STATE OF INDIANA

COUNTY OF LAKE

) ) SS: LAKE COUNTY FILED FOR PECORD

2011 044475

2011 AUG 18 AM 10: 15

## AFFIDAVIT OF SURVIVORSHIP MIC

Mic. . RECCHUER

Comes now Harold H. Hill, being duly sworn upon his oath and states as follows:

- 1. That he is competent and has personal knowledge of the facts contained herein.
- 2. That at the time of her death, **Phyllis D. Hill**, was the owner in fee simple of the following described real estate located at 6514 Rhode Island, Hammond, Lake County, Indiana, and more particularly described as follows:

Lot 4, Block 15, Cline Gardens Addition to the City of Hammond, Indiana, as per plat thereof, recorded in Plat Book 31, Page 71, in the office of the Recorder of Lake County, Indiana.

Commonly known a 6514 Rhode Island, Hammond, IN 46323 Parcel No.: 45-07-10-227-029.000-023

- 3. That Harold H. Hill and Phyllis D. Hill were husband and wife and acquired title as tenants by the entirety to said real estate.
- 4. That the marital relationship which existed between Harold H. Hill and Phyllis D. Hill continued unbroken from the time they acquired title to said real estate until the death of Phyllis D. Hill on May 21, 2011.
- 5. That the gross value of the estate of Phyllis D. Hill was determined for purpose of Federal Estate Taxes was less than the value required for the filing and her estate was not subject to Federal Estate Tax.
  - 6. That the estate of Phyllis D. Hill was not subject to Indiana Inheritance Taxes.

Harold H. Hill

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Harold Hill and acknowledged the execution of the foregoing document. Witness my hand and seal this 4 day of 1, 2011.

Resident of Lake County

My Commission Expires:  $\sqrt{27/20/6}$ 

I affirm under the penalties for perjury, that I have taken reasonable car to redact each Social Security number in this document,

unless required by law.

Kathuyn & Gridger

FILER

054885 AUG 17 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Mail tax notices to: Harold H. Hill, 6514 Rhode Island, Hammond, IN 46323

