STATE OF INDIAMA LAKE COUNTY FILED FOR RECORD

2014 016174

2014 MAR 19 PM 1:45

MICHAEL B. BROWN RECORDER

STATE OF INDIANA

) SS:

Re: Ronald F. Eastwood, Deceased

COUNTY OF LAKE

Parcel No.: 45-11-25-477-008.000-036

SURVIVORSHIP AFFIDAVIT

Comes now Susan C. Eastwood, being duly sworn upon her oath, and states as follows:

- 1. That she is the surviving spouse of Ronald F. Eastwood, deceased, and makes this Affidavit based upon personal knowledge.
- 2. Ronald F. Eastwood and Susan C. Eastwood are the owners of the following described real estate located in Lake County, Indiana:

Lot 19, excepting the West 40 feet, by parallel lines, in Schererville Trace, an Addition to the Town of Schererville, as per Plat thereof, recorded in Plat Book 77, page 36, and as amended by Certificate of Correction recorded in Plat Book 80, page 43, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 4930 W. 92nd Avenue, Crown Point, Indiana 46307

- 3. The real estate was transferred by Quitclaim Deed to Susan C. Eastwood and Ronald F. Eastwood as tenants by the entireties on June 14, 2007.
- 4. Ronald F. Eastwood and Susan C. Eastwood were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of Ronald F. Eastwood on December 7, 2011, at which time Susan C. Eastwood acquired title to the real estate as surviving tenant by the entireties. (A certified copy of the death certificate of Ronald F. Eastwood, will solve unity number redacted, is attached hereto and incorporated herein by reference as Exhibit "A" A" WAR 19 2014

21577

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

MCS CA 5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested solely in Susan C. Eastwood and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

SUSAN C. EASTWOOD

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Document is

Before me the undersigned, a Notary Public in and for said County and State, personally appeared SUSAN C. EASTWOOD, and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true and acknowledges the execution of the foregoing Affidavit as her free and voluntary act.

Signed and sealed this ______ day of March, 2014.

Nanette E. Post
Resident Of
Lake County
My Commission Expires:
1/18/2021

Notary Public

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.

Laura L. Rybicki

Manut Es

This instrument was prepared by and after recording should be returned to:

Laura L. Rybicki of Dugan, Repay & Rybicki, P.C.
7880 Wicker Avenue, Suite 101, St. John, Indiana 46373
(219) 365-7766



