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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029057

2014 MAY 21 AM 11:45

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

On this 21st day of February, 2014, before personally appeared Ronald Blashill to me personally known, who is being sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature.

2. Affiant is Owner.

3. Said premises described as follows:

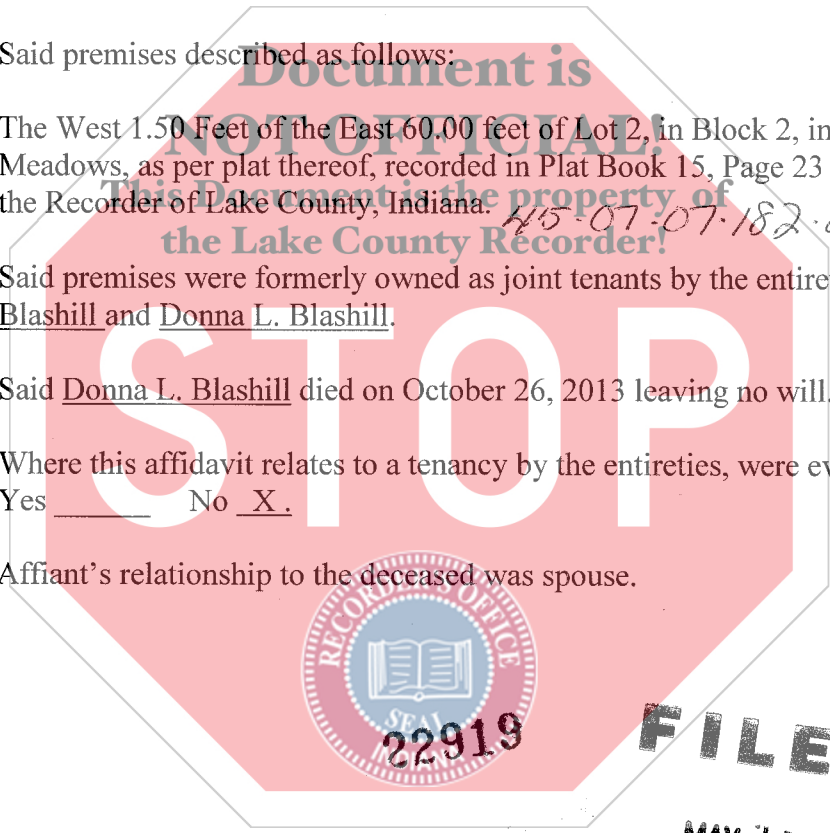
The West 1.50 Feet of the East 60.00 feet of Lot 2, in Block 2, in Richland Meadows, as per plat thereof, recorded in Plat Book 15, Page 23 in the Office of the Recorder of Lake County, Indiana. *15-07-07-182-212-000-023*

4. Said premises were formerly owned as joint tenants by the entireties by Ronald Blashill and Donna L. Blashill.

5. Said Donna L. Blashill died on October 26, 2013 leaving no will.

6. Where this affidavit relates to a tenancy by the entireties, were ever divorced?
Yes _____ No X.

7. Affiant's relationship to the deceased was spouse.



FILED

MAY 21 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

*15-
ck-1745
DN*

Affiant's Signature Ronald K Blashill

Name Printed RONALD K BLASHILL

Address: 1109 Cherry Street, Hammond, IN 46320

Phone No.: 219-931-8848

Subscribed and sworn before me by the Affiant this 21st day of February, 2014.

My Commission expires: 11/7/2019

Angela Snyder
Notary Public



Angela Snyder, Lake
Printed name and county

Document is
NOT OFFICIAL!

This Document is the property of

I affirm, under penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

(Signature) [Handwritten Signature]

(Name printed) LISA A. Berdine

This instrument prepared by Law Office of Lisa A. Berdine, LLC.
By: Lisa A. Berdine (#24795-45); 5231 Hohman Avenue, Suite 803, Hammond, IN 46320
Telephone (219) 933-1500; Facsimile (219) 937-9650



[Handwritten mark]



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

844062

Local No 000239

EDR No 00000350481

State No

1. Decedent's Legal Name (First, Middle, Last) DONNA LEA BLASHILL				1a. Maiden Name (If female) LYONS		2. Sex FEMALE	3. Time Of Death 03:33 PM	4. Date Of Death (Month/Day/Year) 10/26/2013			
5. Social Security Number [REDACTED]		6a. Age - Yrs 68	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) 06/27/1945		8. Birthplace (City and State or Foreign Country) HANOVER, NH		
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) ST CATHERINE HOSPITAL INC										12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312	
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 RONALD KEITH BLASHILL				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation REGISTERED NURSE		17. Kind Of Business/Industry MEDICAL			
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND			18d. Apt. No.	18e. Zip Code 46324	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 1109 CHERRY STREET				19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) RALPH DONALD LYONS				23. Mother's Name (First, Middle, Last) NANCIE MELVINA LYONS		23a. Mother's Maiden Last Name COVILLE					
24. Informant's Name RONALD KEITH BLASHILL		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1109 CHERRY STREET, HAMMOND, IN 46324							
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) HEIGHTS CREMATORY			25c. Location - City, Town, And State CHICAGO HEIGHTS, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324						27a. Funeral Home License Number: FH11100004			
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20900076					
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.										Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. SEPSIS										HOURS	
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last										DAYS	
B. SECONDARY TO ISCHEMIC BOWEL										YEARS	
C. ATHEROSCLEROSIS											
D.											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						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 type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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: PAULA BENCHIK-ABRINKO, 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: PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394						44. License Number 01045436A		45. Date Certified 10/29/2013			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 31 2013					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											

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.