STATE OF INDIA LAKE COUNTY FILED FOR PECGAS

2013 016107

2013 MAR - 1 PM 12: 49

MICHAEL EURAOUN RECORDER

STATE OF INDIANA	)
	)SS
COUNTY OF LAKE	)

MAR 0 1 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

## AFFIDAVIT OF SURVIVORSHIP

Comes now Linda L. Hartford, and upon being duly sworn does attest and say:

- 1. That the affiant is the spouse of Rolland G. Hartford, deceased.
- 2. That Linda L. Hartford and Rolland G. Hartford, acquired the following property as Husband and Wife during the term of their marriage.

Part of the North 7 acres of the East ½ of the East ½ of the Northeast 1/4 of the Northeast 1/4 of Section 29, Township 36 North, Range 7 West of the 2nd P.M., in the City of Hobart, Lake County, Indiana, described as follows: Commencing at a point 185 feet north and 170 feet West of the Southeast corner of the North 7 acres of the East ½ of the East ½ of the Northeast 1/4 of the Northeast 1/4 of said Section 29, thence North, parallel to the East line of said Section 29, a distance of 135 feet; thence West, parallel to the South line of the North 7 acres of the East ½ of the East ½ of the Northeast 1/4 of the Northeast 1/4 of said Section 29, a distance of 150.48 feet; thence South, parallel to the East line of said Section 29, a distance of 135 feet; thence East, parallel to the South line of the North 7 acres of the East ½ of the East ½ of the Northeast 1/4 of the Northeast 1/4 of said Section 29, a distance of 150.50 feet to the point of beginning; subject to all legal highways.

Parcels: 45-09-29-226-016.000-018 45-09-29-226-015.000-018

1504 East 38th Pl., Hobart, Indiana Commonly known as:

That Linda L. Hartford and Rolland G. Hartford remained married until the death of 3. Rolland G. Hartford on the 26th day of March, 2011.

That Linda L. Hartford became the fee simple owner of the property at the death of Rolland G. Hartford.

001295

I affirm under the penalties for perjury that the above and foregoing statements are true.

STATE OF INDIANA COUNTY OF PORTER

)SS:

Subscribed and sworn to before me this 26th day of February

My Commission Expires: 08/09/2020 Christopher L. Ray otary Public

Resident of Porter County

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law roperty

the Lake County Recorder!

Christopher L. Ray

This Instrument Prepared by the Law Offices of Patricia A. Rees 5341 Central Avenue, Portage, IN 46368 & 600 West Old Ridge Road, Hobart, IN 46342 Phone: (219) 947-1692, Fax: (219) 763-9749



