STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

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STATE OF INDIANA

COUNTY OF LAKE

) SS:

FELLE REFAJMAN RECORDER MICHE

AFFIDAVIT OF SURVIVORSHIP

- I, Kathleen Hatch, being duly sworn, states 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 owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot #17 in Twin Lakes Estates, an Addition to Lake County, as per plat book 80, page 60, in the Office of the Recorder of Lake County, Indiana.

Grantee Address/Commonly known as: 16515 Lincoln Street

Lowell, IN 46356

3. The decedent, Allen V. Hatch, Jr., and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 9th day of July, 1998, and recorded in the Office of the Lake County Recorder as Document No. 98035644.

akg Allen V. Hatch kt

- 4. The decedent and myself jointly held title to said real estate until the death of Allen V. Hatch, Jr. on the 29th day of June, 2011, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Allen V. Hatch, Jr., aka Allen V. Hatch, KH
- 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 the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Kathleen Hatch, Affiant

055225

AUG 3 1 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Kathleen Hatch, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 35^{11} day of 9 day of 9 day.

My commission expires: 09/06/2014

* SEAL AUBLIC

Rosemarie Juran

Resident of: Lake County, Indiana

"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 Document is the property of

the Lake County Regarder

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



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	al No 002	2006	E		000206744 State No 028675							
Decedent's Legal Name	(First, Middle, Last)			1a. Maiden Nar	me (If female)		2. Sex	3. Ti	me Of Deat	th 4. [Pate Of Death (Month/Day/Year)	
5. Social Security Number		6b. Under 1 Year	Lea Under 1 Man	nth 6d. Under 1 Day	6e. Under 1 Ho			ALE	14:31	(0)	06/29/2011	
						ur 7. Dat	еогынн (м	onth/Day/Year)	•		tate or Foreign Country)	
308-56-1224 9. Ever in U.S. Armed Force	60 es? 10. If Deat	Months h Occurred In A Hos	Days	Hours	Minutes 10a. If Death O	ccurred Son	02/18/1	951 er Than A Hospita	GARY	, IN		
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival ☐ Other (Specify) ☐ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)												
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT												
12. City Or Town, State, And	d Zip Code			1-11-0	13. Coun	ty Of Death		· · · · · · · · · · · · · · · · · · ·		14. Marital Status At Time Of Death		
CROWN POINT, IN. 46307				LAKE	Married							
15. Surviving Spouse's Nam	ne		15	5a. (If Wife)Give Maide	en Last Name			dent's Usual Occu		1	Kind Of Business/Industry	
KATHLEEN HATC 18. Residence - State	H	18a.	County	IAJOR	LAKE COUNTY POLICE LAKE COUNTY POLICE DEPARTMENT						E COUNTY POLICE PARTMENT	
INDIANA		LAK	·									
18c. Street And Number		LAK	<u>E</u>		LOWELL			18d. Apt. No.	18	Be. Zip Code	18f. Inside City Limits?	
16515 LINCOLN S	16515 LINCOLN STREET									☐ Yes ☒ No		
19. Decedent's Education	IIILI	20	Decedent Of Hisp	anic Origin	21	. Decedent'	s Race		<u> </u>	46356		
SOME COLLEGE (CREDIT, BU		OT HISPANIO	•	Wr	nito						
22. Father's Name (First, Mic	ddle, Last)		OTTIGEAINI	<u> </u>	23. Mother's Nam		Idle, Last)		· I	23a. Mother's	Maiden Last Name	
ALLEN V. HATCH	Cr.				FLIZABETI					0001140	0.55	
24. Informant's Name	<u> </u>	**-	24a. Relationship	To Decedent	ELIZABETH 24b. Mailing Addr			, City, State, Zip C		BOGHAS	OFF	
