CTATE OF INDIANA	`	2012	033300			
STATE OF INDIANA	,	And the second s		/		
) SS:					
COUNTY OF LAKE)					

MICHE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 MAY 17 PM 1: 13

MICHE OF INDIANA
RECORDER

AFFIDAVIT OF SURVIVORSHIP

DELORIS M. HARR, being first duly sworn, upon her oath states as follows: 1. Her husband, Vernon E. Harr, and she were married when they took title to the following described real estate in Lake County, Indiana, as tenants by the entireties, to-wit:	2012
Lot 156 in Prairie View Unit 3, an Addition to City of Crown Point, as per plat thereof, recorded in Plat Book 88, page 59, in the office of the Recorder of Lake County, Indiana. Addresses of this duplex property: 1647 Fir Avenue, Crown Point, Indiana (West 1/2); Parcel No. 45-16-09-254-015.000-042 and	040867
1651 Fir Avenue, Crown Point, Indiana (East 1/2); Parcel No. 45-16-09-254-016.000-042	
2. They remained husband and wife during the time they held title to the above descriduplex property until the death of Vernon E. Harr on April 15, 2012. A certified copy of his death certificate is attached to this Affidavit and made a part hereof by reference. 3. There was no federal estate tax in connection with the death of her husband, and twas no Indiana Inheritance Tax in connection with his death. 4. She makes this affidavit to show that she is the sole owner of said real estate at this time since the death of her husband Vernon E. Harr, and to show the facts recited above. 5. Further affiant sayeth not. Deloris M. Harr Subscribed and sworn to before me, a Notary Public in and for said County and State. 16th day of May, 2015. James R. Bielefeld, Notary Public My Commission Expires: May 1, 2015.	STATE OF HOTANA LAKE COUNTY FILED FOR RECORD 2017 JUNEO PH 3: 38
Resident, Lake County, Indiana	irc ph
This instrument prepared by James R. Bielefeld, Attorney. I affirm, under the penalties for perjury, that I have taken care to redact all social second numbers from the foregoing document, except where required by law. James R. Bielefeld, Attorney	curity # 13 _ 9
RETURN TO: Deloris M. Har. 51 D Avenue, Crown Point, Indiana 46307.	LEDCA
PEGGY HOLL	1 7 2012 NGA KATONA TY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loc	al No 00	1182	82 EDR No 00000255830			State No 017266						
Decedent's Legal Name (1a. Maiden Nam			2. Sex	3. Ti	me Of Death	4. Date	Of Death (Month/Day/Year)	
VERNON E HARR									0:49 PM		04/15/2012	
5. Social Security Number	6a. Age - Yrs	6b. Under 1	Year 6c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Ho	ur 7. Date	e of Birth (Me	onth/Day/Year)	8. Birthplace	(City and State	or Foreign Country)	
401-40-7570	79	Months	Days	Hours	Minutes		09/02/1			EAD, KY		
Ever in U.S. Armed Force	s? 10. If Dea	th Occurred In	A Hospital:		10a. If Death O		ewhere Othe Decedent's H	er Than A Hospita ome Nursi		-term Care Fac	ility	
Yes No Unkn	1		-	atient Dead on Arrival	Other (Spec	fy)						
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death												
12. City Or Town, State, And Zip Code						iy or boun.	Married					
CROWN POINT, IN, 46307				15a. (If Wife)Give Maide	L/ (ICL						d Never Married Unknown 17. Kind Of Business/Industry	
15. Surviving Spouse's Name			15a. (If WITE)Give Maide	n Last Maille		16. Dece	uents Osuai Ocol	ipation	17. Talle 3. 233			
DELORIS M HARF	₹			FULTZ		_	ASSEM	IBLY LINE		AUTO	MOTIVE	
18. Residence - State		İ	18a. County		18b. City Or	Iown						
INDIANA]I	LAKE		CROWN	POINT		T 40d And No.	T 40-	Zin Codo	18f. Inside City Limits?	
18c. Street And Number								18d. Apt. No.	186.	Zip Code	Yes ☐ No	
1651 FIR AVENUE	<u></u>									46307	Ma res Li No	
19. Decedent's Education HIGH SCHOOL GF		OR GED	20. Decedent Of	Hispanic Origin	21	. Decedent	s Race					
COMPLETED		JK OLD	NOT HISPA	NIC		nite						