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No		EDR No 000000233188				State No 054411						
Decedent's Legal Name (First, Mic	ddle, Last)		1a. Maiden Name			(If female) 2		2. Sex 3. Time Of De		eath 4. Date Of Death (Month/Day/Ye		ay/Year)
RONALD F EASTWOOD					_		MALE		57 PM		12/07/2011	
5. Social Security Number 6a. Agr	e-Yrs 6b.	Under 1 Year	6c. Under 1 M	Aonth 6d. Under 1 Day	6e. Under	1 Hour 7. Dat	e of Birth (Month	/Day/Year) 8.	Birthplace (City	y and State	or Foreign Country)	,
	10. If Death Oc	nths	Days	Hours	Minutes		12/20/194 newhere Other Th		HICAGO,	IL		
					☐ Hospica		Decedent's Home		Home/Long-tem	n Care Fac	ility	\
			Department Outp	atient Dead on Arriva	Other (Specify)					•	
11. Facility Name (If Not Institution, METHODIST HOSPITAL			RRIVILLE			,						
12. City Or Town, State, And Zip Code						1 '				14. Marital Status At Time Of Death		
MERRILLVILLE, IN, 46410-7099					LAH					Married Married, But Separated Divorced Widowed Never Married Unknown		
15. Surviving Spouse's Name				15a. (If Wife)Give Maids	en Last Name		16. Decedent	's Usual Occupat	ion	17. Kind	Of Business/Industr	лу
SUSAN C EASTWOOD				SMITH	*		OWNER		4	CONS	TRUCTION	
18. Residence - State		18a	. County		18b. Cit	y Or Town		•				
INDIANA .		LAF	ΚΕ	,	CROW	N POINT						
18c. Street And Number							1	8d. Apt. No.	18e. Zip (Code	18f. Inside City	Limits?
4930 WEST 92ND AVEN	NUE	•							463	307	☑ Yes □	No
19. Decedent's Education	***************************************	2	0. Decedent Of h	lispanic Origin		21. Decedent	s Race	7-27 - G W Wall			the comment of the second	
BACHELOR'S DEGREE	(BA. AB.	BS) N	IOT HISPAI	NIC	,	White						
22. Father's Name (First, Middle, Last)					23. Mother's Name (First, Middle, Last)				23a. Mother's Maiden Last Name			
FELIX EASTWOOD					CATHERINE EASTWOOD				BUJANSKI			
24. Informant's Name			24a. Relations	hip To Decedent			And Number, Cit	y, State, Zip Cod				** *
SUSAN C EASTWOOD				CHALL CHARGE	4930 WE	ST 92ND	AVENUE, O	CROWN PO	DINT, IN 4	6307	The second	
25a: Method Of Disposition	1200 2500 4			25. Pla 1. (Name Of Cemetery, Cr	ce Of Dispositi	on	ocation - City Te	wm 'And State '	to the second of the second	140 . W		
☐ Burial ☑ Cremation ☐ Donation			iaco_Or Oraposition	i (reality, Or Cemetery, Or	, Conc.	1 200.1	- Social Society, and			.,,,,,		
☐ Removal From State ☐ Other (Specify):	3. 3.074 T.J.S	െ	ANI DDIJIZAN	CREMATORY	11000	111 90	ERERVILI	E IN	3.VT			
26. Was Coroner Contacted?	27. Nam	e And Comple	te Address Of Fur		IIIIC	100	ILICITATE	_L, IIN	- J. Charles	27a. Fur	neral Home License	Number:
J Yes ⊠ No 3 D / YKVb				SERVICE INC.	DBA SOL	AN-PRUZ	IN, 14 KEN	NEDY AVE	NUE,	FUADO	00007	
27b. Signature Of Indiana Funeral Se	rvice Licensée		E/IN 46375		-			License Number		FH102	200037	
<u>PAUL P. GONZALEZ , B</u>	Y ELECT	RONIC'S		Cause Of Death (See	to the	And Evamole		1100035	3 <u></u>			-1-7:
28. Part I. Enter The Chain Of Ev	vents - Diseas	ses, Injuries,	Or Complication	s - That Directly Caused	The Death. D	o Not Enter Te	rminal Events			.*	Approxima Interval: C	
Such As Cardiac Arrest, Respirat A Line. Add Additinal Lines If Ne		Ventricular F	ibrillation Withou	it Showing The Etiology	Do Not Abbi	eviate. Enter O	nly One Cause	On			To Death	
Immediate Cause (Final Disease	Or Condition	Resulting In I	Death)	A. CORNARY ARTER	Y DISEASE	Due to (Or	As A Consequence Of				UNKNOWN	<u></u>
Samuelia II. Line Conditions 16 A		The Course	Limbi On	B. MORBID OBESITY							UNKNOWN	
Sequentially List Conditions, If A Line A. Enter The Underlying Ca	iuse (Disease	Or Injury Tha	ie Cause Listed Oil			Due to (Or As A Consequence Of):						
The Events Resulting In Death) L	_ast					Due to (Or As A Consequence Of):			UNKNOWN			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				DIABETES							UNKNOWN	· I
Part II. Enter Other Significant Condition	ons Contributin	g to Death But	Not Resulting In	The Underlying Cause Giv	in In Part I		s An Autopsy Pe		☐ Yes	⊠ No		
CARDIO PULMONARY ARREST		L 00 4/5		<u> </u>		30. We				suse Of De	ath?]'No
31. Did Tobacco Use Contribute To D		32. If Fem		Pregnant At Time Of Death	Not Pregnant.	But Pregnant Within 42		33. Manner Of L		espent.	Pendingdryestig	ation
☐ Yes ☐ Probably ☐ No ☑ Ui 34. Date Of Injury (Month/Day/Year)	III IOWII	35. Time		ays To 1 year Bolore Death	AND A SECOND	ognant Within The Pas G., Decedent's H	t Year Construction	Guigide F	ould Not Be De	terroined [E Pendingenyestid ILE WITH THE 7. Injury At Work?	ļ
A STATE OF THE STATE OF THE STATE OF	5344	rogradi a	7.7	£0.			- LAKE	COUNTY HEAD	HUEFARIME	NT, L.	Yes 🔲	No .
38. Location Of Injury - State		38a. City 0		38b. St	treet & Number	(C)			38c. Apt. No	o. 38	3d. Zip Code	-
the second of th		1							EC 14	2011	e seles P	
39. Describe How Injury Occurred				TO ME TO	SEAL.		11	40. If Transporta	ition Injury, Spec	cify:	Mar (Special)	
	A Lord Co. 1 The Co. 20	think it is		Eq.	*******	CHILL)		19 - 18 kg - 3				
41. Signature, Of Person Certifying C SHASHIDHAR DIVAKAR	ause Of Death UNI BY	ELECTR	ONIC SIGN	ATURE	EL AND	military to the		er (Check Only C	ine)		Heath Officer	l
43. Name, Address And Zip Code Of				eper ap. A				44. Licens			Date Certified	1942 (194
SHASHIDHAR DIVAKAR	UNI 173	30 45TH	AVE. MÜN:	STER, IN 46321		(:17)		010406	67A		12/13/201	1
46: Additional Funeral Service Provide	er:		,			•		47. *Akas				
48. Signature of Local Health Officer:			ore present the			1 11 mm	:49For Regis	trar Only - Date	Filed (Month/D	Day/Year):		
SUSAN W. BEST, VIA EL	LECTRON	IIC SIGN		THE RESIDENCE FOR THE PARTY OF THE PARTY.	17777.77	marian company to a tangent are a part and	11,57221 200 Starte.	2.00 2.00 a 2.00	DEC 13 2	011	t majoria de l'Arix - Latri Avilla	es de l'are
A CONTRACTOR OF SAME AND A SAME OF SAM		,	-	MENT TO CERTIFICAT				i ere samma. Neresamma				
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