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STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2014 078267

2014 DEC -9 PM 12: 29

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Comes now Hazel J. Harkins, and upon being duly sworn does attest and say:

1. That the affiant is the mother of Gloria J. Deiulius, deceased.
2. That Gloria J. Deiulius died a resident of Lake County, Indiana on May 21, 2013.
3. That Gloria J. Deiulius and Hazel J. Harkins, acquired the following property as joint tenants with rights of survivorship and held the property in that manner until Gloria Lynch's death on May 21, 2013.
4. That the legal description of the property is:

LOT 7, LONNER'S SECOND SUBDIVISION IN THE CITY OF HOBART,
LAKE COUNTY, INDIANA

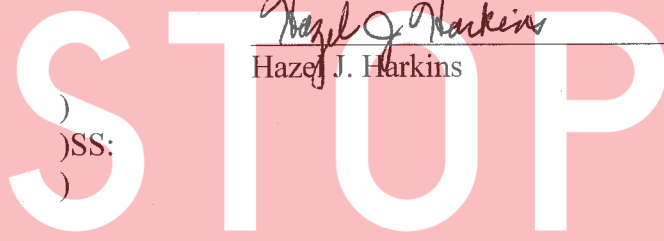
Commonly known as: 459 N. Lawrence St., Hobart, IN 46342
Parcel Number: 45-09-29-278-011.000-018

6. That Hazel J. Harkins became the fee simple owner of the property at the death of Gloria J. Deiulius.

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

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Hazel J. Harkins
Hazel J. Harkins



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Before me a Notary Public in and for said County and State, personally appeared Hazel J. Harkins and who acknowledged the execution of the forgoing Affidavit of Survivorship.

Witness my hand and Notarial Seal this 28 day of November, 2014.

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.

016920

My Commission
Expires: 03/25/2018

Patricia A. Rees

Patricia A. Rees, Notary Public

THIS INSTRUMENT PREPARED BY: THE LAW OFFICES OF PATRICIA A. REES, 5341 CENTRAL AVE.,
PORTAGE, IN 46368 (219) 947-1692
by: Patricia A. Rees, Attorney

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001788

EDR No 00000325004

State No 024317

1. Decedent's Legal Name (First, Middle, Last) GLORIA JEAN DEIULIUS				1a. Maiden Name (If female) HARKINS		2. Sex FEMALE	3. Time Of Death 03:40 PM	4. Date Of Death (Month/Day/Year) 05/21/2013	
5. Social Security Number [REDACTED]		6a. Age - Yrs 65	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) 04/26/1948		8. Birthplace (City and State or Foreign Country) MOUNT PLEASANT, PA
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" 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) 1500 EAST 33RD AVENUE									
12. City Or Town, State, And Zip Code HOBART, IN, 46342					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HOBART		18c. Street And Number 1500 EAST 33RD AVENUE	18d. Apt. No.	18e. Zip Code 46342
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ROBERT JACK HARKINS				23. Mother's Name (First, Middle, Last) HAZEL JEAN HARKINS			23a. Mother's Maiden Last Name KEFFER		
24. Informant's Name DENICE DIAZ		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 2754 NEW JERSEY STREET, LAKE STATION, IN 46405					
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) KELLY CARROLL CREMATION SERVICES			25c. Location - City, Town, And State GARY, IN			
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342					27a. Funeral Home License Number. FH83003069		
27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006463			
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 Of Death On A Line. Add Additional Lines If Necessary.									
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. PULMONARY HYPERTENSION			Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death	MONTHS
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			B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE			Due to (Or As A Consequence Of):		YEARS	MAY 23 2013
			C.			Due to (Or As A Consequence Of):			
			D.			Due to (Or As A Consequence Of):			
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 checked="" type="checkbox"/> Probably <input 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: DONALD MICHAEL PHILLIPS, 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: DONALD MICHAEL PHILLIPS, 1356 S. LAKE PARK AVENUE, HOBART, IN 46342						44. License Number 01020846A		45. Date Certified 05/22/2013	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 23 2013			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									