

3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069071

2015 OCT -8 AM 9: 56

MICHAEL B. BROWN
RECORDED
Key No. 45-03-17-103-019.000-025

Mail Tax Bills To:
Eleanor Surdy
1148 Thicket Lane
Munster, IN 46321

HEIRSHIP AFFIDAVIT

State of Indiana)
) SS:
County of Lake)

Comes now Eleanor Surdy, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

1. Eleanor Surdy is an adult currently residing at 1148 Thicket Lane, Munster, IN 46321, a resident of Lake County, Indiana, and has personal knowledge of the facts stated in this Heirship Affidavit as the wife of Eugene J. Surdy.

2. Eugene J. Surdy was a record title holder of a 1/4 interest in the following described real estate located in lake County Indiana:

LOTS 25 AND 26, BLOCK 3, DAVIDSON'S SEVENTH ADDITION
IN THE CITY OF WHITING, AS SHOWN IN MISCELLANEOUS
RECORD 21, PAGE 129, IN LAKE COUNTY, INDIANA

Commonly known as: 2647 White Oak Avenue, Whiting, IN 46394

Property Number: 45-03-17-103-019-000-025

3. Eugene J. Surdy obtained title to said real estate through the Affidavit dated March 16, 1995, and recorded April 4, 1995, as document number 95018174, in the Office of the Recorder of Lake County, Indiana.
4. Eugene J. Surdy died on February 27, 2014, a resident of Lake County, Indiana. A copy of the Indiana State Department of Health Certificate of Death of Eugene J. Surdy is attached to this Heirship Affidavit and made a part of this Heirship Affidavit by reference.
5. Eugene J. Surdy died intestate and no estate was administered in any jurisdiction.
6. The value of the estate of Eugene J. Surdy did not exceed \$50,000.

FILED

OCT 08 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

22223

*File 16.00
M-2 1-ref#
#7739*

7. There were no Federal Estate or State Inheritance taxes due by reason of the death of Eugene J. Surdy.
8. Eugene J. Surdy left only one heir at law surviving him, namely Eleanor Surdy, his surviving spouse. He had no children.
9. The purpose of this Heirship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's transfer Record that Eleanor Surdy is the owner of a ¼ interest in said real estate and to place of record with the Lake County Recorder's Office evidence that Eleanor Surdy is an owner of a ¼ interest in said real estate.

Further Affiant saith not.

IN WITNESS WHEREOF, Eleanor Surdy has executed this Heirship Affidavit on this 6th day of October, 2015.



State of Indiana)
) SS:
 County of Lake)

Before me, the undersigned Notary Public in and for said County and State, personally appeared Eleanor Surdy and acknowledged the execution of the foregoing Heirship Affidavit as her free and voluntary act, and who, having been duly sworn upon her oath, stated that the representations contained therein are true.

Witness my hand and Notarial Seal this 6th day of October, 2015

My Commission expires: 2/13/18

Lesa A. Potacki
 Lesa A. Potacki, Notary Public
 Lake County, Indiana



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. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45)
900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

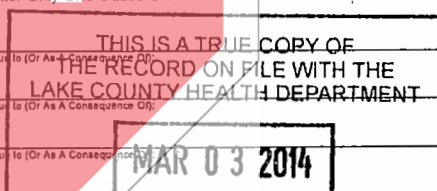
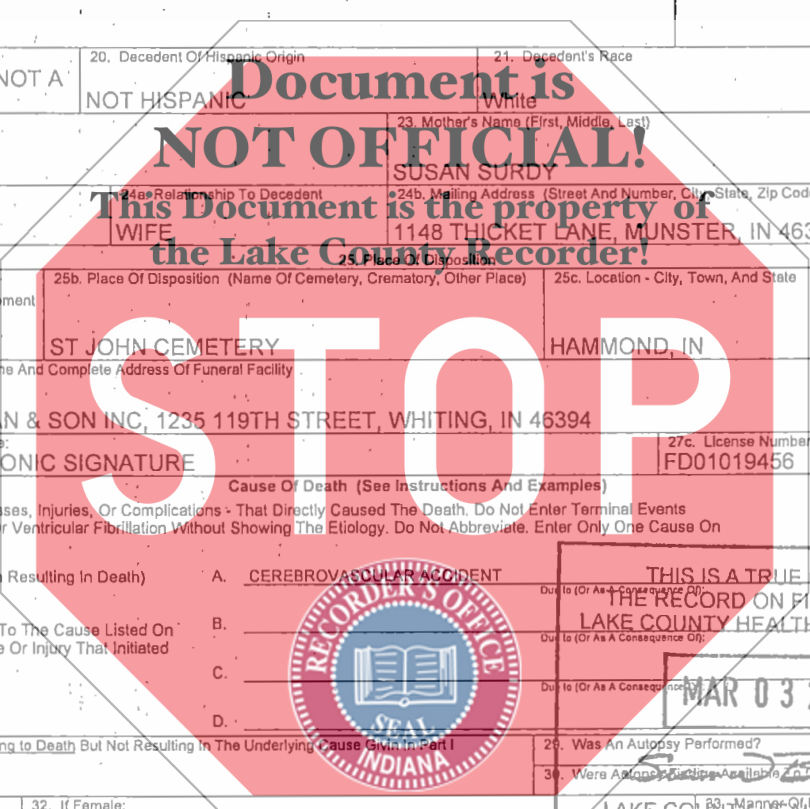
Tracking No. 11310

Local No 000659

EDR No 00000372273

State No 009284

1. Decedent's Legal Name (First, Middle, Last) EUGENE J SURDY				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 09:05 AM	4. Date Of Death (Month/Day/Year) 02/27/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 89	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) 04/09/1924		8. Birthplace (City and State or Foreign Country) WHITING, IN
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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) HARTSFIELD CARE CENTER									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					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 ELEANOR SURDY			15a. (If Wife) Give Maiden Last Name BAHLEDA			16. Decedent's Usual Occupation DETECTIVE CAPTAIN		17. Kind Of Business/Industry INDIANA POLICE DEPARTMENT	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MUNSTER		18c. Street And Number 1148 THICKET LANE	18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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) STANLEY SURDY			23. Mother's Name (First, Middle, Last) SUSAN SURDY			23a. Mother's Maiden Last Name POPOVICH			
24. Informant's Name MRS ELEANOR SURDY			24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1148 THICKET LANE, MUNSTER, IN 46321				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ST JOHN CEMETERY		25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394					27a. Funeral Home License Number: FH83007267			
27b. Signature Of Indiana Funeral Service Licensee MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01019456			
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. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CEREBROVASCULAR ACCIDENT</u> 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. _____ C. _____ D. _____								Approximate Interval: Onset To Death 2 MONTHS	
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	
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 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		30. Were Any Injuries Suspected To Be The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
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 checked="" 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"/> Bicyclist <input type="checkbox"/> Horseback Rider <input type="checkbox"/> Other (Specify)			
41. Signature, Of Person Certifying Cause Of Death: JAMES BERNARD WALSH, 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: JAMES BERNARD WALSH, 9122 COLUMBIA AVENUE, MUNSTER, IN 46321						44. License Number 01027487A		45. Date Certified 02/28/2014	
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) MAR 03 2014			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



NOT VALID UNLESS

RAISED SEAL AFFIXED