KATHLEEN HATCI	Н		WIFE		 16515 LINC	OLN ST	ΓREET. Ι	OWELL. IN	1 46356	3		
KATHLEEN HATCH WIFE 16515 LINCOLN STREET, LOWELL, IN 46356 25. Place Of Disposition 25a. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State												
■ Burial ☐ Cremation ☐	Donation 🔲 Ent	ombment	/_		•	,	rocation - City	, Town, And Stati	9			
Removal From State Other (Specify):				ISH NATIONA	LCATHOLIC		CHANNAN	IM				
Under (Specify): CEMETERY HAMMOND, IN 26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility 27a. Funeral Home License Number:												
PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR. CROWN POINT, IN 46307 FH83001261												
276. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATUREOCUMENT is the propert FD01009893												
Cause Of Death (See Instructions And Examples) 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 Lines. Add Additinal Lines If Necessary.												
Immediate Cause (Final I	Disease Or Condi	tion Resulting In D	eath) A.	SEVERE MULTIPL	E SCLEROSIS						YEARS	
			n n	CUDONIO ODOTRI	IOTINE BUILDING		As A Consequence	e Of):				
Sequentially List Condition Line A. Enter The Under	lying Cause (Dise	ng To The Cause L ase Or I <mark>njury Th</mark> at	isted On B. Initiated	CHRONIC OBSTRU	JCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of):					YEARS		
The Events Resulting In I	Death) Last		C.	ABDOMINAL AORT	TA ANEURYSM W	/ITH RUPT	URE As A Consequence	e Ofi:			ACUTE	
			D.	HYPOVOLEMIC SH	носк	,	,				ACUTE	
Part II. Enter Other Significan	t Conditions Contril	outing to Death But I	Not Resulting In The	Underlying Cause Givi	in In Part I		s An Autopsy			Yes 🏻	No	
DIABETES MELLITUS, NE 31. Did Tobacoo Use Contrib						30. We	re Autopsy Fi	nding Available T		The Cause Of	Death? Yes No	
X Yes		32. If Fema Not Pregn		Pregnant At Time Of Death	Not Pregnant, But Pre	egnant Within 42	Days Of Death	33. Manner C		Acciden	t Pending Investigation	
34. Date Of Injury (Month/Da		Not Pregn: 35. Time C	ant, But Pregnant 43 Days 1		Unknown if Pregnant e Of Injury (E.G., D			☐ Suicide ☐	Could No	t Be Determine	ed	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·3····	00. 1.110	, ingury	8 9 1 140	o or injury (E.G., b)	occuent s m	ome, constru	Chorr Site, Restau	rant, vvooo	ed Area)	37. Injury At Work? ☐ Yes ☐ No	
38. Location Of Injury - State		38a. City O	Town	38b. St	reet & Number				38c.	Apt. No.	38d. Zip Code	
					Pu /	7				j		
39. Describe How Injury Occi	urred			GARANIN IN	DIANA	agging desired and the Co.				ry, Specify:	Other (Specify)	
41. Signature, Of Person Ce RANDALL LEE HIL	rtifying Cause Of D	eath:	NATURE				42. ce	rtifler (Gheck Önl rtifyirig Physiciah	One) <u>C</u> (A)	THE I	—	
43. Name, Address And Zip (Code Of Person Ce	rtifying Cause Of De	eath:					rtifying Physician			Heath Officer 45. Date Certified	
RANDALL LEE HIL	E , 1020 CC	MMERCIAI	AVE. LOWFI	LL. IN 46356			. AN ETROPE CON	01030		3.78	06/20/2044	
46. Additional Funeral Service	e Provider:						and the second	47 1 Ak	as:		06/30/2011	
48. Signature of Local Health					_		49. For Re	egistrar Only - D		Month/Day/Yea	r):	
SUSAN W. BEST, \	/IA ELECTR	ONIC SIGNA		ENT TO CERTIFICAT	E OF DEATH (F)	减		Sport a desirability of the Co		01 2011		
····		<u></u>	AMENDINE	-NI TO CERTIFICAT	C OF DEATH (EN	IIKY UR C	riginal)			11		
					Part of the	CASSO ACTION TO NO AND AND	control appearance commence area.	nanta Alba Mahalamana mamana ing barana sa	rate of the state that the	armonia regeneration		

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.