

2013 091614

2013 DEC 16 AM 10: 57

MICHAÉL B. BROWN RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Mark A. Eaton, 8434 Marshall Street, Merrillville, Indiana, being duly sworn upon his oath and states as follows:

- That he is the Personal Representative of the Estate of Mary Ann Eaton, 1. deceased, having been appointed such in her Last Will and Testament.
- That he is the biological son of Mary Ann Eaton and has personal knowledge of 2. this matter.
- That Walter A. Eaton, deceased, and Mary Ann Eaton, deceased, held title as 3. Husband and Wife until the death of the said Walter A. Eaton, deceased, on the 24th day of March, 2011.

 This Document is the property of
- That Mary Ann Eaton was predeceased by her husband, Walter A. Eaton, who is 4. named as one of the parties in that certain Warranty Deed recorded August 5, 1974 as Instrument No. 262465 of the records of the Lake County Recorder, covering the following described property situated in the County of Lake, State of Indiana:

Lots 19 and 20. Block 2, Oak Forest Addition to Griffith, as shown in Plat Book 2, Page 79, in Lake County, Indiana.

Property Number: 45-07-35-328-019.000-006

Commonly known as 410 N. Rensselaer, Griffith, Indiana,

That Mary Ann Eaton, deceased, held title to said real estate as the survivor, until 5. FILED her death on the 28 day of August, 2012.

DEC 1 3 2013

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

1 of 2

007009

13012741

6. Copies of both parties' death certificates are attached hereto.

And further affiant sayeth not.

Mark A. Eaton, Personal Representative of the

Estate of Mary A. Eaton, deceased

STATE OF INDIANA

COUNTY OF LAKE

NOT OFFICIAL!

Before me, a Notary Public in and for said County and State, personally appeared Cathey S. Wirtz, who executed the above and foregoing document, and swore or affirmed that the representations of fact contained therein are true, this 18th day of January, 2013.

Notary Public

My Commission Expires:

Resident of Lake County, Indiana

Pursuant to IC 36-2-11-15, Laffirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Printed:

Peggy Jo Stamper

Date signed: 12-10-13

This document prepared by Peggy Jo Stamper, Attorney at Law 209 South Main Street, Crown Point, Indiana 46307

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Local No 002675 State No 038067 EDR No 000000277015 AARY ANN EATON Social Security Number | 6a. Age - Yrs | 6b. Under 1 Year | 6c. Under 1 Month | 6d. Under 1 Day 12:50 AM FEMALE

