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STATE OF INDIANA)
COUNTY OF LAKE)

SS: 2014 007297

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 FEB -6 PM 12:56

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Judith M. Park, and upon being duly sworn does attest and say:

1. That the affiant is the spouse of Jerry R. Park, deceased.
2. That Jerry R. Park died a resident of Lake County, Indiana on January 13, 2014.
3. That Judith M. Park and Jerry R. Park, acquired the following property as tenants by the entireties during the term of their marriage and remained married until Jerry R. Park's death on January 13, 2014.
4. That the legal description of the property is:

Lot 22 in Unit 6, Barrington Ridge, a Planned Unit Development in the City of Hobart, Lake County, Indiana, as per plat thereof, recorded in Plat Book 76, page 24, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 948 Union Court, Hobart, IN 46342
Parcel No.: 45-13-05-451-007.000-018

5. That Judith M. Park became the fee simple owner of the property at the death of Jerry R. Park

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

Judith M. Park
Judith M. Park

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me this 4th day of February, 2014.

My Commission Expires: 08/09/2020

CR
Christopher L. Ray, Notary Public
Resident of Lake County, Indiana

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.

CR
Christopher L. Ray

FILED

FEB 06 2014

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

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12254

CR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 06993

Local No 000141

EDR No 000000364228

State No 001889

1. Decedent's Legal Name (First, Middle, Last) JERRY R PARK				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 04:10 AM	4. Date Of Death (Month/Day/Year) 01/13/2014		
5. Social Security Number [REDACTED]		6a. Age - Yrs 70	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) 09/18/1943		8. Birthplace (City and State or Foreign Country) EVANSVILLE, IN	
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 checked="" 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 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) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE										
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099					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 JUDY PARK				15a. (If Wife) Give Maiden Last Name BOLDI		16. Decedent's Usual Occupation OPERATOR		17. Kind Of Business/Industry STEEL MILL		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HOBERT			18c. Street And Number 948 UNION COURT		
18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Father's Name (First, Middle, Last) WALTON PARK				23. Mother's Name (First, Middle, Last) GUSTA PARK		23a. Mother's Maiden Last Name ROGERS				
24. Informant's Name JUDY PARK			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 948 UNION COURT, HOBERT, IN 46342					
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) CHAPEL LAWN MEMORIAL GARDENS		25c. Location - City, Town, And State SCHERERVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 701 E. 7TH ST., HOBERT, IN 46342					27a. Funeral Home License Number: FH83002380			
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee): FD20700059		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. CAUSE OF DEATH (See Instructions And Examples): A. LUNG CANCER B. PNEUMONIA C. RESPIRATORY FAILURE D. SEPSIS				Approximate Interval Onset To Death 2 MONTHS 1 MONTH 1 MONTH 3 WEEKS	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I PNEUMONIA LEADING TO RESPIRATORY FAILURE					29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding 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						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: RAY SAMEER SAWAQED, BY ELECTRONIC SIGNATURE						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: RAY SAMEER SAWAQED, 8687 CONNECTICUT STREET, STE. F, MERRILLVILLE, IN 46410						44. License Number 01060761A		45. Date Certified 01/16/2014		
46. Additional Funeral Service Provider:						47. *Aka's:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JAN 17 2014				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										