)SS: 2014 007297

FILED FOR RECORD 2014 FEB -6 PM 12: 56

STATE OF INDIA: LAKE COUNT

COUNTY OF LAKE

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.

That Judith M. Park and Jerry R. Park, acquired the following property as tenants by the 3. 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

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

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

STATE OF INDIANA COUNTY OF LAKE

)SS:

Subscribed and sworn to before me this 418

My Commission Expires: 08/09/2020

Christopher L. (Ray, No 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.

FEB 0 6 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 AUDITO Phone: (219) 947-1692, Fax: (219) 763-9749

010606

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

06993

Local N)141		EDR	No 0000	<u> </u>	1228		State	No 00	J1885)
Decedent's Legal Name (First, I	Middle, Last)				1a. Maiden Nar	ne (if female)		2. Sex	3. T	Time Of Deat		Date Of Death (Month/Day/Ye
JERRY R PARK 5. Social Security Number 6a. A	Age - Yrs	6b. Under 1 \	/oar Go Under	1 Manth	6d. Under 1 Day	6e, Under 1		MAL		04:10 AI		01/13/2014
Jan Salar Sa					······································	ļ	Hour 7. Da	te of Birth (Mon	tn/Day/Year)	8. Birthpla	ice (City and	State or Foreign Cour try)
9. Ever in U.S. Armed Forces?	70 10. If Deat	Months Occurred In A	Days Hospital:		Hours	Minutes 10a If Death	Occurred Sor	09/18/19 mewhere Other		EVAN	SVILLE,	IN
☑ Yes ☐ No ☐ Unknown	-		•	utnationt	☐ Dead on Arriva	☐ Hospice F	acility	Decedent's Hon			ong-term Care	e Facility
Facility Name (If Not Institution	n, Give Stree	and Number)				Other (Sp	ecify)					
METHODIST HOSPITA 2. City Or Town, State, And Zip C	AL SOUT	HLAKE N	/IERRILLVIL	LE_								
2. Only Or Town, State, And Zip C	~oae					13. Co	unty Of Death	1		- F-		Time Of Death ried, But Separated 📘 Divor
IERRILLVILLE, IN, 46 5. Surviving Spouse's Name	3410-709	9				LAKE	<u> </u>			□ w	dowed 🔲	Never Married Unknow
5. Guiviving Spouse's Name				15a. ((If Wife)Give Maide	n Last Name		16. Decede	nt's Usual Occ	upation	17.	Kind Of Business/Industry
UDY PARK 8. Residence - State			40.	BOL	.DI		· · · · · · · · · · · · · · · · · · ·	OPERAT	OR		STI	EEL MILL
•			18a. County			18b. City (Or Town					
NDIANA Bc. Street And Number		<u> L</u>	AKE			HOBAR	Т	· · · · · · · · · · · · · · · · · · ·	40-1 4-4 11-		7.0.1	
									18d. Apt. No.	. 18	Be. Zip Code	18f. Inside City Limit
48 UNION COURT 9. Decedent's Education			20. Decedent 0	M Ulamania	Oddala		04 5				46342	☑ Yes ☐ No
IGH SCHOOL GRADI	UATE O	R GED			Origin		21. Decedent	rs Race				
OMPLETED 2. Father's Name (First, Middle, La	ast)		NOT HISP	ANIC		V 23. Mother's N	Vhite	ddle I ast)		т	23a Matha	's Maiden Last Name
	•							- a.o., Last)			ZJG. IVIUUIER	S MAINGH LAST MAINE
VALTON PARK 4. Informant's Name			24a. Relati	onship To F	Decedent	GUSTA P		t And Number, C	ity State 7:-	Code)	ROGERS	3
UDY PARK			WIFE	IP 10 L				T, HOBAR		-		
			VVII-E		25. Pla	ce Of Disposition		I, HUBAK	1, IN 463	42		
a. Method Of Disposition Burial	ation 🔲 Ento		. Place Of Disposi	ition (Nam	e Of Cemetery, Cre	ematory, Other P	ace) 25c.	Location - City, 7	Γown, And Sta	te		
Removal From State	_		/)ocu	men	it is					
Other (Specify): Was Coroner Contacted?	27. 1	CF Name And Com	IAPEL LAW	N MEN	ORIAL GAR	RDENS	SCH	HERERVIL	LE, IN		1 67	
				i ullolai I a	CHILLY				\		1 2/a	
☐ Yes ⊠ No	1				11 4(0)1		CIA	IL!			2/a	. Funeral Home License Numb
7b. Signature Of Indiana Funeral	Service Licen	RNS FUNI	ERAL HOM	E, 701	E. 7TH ST.,		IN 46342		License Num	ober (Of Lice	FH	Funeral Home License Numb
☐ Yes ☒ No 7b. Signature Of Indiana Funeral S AMES E. BURNS,BY	Service Licen ELECT	RNS FUNI see: RONIC SI	ERAL HOM	E, 701 Doc	I`() E. 7TH ST., ument	is the	pror	ert 27c	License Num 2070005	9-	FH	
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