

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069213

2015 OCT -9 AM 10:11

MICHAEL B. BROWN
RECORDER

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DECEASED JOINT TENANCY AFFIDAVIT

12411 WEST 105TH AVE., SAINT JOHN, INDIANA 46373

**Document is
NOT OFFICIAL!**

45-15-03-153-013.000-015

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STOP

PREPARED BY:
GLORIA DEL BOSQUE
STANDARD BANK AND TRUST CO.
LOAN SERVICING DEPT.
7725 WEST 98TH STREET
HICKORY HILLS, IL 60457



15260-90
OCONNOR TITLE SERVICES, INC.
162 W. HUBBARD ST
CHICAGO, IL 60654

15. /
ell-51934
3

DECEASED JOINT TENANCY AFFIDAVIT

State of Indiana)

SS.

County of Lake)

DECEASED JOINT TENANCY AFFIDAVIT

Melinda A. Maloney, hereinafter called Affiant(s) being duly sworn states that she resides at 12411 West 105th Avenue, St. John, IN 46373. That she was acquainted with Daniel J. Maloney, hereinafter referred to as Deceased, and at the time of his death, was one of the owners of the land in Lake County, Indiana, described as:

Lot No. 12, in Patnoe 1st Addition to the Town of St. John as Shown in Plat Book 66 Page 45 in Lake County, Indiana
PIN #45-15-05-153-013.000-015

That the deceased died June 1, 2013 as evidenced by a certified copy of Deceased's death certificate attached hereto.

That the deceased died:

Leaving no Last Will & Testament
 Leaving a Last Will & Testament, a copy of which is attached hereto. The original of the unproven will should be filed with the Clerk of the Probate Division of the Circuit Court of Lake County, Indiana.
 Leaving a Last Will & Testament, which was filed, in the Unproven Will Box of the Probate Division of the Circuit Court of _____.

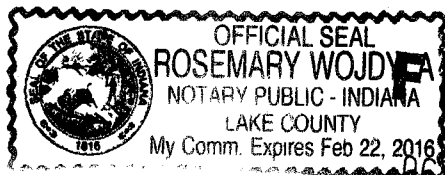
That the total value of the estate of the Deceased, for estate tax purposes, including both real and personal property owned by the Deceased either individually or in Joint Tenancy at the time of the death of the Deceased, does not exceed the sum of \$10.00 dollars.

Affiant makes this affidavit for the purpose of inducing the Real Estate Index to issue its Title Insurance Policy describing the above-mentioned property.

Subscribed and sworn before me this day of August 28, 2015.

Rosemary Wojdyla
Notary Public - Rosemary Wojdyla
Melinda A. Maloney
Melinda A. Maloney

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.



FILED
08 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

22231



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001928

EDR No 00000326501

State No 026267

1. Decedent's Legal Name (First, Middle, Last) DANIEL J MALONEY
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 10:35 AM
4. Date Of Death (Month/Day/Year) 06/01/2013
5. Social Security Number
6a. Age - Yrs 55
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 08/15/1957
8. Birthplace (City and State or Foreign Country) HAMMOND, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-DYER
12. City Or Town, State, And Zip Code DYER, IN, 46311
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name MELINDA MALONEY
15a. (If Wife) Give Maiden Last Name ROWE
16. Decedent's Usual Occupation ELECTRICIAN
17. Kind Of Business/Industry INLAND STEEL
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town ST. JOHN
18c. Street And Number 12411 WEST 105TH STREET
18d. Apt. No.
18e. Zip Code 46373
18f. Inside City Limits?
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) THOMAS MALONEY
23. Mother's Name (First, Middle, Last) EILEEN MALONEY
23a. Mother's Maiden Last Name BIALKER
24. Informant's Name MELINDA MALONEY
24a. Relationship To Decedent WIFE
24b. Mailing Address (Street And Number, City, State, Zip Code) 12411 WEST 105TH STREET, ST. JOHN, IN 46373
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS CEMETERY
25c. Location - City, Town, And State SCHERERVILLE, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373
27a. Funeral Home License Number. FH19900052
27b. Signature Of Indiana Funeral Service Licensee JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee) FD09200077
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. PANCREATIC CANCER
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
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
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:
41. Signature, Of Person Certifying Cause Of Death: GARY ALLEN MARCOTTE, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: GARY ALLEN MARCOTTE, 15900 W 101ST AVE, DYER, IN 46311
44. License Number 02000603A
45. Date Certified 06/04/2013
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): JUN 05 2013

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THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT ONE YEAR JUN 05 2013 Susan W. Best, M.D. LAKE COUNTY HEALTH OFFICER