08/28/2012

distactives.	69	Months		Days	Н	lours	Minu			05/31/1		GAR	Y, IN			,	
Ever in U.S. Armed Forces? Yes No Unknown		th Occurred i		•	tient [Dead on Arrival	10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Nursing Home/Long-term Care Facility Other (Specify)										
11. Facility Name (If Not Institutio	n, Give Stree						100	wer (opecay)									
12. City Or Town, State, And Zip (·····			_	13. County C	Of Death			14. 1	larital Sta	itus At Time (Of Death		
VIUNSTER, IN, 46321 15. Surviving Spouse's Name 15a, (If Wife/Give A								LAKE				Married Married, But Separated Divorce Widowed Never Married Unknown					
15. Surviving Spouses Name			15a. (if W			f Wife)Give Maide	e)Give Maiden Last Name			16. Decedent's Usual Occupa			ation 17. Kind Of Business/Industry				
									HOMEN	OMEMAKER		01		WNHOME			
18. Residence - State			18a.	County				18b. City Or Town									
NDIANA 18c. Street And Number				<u> </u>			GF	GRIFFITH			1 404 1411						
410 NORTH RENSSEI	AER ST	REET									18d. Apt. No.		18e. Zip Code 18f. Inside City Limits? 46319 ☑ Yes ☐ No				
19. Decedent's Education				Decedent Of H	spanic (anic Origin			21. Decedent's Race			1 100			10		
HIGH SCHOOL GRADUATE OR GED COMPLETED			N	NOT HISPANIC				White									
22. Father's Name (First, Middle, Last)					23			23. Mother's Name (First, Middle, Last)				23a. Mother's Meiden Last Name					
THEODORE ORAM					JEAN ORAM							BROWN					
24. Informant's Name			. 24a. Relationship To Decedent				24b. Mailing Address (Street And Number,				City, State, Zip (y, State, Zip Code)					
JEFFREY P EATON				SON							, MERRILLVILLE, IN 46410						
25a. Method Of Disposition			25b. Pla	ce Of Disposition	(Name	25, Plac Of Cemetery, Cre		sposition , Other Place)	25c. L	ocation - City	, Town, And Stat	8					
☑ Buriel ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal From State																	
Other (Specify):				MET PARK				00-04	MEF	RILLVIL	LE, IN						
26. Was Coroner Contacted?	1			Address Of Fun			ED\/I	CE 0211	MEST	AETH A	VENUE C	DIEEN	TLJ INI	27a. Fune	ral Home Licer	nse Number.	
U Yes ☑ No WHITE FUNERAL HOME & CREMATION SERVICE, 921 WEST 45TH AVENUE, GRIFFITH, IN FH10600026													00026				
27b. Signature Of Indiana Funeral RAYMOND E. WHITE			ONIC	SIGNATU	RE			TIT			7c. License Num D08700086		censee):				
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 To Death To D																	
Immediate Cause (Final Disea	se Or Condi	ition Resulti	ng in D	eath) A	RE	SPIRATORY FA	LURE		Due to (Cir /	As A Consequenc	e Of):			-	2 WEEK	<u>s</u>	
Sequentially List Conditions, If Any, Leading To The Line A. Enter The Underlying Cause (Disease Or In The Events Resulting in Death) Last							TION	TION One to (Cr.)		As A Consequence Og:		-Al	<u> </u>	<u>6-1042</u>	2 WEEKS		
				C					Due to (Or A	ls A Constrollenc	Oη:	· · · · · · · · · · · · · · · · · · ·			5 DASY		
Part II. Enter Other Significant Con-	ditions Contri	buting to De	sth But f	Not Resulting In T	he Unde	erivina Čause Givi	n in Par	ni I	29. Wa	s An Autopsy	Performed?					-	
SMOKER, COPD													Yes No Implete The Caluse Of Dea		Min? Yes No		
31. Did Tobacco Use Contribute To	1 7	L If Female:				auth				33. Manner							
Yes Probably No 🛚	Unknown			ant victor Pict Year ant, Out Pregnant 43 Da				Yegnani, But Progra wood of Program Will			Suicide [Pending Inve	stigation	
34. Date Of Injury (Month/Day/Yea	r)	35.	Time C	Of Injury		36. Plac	e Of inju	ury (E.G., Dece	dent's Ho	ome Constru	ction Site, Restau	rant Wo	ded Area	·	injury At Worl	i	
36. Location Of Injury - State		300	City O	Town		386, 50	not E N	lumbar				1/ 20	- A-4 AI			⊒ No	
So. Location Or rigory - State		Soa	CityO	LIONI		300	OGY OF IV						c. Apt. N	0. 380	. Zip Code		
39. Describe How Injury Occurred				_				الكية			I 40. If Transo	ortation in	iury Soe	city			
-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						E	S	EAL	3		40. If Transp	Pesse	nger Pe	rdestrian Don	er (Specify)		
41. Signature, Of Person Certifyin KIAS RULLI RY FLFC			TUR	F		No.	.,/NE	JANA	7	42. Co	rtifier (Check On rtifying Physician	y One)	Compan		leath Officer		
KIAS RUI LI, BY ELECTRONIC SIGNATURE 43. Name, Address And Zip Code Of Person Certifying Cause Of Death:													Coroner Heath Officer se Number 45. Date Certified				
KIAS RUI LI , 7905 CALUMET AVE, MUNSTER, IN 46321 46. Additional Funeral Service Provider:										01055			296A 08/29/2012			012	
										47. *Akas:							
48. Signature of Local Health Officer.											49. For Registrar Only - Date Filed (Month/Dey/Year):						
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY affirm, ut										AUG 29,2012have							
				AMENU		GERHITIVA	_ UF I	affirm,	unde	THO PL	ne tr	ach	ocial	Security	y		
								taken re	asona	pie care	tr meat, unl	ess re	quire	d by law	1.		
								number	m m	.5							

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.