24. Informant's Name RONALD PARENT		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 9811 OLCOTT, ST. JOHN, IN 46373					
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) ASSUMPTION CEMETERY			25c. Location - City, Town, And State GLENWOOD, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373					27a. Funeral Home License Number: FH19900052		
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD09200077			
28. 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 On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)									
A. SEVERE EMPHYSEMA Due to (Or As A Consequence Of): 10 YEARS									
B. CORONARY ARTERY DISEASE Due to (Or As A Consequence Of): 5 YEARS									
C. COMMUNITY ACQUIRED PNEUMONIA Due to (Or As A Consequence Of): 2 WEEKS									
D.									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									
NONE									
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: JOSEPH C. LEGASPI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOSEPH C. LEGASPI, 9307 CALUMET AVE D1, MUNSTER, IN 46321						44. License Number 01059155A		45. Date Certified 01/07/2011	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 10 2011			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									