

THIS AFFIDAVIT IS BEING RE-RECORDED TO ACCURATELY REFLECT THE DATE OF ITS EXECUTION, MAY 16, 2012, NOT MAY 16, 2015.

STATE OF INDIANA )  
LAKE COUNTY )  
FILED FOR RECORD )  
JUN 26 PM 3:34 )  
RECORDER )

2012 033300

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2012 MAY 17 PM 1:13  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

AKA *Deloris NARR JLB*

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:

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

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 described duplex 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 there was 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*  
Deloris M. Harr AKA *DELORIS NARR*

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 16th day of May, 2015.

2012 *JRB*

*James R. Bielefeld*  
James R. Bielefeld, Notary Public

My Commission Expires: May 1, 2015.  
Resident, Lake County, Indiana

This instrument prepared by James R. Bielefeld, Attorney.

I affirm, under the penalties for perjury, that I have taken care to redact all social security numbers from the foregoing document, except where required by law.

*James R. Bielefeld*  
James R. Bielefeld, Attorney

RETURN TO: Deloris M. Harr, 1651 Fir Avenue, Crown Point, Indiana 46307.

24055

FILED  
JUN 20 2012  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

23142

FILED  
MAY 17 2012  
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

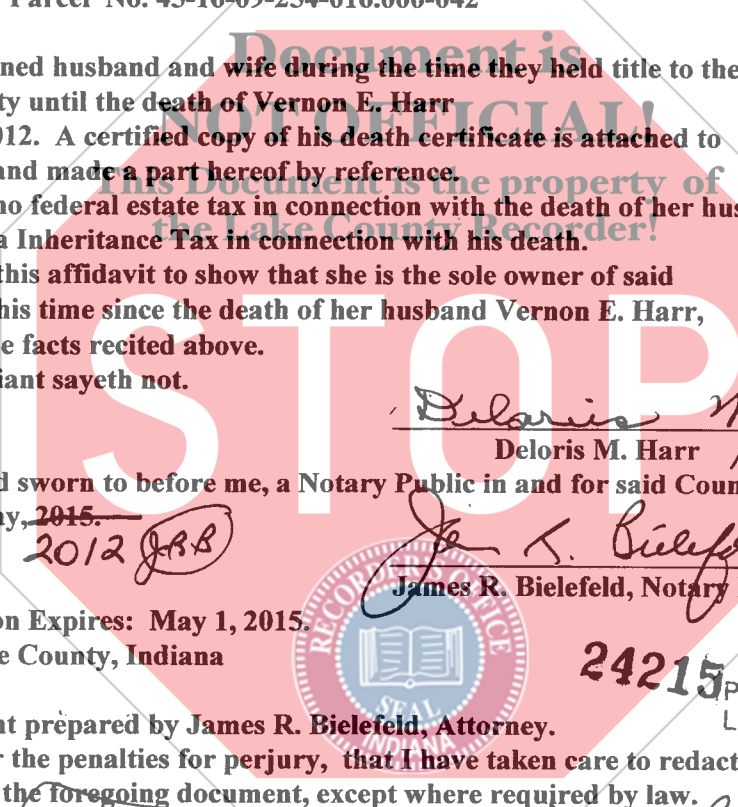
STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2012 JUN 20 PM 3:38  
RECORDER

2012 040867

2

James R. Bielefeld  
JAMES R. BIELEFELD, PREPARER AND NOTARY PUBLIC WHO WITNESSED EXECUTION.  
RECORDING TO CORRECT NAMES WITH A/K/A. JRB

IB  
CS  
15"  
CS  
RM





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

Local No **001182**

EDR No **000000255830**

State No **017266**

1. Decedent's Legal Name (First, Middle, Last) <b>VERNON E HARR</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>10:49 PM</b>		4. Date Of Death (Month/Day/Year) <b>04/15/2012</b>	
5. Social Security Number <b>401-40-7570</b>		6a. Age - Yrs <b>79</b>		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) <b>09/02/1932</b>		8. Birthplace (City and State or Foreign Country) <b>MOREHEAD, KY</b>									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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) <b>ST ANTHONY MEDICAL CENTER OF CROWN POINT</b>											
12. City Or Town, State, And Zip Code <b>CROWN POINT, IN, 46307</b>						13. County Of Death <b>LAKE</b>			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 <b>DELORIS M HARR</b>				15a. (If Wife) Give Maiden Last Name <b>FULTZ</b>				16. Decedent's Usual Occupation <b>ASSEMBLY LINE</b>		17. Kind Of Business/Industry <b>AUTOMOTIVE</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>CROWN POINT</b>					
18c. Street And Number <b>1651 FIR AVENUE</b>						18d. Apt. No.		18e. Zip Code <b>46307</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>EMERY HARR</b>				23. Mother's Name (First, Middle, Last) <b>THELMA HARR</b>				23a. Mother's Maiden Last Name <b>SCAGGS</b>			
24. Informant's Name <b>DELORIS HARR</b>			24a. Relationship To Decedent <b>WIFE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1651 FIR AVENUE, CROWN POINT, IN 46307</b>					
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) <b>CALUMET PARK CEMETERY</b>				25c. Location - City, Town, And State <b>MERRILLVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307</b>						27a. Funeral Home License Number <b>FH83002445</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES E. BURNS, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD20700059</b>					
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)										Approximate Interval: Onset To Death	
A. <b>CARDIAC ARREST</b>										HOURS	
Due to (Or As A Consequence Of)											
Sequentially List Conditions. If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last											
B. <b>CARDIAC ARRHYTHMIA</b>										HOURS	
Due to (Or As A Consequence Of)											
C.											
Due to (Or As A Consequence Of)											
D.											
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I <b>HYPERTENSION, CORONARY ARTERY DISEASE</b>										29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input 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: <b>JOSEPH ANTHONY DEJOAN, BY ELECTRONIC SIGNATURE</b>						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: <b>JOSEPH ANTHONY DEJOAN, 297 W. FRANCISCAN LANE, SUITE 104, CROWN POINT, IN 46307</b>						44. License Number <b>01046269A</b>		45. Date Certified <b>04/18/2012</b>			
46. Additional Funeral Service Provider:										47. 'Akas:	
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>APR 19 2012</b>					
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>											

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.