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STATE OF INDIANA
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:

- 1. That R.O. Smith died on 9-4-2006 at Lake Co, IN
- 2. That R.O. Smith and Helen K. Smith were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Lot 23 and the North 10 feet of Lot 14, in Block 2 University Gardens Second Addition in the City of Hammond, as shown in Plat Book 32 page 57, Lake Co, IN.

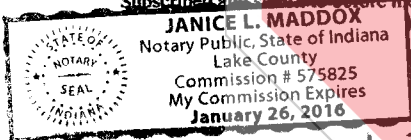
- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
- 4. That all funeral expenses in connection with the death of said decedent have been paid in full.
- 5. That all of the assets 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.

Helen K. Smith 8/7/14
Helen K. Smith Affiant Signature

Subscribed and sworn to before me, a Notary Public this

7th day of August, 2004



Janice L. Maddox
Janice L. Maddox Notary Public

My Commission Expires: 1-26-16

County of Residence: Lake

This Instrument prepared by Helen K. Smith

Return to: 7240 Belmont Ave, Hammond

FILED

25825

AUG 15 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

13-
CS
AM

"I AFFIRM... UNDER THE PENALTIES FOR PERJURY THAT I HAVE TAKEN REASONABLE STEPS TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW."
PREPARED BY Bruce

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to issue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 2106-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT IN PERMANENT INK

Form with fields for: 1. DECEASED-NAME (R. O. Smith), 2. SEX (Male), 3a. TIME OF DEATH (10:34P M), 3b. DATE OF DEATH (September 4, 2006), 4. SOCIAL SECURITY NUMBER (XXXX-3833), 5a. AGE (80), 5b. UNDER 1 YEAR (Months: 0, Days: 0), 5c. UNDER 1 DAY (Hours: 0, Minutes: 0), 6. DATE OF BIRTH (March 2, 1926), 7. BIRTHPLACE (Canalou, MO), 8a. WAS DECEDENT A U.S. VETERAN? (Yes), 8b. YEAR LAST SERVED IN U.S. ARMED FORCES? (1946), 9a. PLACE OF DEATH (Community Hospital, Munster, Lake), 9b. FACILITY NAME (Community Hospital), 9c. CITY, TOWN, OR LOCATION OF DEATH (Munster), 9d. COUNTY OF DEATH (Lake), 10. MARITAL STATUS (Married), 11. SURVIVING SPOUSE (Helen K. Jaracz), 12a. DECEDENT'S USUAL OCCUPATION (Owner), 12b. KIND OF BUSINESS/INDUSTRY (Smitty's Bar), 13a. RESIDENCE-STATE (Indiana), 13b. COUNTY (Lake), 13c. CITY, TOWN, OR LOCATION (Hammond), 13d. STREET AND NUMBER (7240 Belmont Ave.), 13e. ZIP CODE (46324), 13f. INSIDE CITY LIMITS (Yes), 14. CITIZEN OF WHAT COUNTRY? (USA), 15. WAS DECEDENT OF HISPANIC ORIGIN? (No), 16. RACE (White), 17. DECEDENT'S EDUCATION (12), 18. FATHER'S NAME (Otto Smith), 19. MOTHER'S NAME (Dora Cunningham), 20a. INFORMANT'S NAME (Helen K. Smith), 20b. MAILING ADDRESS (7240 Belmont Ave., Hammond, IN 46324), 20c. Relationship (Wife), 21a. METHOD OF DISPOSITION (Burial), 21b. DATE AND PLACE OF DISPOSITION (September 7, 2006, Elmwood Cemetery, Hammond, IN), 21c. LOCATION (Hammond, IN), 22a. EMBALMER'S NAME (Henry J. Blake), 22b. EMBALMER'S LICENSE NO. (FD01019406), 23. WAS DEATH REPORTED TO CORONER? (No), 24. SIGNATURE OF FUNERAL DIRECTOR (Eddie B. LaHayne), 24b. LICENSE NUMBER (FD01000857), 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (LaHayne Funeral Home, Inc., 6955 Southeastern Ave., Hammond, IN 46324), 26. PART I: IMMEDIATE CAUSE (Respiratory failure, Atherosclerotic heart disease), 26. PART II: Other significant conditions, 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (NO), 28. WAS AN AUTOPSY PERFORMED? (NO), 29. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (NO), 29a. CERTIFIER (CERTIFYING PHYSICIAN), 29b. SIGNATURE AND TITLE OF CERTIFIER (K. Reheem, MD), 29c. MEDICAL LICENSE NO. (01059379), 29d. DATE SIGNED (September 6, 2006), 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (K. Reheem, MD, 7905 Calumet Ave., Munster, IN 46321), 31. HEALTH OFFICER'S SIGNATURE (Susan J. But), 31. DATE FILED (September 7, 2006), 33. MANNER OF DEATH (Natural), 34a. DATE OF INJURY, 34b. TIME OF INJURY, 34c. INJURY AT WORK? (Yes or no), 34d. DESCRIBE HOW INJURY OCCURRED, 34e. PLACE OF INJURY, 34f. LOCATION, 34g. DATE PRONOUNCED DEAD, 34h. MOTOR VEHICLE ACCIDENT? (Yes or no).

DECEDENT

RENTS

FORMANT

POSITION

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