STATE OF HIGHE LAKE COUNTY FILED FOR RECORD

2014 049205

2014 AUG 15 AM 10: 40

MICHAEL B. BROWN RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF Lake SS:
Helen K. Smith being first duly sworn upon oath, deposes and says:
being first duly sworn upon oath, deposes and says: 1. That R.D. 5m H died on 9-4-200 Late Co, IN
2. That R.O. Sm. H and Helen K. Sm. Hwere duly and legally
Lot 23 and the North 10 feet of Lot 14, In Block 2 University Grandens Second
in Glock 2 university Graphens Second
Addition of the of Hammond, as
Shown in Plat Book 321 page 57 Lake Co IN.
3. That the marital relationship which existed between them at the time they acquired title to said real estate
remained in effect and unbroken until the date of
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
the Lake County Recorder!
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint
bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate
Tax.
Further affiant sayeth not. Selent Sunth 8 11/14
Helen R. Sm; HAffiant Signature
Subscribed and super to the me, a Notary Public this 7th day of Aug (194, 2004)
JANICE L. MADDOX Notany Public State of Indiana
Lake County Commission # 575825 My Commission Expires Aurel L. Model L. Mo
January 26, 2016 January 26, 2016
My Commission Expires:
County of Residence:
This Instrument prepared by Helen K. 5m' Ho
Return to: 7240 Belmont Ave, Hammond
KETURN JO: 1240 JOHN JOHN JOHN JOHN JOHN JOHN JOHN JOHN
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	THE RECO	RDS IN THIS S	ERIES ARE	CONFIDENTIAL PE	ER IC 16-37-1-10								
PE/PRINT	1. DECEASED-	-NAME (First. M	iddle, Last)				2. SEX		3a. TIME OF DE	ATH	36. DATE OF DE	ATH (Month, Day, Yr.)	
IN	R.	0. 8	Smith		Male		.	10:34P					
RMANENT	4. *SOCIAL SEC	CURITY NUMBER		AGE—Last Birthday	Sh. UNDER 1 YEAR	5c UNDER			TH (Mo. Day, Yr)		BIRTHPLACE (City	y and State or Foreign Country)	
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	Ba. WAS DECEDENT		86. YEAR LAST SERVED IN		 		March 2, 1926 9e. PLACE OF DEATH (Check only			Canalou, MO		MU	
	A U.S. VETERAN?		U.S. ARMED FORCES?		HOSPITAL Kinpetient			OTHER: Nursing Home					
	Yes		194		☐ ER/6	Outpatient D (DOA		Residence		,		
:CEDENT	96. FACILITY N	AME (If not institut	ion, give stree	et and number)			9c. CITY, TO	WN. OR LOC	ATION OF DEATH	1	9d. COUNTY O	FDEATH	
	Community Hospital						Munster				Lake		
	10. MARITAL STATUS (Specify)		11. SURVIV	VING SPOUSE give maiden name)				AL OCCUPATION (Give kind of work working life. Do not use retired)					
		Married		Helen K. Jaracz			Owner			Smitty's Bar			
	134. RESIDENCE—STATE		1		13c. CITY, TOWN, OR LOCATION		13d. STREET AND N						
	Indian	a	Lake		Hammond			-	7240 Bel	lmor	t Awa		
	13e. ZIP CODE	13f. INSIDE CIT	Y LIMITS 1	14 CITIZEN OF	15. WAS DECEDENT		RIGIN?		-American Indian,	T		DENT'S EDUCATION	
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SDH06-004_State Form 10110 (R5/1-99)