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2013 070565

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2013 SEP 24 AM 10:49
MICHAEL B. BROWN
RECORDER

2

AFFIDAVIT OF SURVIVORSHIP

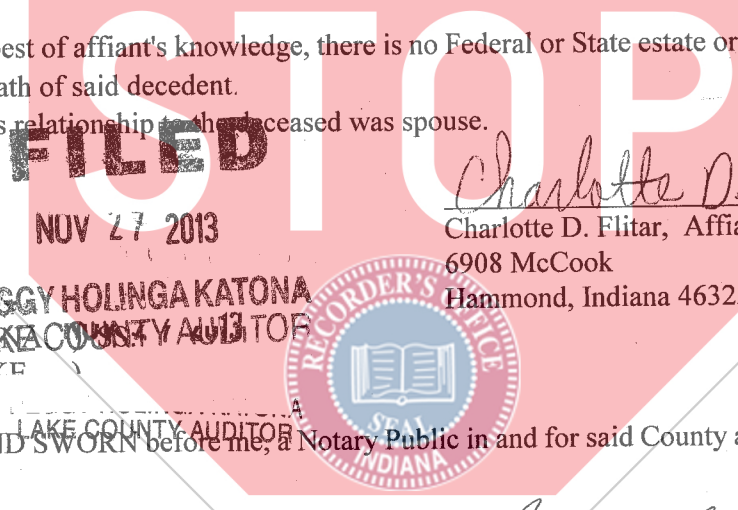
ON THIS 23rd DAY OF JULY, 2013 personally appeared Charlotte D. Flitar, the affiant, who being duly sworn her upon oath, did say that:

1. Affiant resides at the address given below Affiant's signature;
2. Affiant is the Successor Trustee under the Samuel N. Flitar, Sr. Revocable Living Trust UDT 10/3/2005, and Restated March 18, 2010.
3. Said Trust is the owner of the premises located at 109~~20~~²⁰Fathke Rd., Crown Point, Indiana, and described below;
4. Samuel N. Flitar was the owner of a life estate in said property.
5. Said Samuel N. Flitar died testate on the 1st day of May, 2010.
6. The legal description of the said premises in question is:

Part of the Northeast Quarter of Section 11, Township 34 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, described as follows: Commencing at a point 999.60 feet West and 248.13 feet South of the Northeast corner of said Section 11; thence South 187 feet; thence at an angle of 103 degrees 30 minutes North to East from last described course, a distance of 99.75 feet; thence at an angle of 130 degrees 24 minutes West to North from last described course, a distance of 140.10 feet to the center of public highway; thence Northwesterly along center of said highway 160 feet; thence West 116.15 feet to the place of beginning.

Parcel No: 45-15-11-226-003.000-041

7. To the best of affiant's knowledge, there is no Federal or State estate or inheritance tax liability by reason of the death of said decedent.
8. Affiant's relationship with the deceased was spouse.



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Charlotte D. Flitar
 Charlotte D. Flitar, Affiant
 6908 McCook
 Hammond, Indiana 46323

PEGGY HOLINGA KATONA
 STATE OF INDIANA
 LAKE COUNTY AUDITOR

SUBSCRIBED AND SWORN before me, a Notary Public in and for said County and State, this 23RD day of July 2013.

MARILYN MCLEMORE
 Notary Public, State of Indiana
 Lake County
 My Commission Expires
 June 23, 2017
 Resident of Lake County

Marilyn McLemore
 NOTARY PUBLIC

This instrument prepared by:
 BARBARA M. SHAVER, ESQ.
 9013 Indianapolis Blvd.
 Highland, IN 46322
 219/838-9200

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.

Barbara M. Shaver

Return To: Barbara M. Shaver, 9013 Indianapolis Blvd., Highland, IN 46322
 Send Tax Bills To: 6908 McCook, Hammond, Indiana 46323

RE-RECORDED TO CORRECT NAME

16675

FILED
 SEP 20 2013
 PEGGY HOLINGA KATONA
 LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Samuel N. Flitar Sr TRUST
Loan # 4489-6183-2090-3165
6929 Alexander
Hammond, IN46323

Local No. 1374-10

State No.

1. Decedent's Legal Name (First, Middle, Last) SAMUEL N. FLITAR				1a. Maiden Last Name (If Female) N/A		2. Sex MALE		3. Time Of Death 10:55 AM		4. Date Of Death (Month/Day/Year) MAY 1, 2010	
5. Social Security Number [REDACTED]		6a. Age - Yrs 68		6b. Under 1 Year Months: Days: Hours: Minutes:		7. Date Of Birth (Month/Day/Year) AUGUST 11, 1941		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA			
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 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 checked="" 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) 6908 McCOOK AVE.,											
12. City Or Town, State, And Zip Code HAMMOND, INDIANA 46323						13. County Of Death LAKE		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 CHARLOTTE D. FLITAR				15a. (If Wife) Give Maiden Last Name HOPP		16. Decedent's Usual Occupation RETIRED SR. CAPTAIN		17. Kind Of Business/Industry HAMMOND FIRE DEPT.			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 6908 McCOOK AVE.,		18d. Apt. No.		18e. Zip Code 46323	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education 12		20. Decedent Of Hispanic Origin NO		21. Decedent's Race WHITE					
22. Father's Name (First, Middle, Last) SAM FLITAR				23. Mother's Name (First, Middle, Last) MARY FLITAR				23a. Mother's Maiden Last Name MARCUS			
24. Informant's Name CHARLOTTE D. FLITAR		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 6908 McCOOK AVE., HAMMOND, INDIANA 46323							
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) CONCORDIA CEMETERY			25. Place Of Disposition HAMMOND, INDIANA			25c. Location - City, Town, And State		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. Name And Complete Address Of Funeral Facility: LaHAYNE FUNERAL HOME INC., HAMMOND, INDIANA 46324				26. Name And Complete Address Of Funeral Facility: 6955 SOUTHEASTERN AVE.,		27a. Funeral Home License Number: FH19400005			
27b. Signature Of Indiana Funeral Service Licensee: <i>Eden B. Farkye</i>						27c. License Number (Of Licensee): FD01000857					
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. emphysema											
28. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last Pleural effusion											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No											
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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											
41. Signature Of Person Certifying Cause Of Death: <i>[Signature]</i>						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: F. LAYOUS M.D. 761-45th MUNSTER, INDIANA 46321						44. License Number 1058949		45. Date Certified MAY 4, 2010			
46. Additional Funeral Service Provider:						47. *Akas					
48. Signature of Local Health Officer: <i>Susan W. Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): May 4, 2010					