AMOUNT \$ 14 CHARGE

CHECK # 3140 OVERAGE

NON-COM \_\_\_\_

CLERK \_\_\_\_\_Aur

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## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loc  1. Decedent's Legal Name (			1578		DR No 000			<u> 39</u>	2. Sex		No 0	22509	Pate Of Death (Month/Day
PHYLLIS D HILL  5. Social Security Number	6a. A	ge - Yrs	6b. Under 1 Yea	r 6c. Under 1 M	LANHAM onth 6d. Under 1 Day	6e, 4	Under 1 Hour	7. Date	FEMA		04:20 / 8. Birtho		05/21/2011 State or Foreign Country)
				+	<del></del>	-							,,
315-30-7999 9. Ever in U.S. Armed Force		77 10. If Deal	Months h Occurred in A He	Days Depital:	Hours	Minu 10a.	f Death Occu	rred Some	09/15/19 where Other T			ring, in	
☐ Yes ☑ No ☐ Unkn				Department Outpa	tient Dead on Arriva		tospice Facility Other (Specify)		ecedent's Hom	e Nurs	ing Home	/Long-term Care	Facility
11. Facility Name (If Not Ins VILLIAM J. RILEY	MEN	, Give Stree MORIAL	et and Number) L RESIDENC	E, HOSPICI	E								
2. City Or Town, State, And							13. County C	Of Death				Marital Status At	
MUNSTER, IN. 463	321						LAKE		-			Married ☐ Marri Widowed ☐	ed, But Separated D
5. Surviving Spouse's Nam				$\overline{}$	15a. (If Wife)Give Maid	len Last I		_	16. Deceder	it's Usual Occ	upation	17.	Kind Of Business/Industry
AROLD HILL									NURSING	Z ASSIST	ΓΔΝΤ		MARGARET SPITAL
8. Residence - State			188	a. County		18	Bb. City Or Tow	wn	NONSING	A AGGIG I	VIAI		SFIIAL
NDIANA			LA	KF		Н	AMMOND	)					
8c. Street And Number							WINDIAD			18d. Apt. No.	$\neg \tau$	18e. Zip Code	18f. Inside City L
514 RHODE ISLA	ND.	AVENII	F						- 1			40000	☑ Yes ☐ I
19. Decedent's Education				20. Decedent Of Hi	spanic Origin		21. 0	Decedent's	Race			46323	
HIGH SCHOOL GF	RADU	JATE C		IOT LICEA	IIC		LA PLAN	•					
COMPLETED 2. Father's Name (First, Mid	idle, La	st)		NOT HISPAN		23. M	White lother's Name (		tle, Last)			23a. Mother	s Maiden Last Name
RED LANHAM  4. Informant's Name				24a, Relationsh	in To Decedent		A ARA HI Mailing Address		And Number, C	ity State 7in	Code)	OBENCE	HAIN
ADOLD HILL					•		•			•		•	
AROLD HILL				HUSBAND			4 RHODE hisposition	ISLAI	NU, DAMI	MOND, IN	1 4032	<u> </u>	
5a. Method Of Disposition  Burlal Cremation  Removal From State  Other (Specify):	Dona	tion 🔲 Ent	ombment		(Name Of Cemetery, C	<u> </u>			ocation - City,		ite		
6. Was Coroner Contacted?	?	27.		ete Address Of Fun			nem	ti	5	41, 114		27a	. Funeral Home License h
☐ Yes 🏻 No		l <sub>PO</sub>	CKEN ELINI	EDAL/HOME	INC TOWN KE	AINIEC	N AVENI	1C 11/	AMACONIO.	101 4600	2		10600033
7b. Signature Of Indiana Fu		ervice Lice	nsee:		INC., 7042 KE	MACE	AVEN		270	Licerise Nur	nber (Of L		10000033
OSE G. CORONA  28. Part I. Enter The Che Such As Cardiac Arrest, A Line. Add Additinal Lin	ain Of E	vents - D	iseases, Injuries,	Or Complications	t Showing The Etiolog	d The D y. Do No	eath. Do Not lot Abbreviate.	Enter Ter Enter Or	minal Events by One Cause	0860137 of	3		Approximal Interval: O To Death
Immediate Cause (Final I	Diseas	e Or Cond	ition Resulting In	Death) A	. NONSMALLCELL		<b>√</b>	TASTATI		<del>)).</del>			3 MONTHS
Sequentially List Condition	ons. If	Anv. Lead	ing To The Cause	Listed On B									
Line A. Enter The Under The Events Resulting In I	tying C	ause (Dise	ease Or Injury Th	at Initiated				Due to (Or	As A Consequence (	20:			
THE EVERIS HOSBILING IN	Deadin	Lasi		C	·			Due to (Or	As A Consequence (	οη:			
				0									
art II. Enter Other Significan	t Condi	tions Contr	buting to Death Bu	t Not Resulting in T	he Underlying Cause G	ivin In Pa	irt I		s An Autopsy F				No
HRONIC OBSTRUCTIVE	LUNG	DISEASE			ERTENSION			30. We	re Autopsy Fin			ete The Cause (	Of Death? Yes
1. Did Tobacco Use Contril			32. If Fer		Prognant At Time Of Death	☐ Hot	Pregnant, But Pregn	nant Within 42	Days Of Death	33. Manner  Natural			ent Pending Investiga
Yes Probably N				ignent, Bul Pregnant 43 De			nown if Pregnant Wi			-Suicide-	-Could	Not Be Determi	ned
4. Date Of Injury (Month/Da	ay/Year	)	35. Time	Of Injury	36. Pk	ace Of Inj	jury (E.G., Dec	edent's H				oded Area)	87/ Injury At Work?
Location Of Injury - State			38a City	Or Town	200	Street & I	Number	<u></u>	114:	<u> Alimon</u>		Bc. Apt. No.	38d. Zip Code
. Locaton Or rigury - State			38a. City	OI TOWN	300	Ouelet a l		毛	•		/   "		Sou. Zip Gode
Desemble Manufative Ose						III.		1		40 1/ 7	M	-2440	<u> </u>
Describe How Injury Occ	Osno				E +	SE	11.			Driver/Opera	dor Pas	Injuty, Specify:	Other (Specify)
. Signature, Of Person Ce					E	/ND	ANA JUL	7	42. Cert	fier (Check O	nly One)		
ARK FRANCIS K . Name, Address And Zip (					4E	Thin i	Him			ifying Physicia		Coroner	Heath Officer  45. Date Certified
ARK FRANCIS K . Additional Funeral Service			CALUMET	AVENUE, M	IUNSTER, IN 4	6321			, the name of	0103 47.	86785/ Akas:		05/22/201
8. Signature of Local Health			ONIO CICI	IATURE					49. For Reg	istrar Only -		d (Month/Day/Y	
USAN W. BEST, \	VIA E	LECT	NIC SIGN		MENT TO CERTIFICA	ATE OF	DEATH (ENT	RY OR	DRIGINAL)		M	AY 23 201	
							,-/						

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.