22. Father's Name (First, Mi	ddle, Last)				23. Mother's Nan	ne (First, Mic	ldle, Last)		2	3a. Mother's M	aiden Last Name	
EMERY HARR					THELMA H					CAGGS		
24. Informant's Name			24a. Relation	ship To Decedent	24b. Mailing Add	ress (Street	And Number	, City, State, Zip (Code)			
DELORIS HARR			WIFE		1651 FIR A	VENUE	, CROW	N POINT, II	N 46307		·m·	
25a. Method Of Disposition		2:	5b. Place Of Disposition	25. Pla on (Name Of Cemetery, Cre	ce Of Disposition ematory, Other Pla	ce) 25c.	Location - Cil	y, Town, And Sta	te			
■ Burial □ Cremation □	Donation 🔲 Er				,							
Removal From State Other (Specify):			ALLIMET PAR	RK CEMETERY	22011	- ME	RRILLVI	I I F IN				
26. Was Coroner Contacted	? 27.	. Name And Co	implete Address Of Fi	ineral Facility	,,,,,,,,,,,	13	1112-11	, ,,,		27a. Fu	ineral Home License Number:	
☐ Yes 🏻 No	D.	IDNIC ELIA	JEDAL HOME	(CROWN POINT	10101 BD	OADWA	VCBO	WN POINT	IN 4630	7 FH83	002445	
27b. Signature Of Indiana F	uneral Service Lic	ensee:		(CROWN FOINT	y, luidi bh	OADVVA		27c. License Nun	ber (Of Licens	see):	002440	
JAMES E. BURNS	, BY ELEC	TRONIC 8	SIGNATURE	Cause Of Death (See	Instructions Ar	d Example		D2070005	9		Approximate	
28. Part I. Enter The Chi	ain Of Events - I	Diseases, Inju		ns - That Directly Caused out Showing The Etiology				nts 			Interval: Onset To Death	
Such As Cardiac Arrest, A Line. Add Additinal Li	Respiratory Arre nes If Necessary	est, Or Ventrice	ular Fibrillation With	out Snowing the Etiology	. Do Not Abbrevia	ite. Enter O	my One Ca	PRODUCTION OF THE PARTY OF THE PARTY OF			10 Dealli	
Immediate Cause (Final	Disease Or Con	dition Re <mark>sultin</mark>	g In Death)	A. CARDIAC ARREST	Γ	Due to (D)	As A Consequen	4: 450	AS SIA TRU	EAGO COM	LETE HOURS	
		0	11.0	B. CARDIAC ARRHY	ТНМІА		LAKE COE.	LE HEAGH DE	DARTMENT	ON FILE ASSE	HOURS	
Sequentially List Conditi Line A. Enter The Unde	rlying Cause (Dis	ding to the C sease Or <mark>Injur</mark>	y That Initiated	D. OMADINO MANAGE		Due to (O	As A Consequer	ice Of):				
The Events Resulting In	Death) Last			C		Due to O	As A Consequer	nce Of): A DD	1 0 204	17	_ +	
				D		1		AFK	19 201	14		
Part II. Enter Other Significa	nt Conditions Conf	tributing to Deal	th But Not Resulting In	The Underlying Cause Giv	in In Part I	1		y Performed?	Y			
HYPERTENSION, CORO	NARY ARTERY	DISEASE				30. W	ere Autopsy I	Finding Available		he Cause Of D	eath? Yes No	
31. Did Tobacoo Use Contr		□ ·		Pregnant At Time Of Death				33. Manner Natural		☐ Accident	Pending Investigation	
Yes Probably 1 34. Date Of Injury (Month/D			Not Pregnant, But Pregnant 43 Time Of Injury	Days To 1 year Before Death	Unknown If Pregna	nt Within The Pa	st Year			Be Determined Area)	37. Injury At Work?	
34. Date Of Injury (Month/D	ay/rear)	35.	Time Of Injury	2 O.	Se Of mjury (E.G., 1) coedent's r	iorie, consu	delion one, resta	dram, Woodco	,,,,,,,	Yes No	
38. Location Of Injury - Stat	e	38a	City Or Town	38b. S	treet & Number				38c. A	Apt. No.	38d. Zip Code	
,,,												
39. Describe How Injury Oc	curred			F 3.0	201	}		40. If Trans	portation Injury	r, Specify:	len en en	
				ELL AND	CALL LIV	<u> </u>		Dnver/Opera	for Passenger	Pedestrian	Offier (Specify)	
41. Signature, Of Person C JOSEPH ANTHON	ertifying Cause Of	Death:	CTPONIC SK	NATURE	HILLIAM			ertifier (Check O Certifying Physicia		roner [Heath Officer	
43. Name, Address And Zip				NATORE			1 23 3		ense Number		45. Date Certified	
JOSEPH ANTHON	IV DE IOAN	297 \/	FRANCISCA	VIANE SHITE 1	04 CROWN	POINT	IN 4630	0104	6269A		04/18/2012	
46. Additional Funeral Servi		, 201 VV.	TATIONO	TO STE, COTTE IN	U 1, UITO 1114	. 01111	, 1000	47. */				
48. Signature of Local Healt	th Officer:						49. For	Registrar Only -	Date Filed (M	onth/Day/Year)	:	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE APR 19 2012												
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

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.