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 00(  1. Decedent's Legal Name (First, Middle, Last)	)349	EDI	R No 000	0001911	169	2. Sex		No 01		Of Death (Month/Day/Year
ROLLAND G HARTFORD				(i. ioinalo)			ALE	01:25 PN		, ,
5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hou	r 7. Date		onth/Day/Year)			03/26/2011 or Foreign Country)
312-34-2601 76 9. Ever in U.S. Armed Forces? 10, If Deat	Months	Days	Hours	Minutes		06/23/1		GARY,	IN	
	nt	pital: epartment Outpatient	☐ Dead on Arriva	10a. If Death Occ Mark Hospice Facili	ity 🔲 🛭	ewhere Othe Decedent's H	,		ng-term Care Fac	ility .
11. Facility Name (If Not Institution, Give Stree VNA HOSPICE CENTER	t and Number)									
12. City Or Town, State, And Zip Code	· · · · · · · · · · · · · · · · · · ·	-,-		13. County	Of Death			1	ital Status At Time	
VALPARAISO, IN, 46383 15. Surviving Spouse's Name		15a.	(If Wife)Give Maide	PORTE en Last Name	R	16. Dece	ient's Usual Oc	☐ Wid	owed 🔲 Nev	But Separated Divorce er Married Unknown Of Business/Industry
LINDA HARTFORD		ומ	IFRESNE			SUPER	VISOR		MANILI	FACTURING
18. Residence - State	18a.	County	11120112	18b. City Or To	own	OUI LIV	VIOOIX		INANO	FACTORING
INDIANA 18c. Street And Number	LAKI	E		HOBART						_
							18d. Apt. No	. 18e	e Zip Code	18f. Inside City Limits?
1504 EAST 38TH PLACE  19. Decedent's Education	20	Decedent Of Hispan	ic Origin	21	Decedent's	Poor			46342	☑ Yes ☐ No
HIGH SCHOOL GRADUATE O COMPLETED 22. Father's Name (First, Middle, Last)	R GED	OT HISPANIC	ec Ongla	Whi	te					
22. Fauler's Name (First, Middle, East)				23. Mother's Name	(First, Mide	dle, Last)			23a. Mother's Ma	den Last Name
WILLARD HARTFORD  24. Informant's Name		24a, Relationship To	Decedent	THELMA HA			City State Zie	Code) S	STEWART	
LINDA HARTFORD		24a. Relationship To Decedent  24b. Mailing Address (Street And Number, City, State, Zip Code)  WIFE  1504 EAST 38TH PLACE, HOBART, IN 46342								
25a. Method Of Disposition	Jose bla		25. Pla	ce Of Disposition			· · · · · · · · · · · · · · · · · · ·			
☑ Burial ☐ Cremation ☐ Donation ☐ Ente ☐ Removal From State	ombment	ce Of Disposition (Nat		ematory, Other Place	) 25c. L	ocation - City	, Town, And Sta	ate		
Other (Specify): 26. Was Coroner Contacted?  27. 1		ARY CEMETE Address Of Funeral F		umei	POR	TAGE, I	N	<del></del>	27a. Fun	eral Home License Number
☐ Yes ☒ No PE	C ELIMEDAL	HOME HOR	ABT CHADE	600 W OLD	PIDO		ND A DOT IA	1 400 40		
27b. Signature Of Indiana Funeral Service Licer JAMES J. KRAUSE , BY ELEC	see:	HOME, HOB	ARTOHAPE	L, 600 W OLD	RIDGE	21	c. License Nur	nber (Of Licen	FH830  see):	03069
28. Part I. Enter The <u>Chain Of Events</u> - Di Such As Cardiac Arrest, Respiratory Arrest	eases Injuries Or	This Cau	at Dispathy Caysas I	Instructions And The Death, Do Not Do Not Abbreviate		peri	D0100646 y of se On	3		Approximate Interval: Onset To Death
A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condit		tile	SOPHAGUS CAN	Jounty 1	Reco	braei	C!			
				OLIV	Due to (Or A	s A Consequence	Of):			
Sequentially List Conditions, If Any, Leadir Line A. Enter The Underlying Cause (Dise The Events Resulting In Death) Last		Initiated			Due to (Or A	s A Consequence	O():			
The Eventor (Southing III Doolin) East		c			Due to (Or A	a A Consequence	Of):			
Part II. Enter Other Significant Conditions Contrib	uting to Death But N	ot Resulting In The Ur	nderlying Cause Givi	n In Port i	20 Wes	An Autopsy	0-1			
ESOPHAGUS CANCER		or recording in the or	Identying Cause Civi	· ·				To Complete T	Yes No	th? Dy Dy
31. Did Tobacoo Use Contribute To Death?	32. If Female	e: nt Within Past Year Pr	and Al View Of Death				33. Manner			Yes No
Yes Probably No Unknown	Not Pregnar	nt, But Pregnant 43 Days To 1	year Before Death	Unknown If Pregnant W	ithin The Past '	roar	Suicide	Could Not	Be Determined	Pending Investigation
34. Date Of Injury (Month/Day/Year)	35. Time Of	l Injury	36. Place	e Of Injury (E.G., Dec	edent's Ho	me, Construc	tion Site, Resta	urant, Wooded	d Area) 37	Injury At Work?
38. Location Of Injury - State	38a. City Or	Town	38b, Str	reet & Number	CE I			38c. A	Apt. No. 38	d. Zip Code
39. Describe How Injury Occurred				SEAL			40. If Transp	cortation Injury	y, Specify:	ner (Specify)
41. Signature, Of Person Certifying Cause Of Di MILTON STANLEY GASPARIS		SOVIIC GICKIA	TURE	WDIANA.	111/		tifier (Check Or			
13. Name, Address And Zip Code Of Person Cel			IUNE	Community of the Commun		⊠ Cer	tifying Physician 44. Lic	ense Number		Heath Officer Date Certified
MILTON STANLEY GASPARIS  16. Additional Funeral Service Provider:	, 1400 SOUT	H LAKE PARI	K AVE, STE.	301, HOBAR	Γ, IN 46	342	0103	7515A Akas:		03/29/2011
18. Signature of Local Health Officer:	•				Т	49. For Re	gistrar Only -	Date Filed (Mo	onth/Day/Year):	
GARY A. BABCOKE, VIA ELEC	TRONIC SIGI		T TO CERTIFICAT	E OF DEATH (ENT	DV OB O				30 2011	
		VIII EIA DIMEN	TO CERTIFICAT	L OF DEATH (ENI	KI UK U	NIGINAL)	<del></del>			

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.