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2015 069986

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 OCT 14 PM 12: 46

MICHAEL B. BROWN RECORDER

Munster, IN 46321 State of Indiana

1148 Thicket Lane

Mail Tax Bills To: Eleanor Surdv

SS:

County of Lake

HEIRSHIP AFFIDAVIT

This Heirship Affidavit replaces Document #2015 069071 filed on October 8, 2015.

Document is

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

- 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 an undivided 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, IX 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 <u>95018174</u>, 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 theis 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 \$50,009CT 1 4 2015

2230 LAKE COUNTY AUDITOR

- 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 an undivided ¼ interest in said real estate.

Further Affiant saith not.

Document is

IN WITNESS WHEREOF, Fleanor Surdy has executed this Heirship Affidavit on this 12 th day of October, 2015.

This Document is the property of the Lake County Recorder!

Eleanor Surdy

State of Indiana

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 Sealthis

day of

My Commission expires: 2/13/18

Lesa A. Potacki, Notary Public

Lake County, Indiana

<u>I affirm</u>, 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



A) E OF INDIA

INDIANA STATE DEPARTMENT OF HEALTH **CERTIFICATE OF DEATH**

Tracking No. 11310

Local N				EDR No 00000372			S	State No	e No 009284			
Decedent's Legal Name (First, Middle, Last)				1a. Maiden Name (If female)			2. Sex 3. Time Of Death 4. Date Of Death (Month			Death (Month/Day/Year)		
EUGENE J SURDY				1			MALE	09:0)5 AM	,	02/27/2014	
5. Social Security Number 6a. A	ge - Yrs	6b. Under 1	Year 8c. Under 1	Month 6d. Under 1 Day	8e. Under 1 Hour	7. Date o	of Birth (Month/Day				r Foreign Country)	
	89	Months	Days	Hours	Minutes		04/09/1924	l w	HITING, I	N		
9. Ever in U.S. Armed Forces?		th Occurred In A	A Hospital:		10a. If Death Occur	red Some	where Other Than A	Hospital				
☑ Yes ☐ No ☐ Unknown	☐ Inpatie	ent 🔲 Emerge	ncy Department Out	patient Dead on Arrival	Hospice Facility Other (Specify)	☐ De	cedent's Home	Nursing H	orne/Long-term	n Care Facilit	у	
11. Facility Name (If Not Institution	1				Ciner (Specily)							
HARTSFIELD CARE C	ENTER											
12. City Or Town, State, And Zip C	ode				13. County C	of Death		- 1	14. Marital Ste		of Death It Separated Divorced	
MUNSTER, IN, 46321					LAKE				☐ Widowed		Married Unknown	
15. Surviving Spouse's Name				15a. (If Wife)Give Maider	Last Name		18. Decedent's Us	sual Occupation	DN		Of Business/Industry	
ELEANOR SURDY BAHLEDA					DETECTIVE CAPT			CADTAL	INDIANA POLICE FAIN DEPARTMENT			
18. Residence - State			18a. County	IDATICCOA	18b. City Or Tov		DETECTIVE	CALIA	V	DEFAR	TIVICIVI	
INDIANA		ļ,	_AKE		MUNSTER							
18c. Street And Number					IMONSTER		18d.	Apt. No.	18e. Zip	Code	18f. Inside City Limits?	
1148 THICKET LANE					46321		⊠ Yes □ No					
19. Decedent's Education			20. Decedent Of	Hispanic Origin	21 0	ecedent's	Race		463	321	l	
SOME COLLEGE CRE	DIT, BL	JT NOT A		Docu	ment	19						
DEGREE 22. Fether's Name (First, Middle, L	ast)		NOT HISPA	NC	23. Mother's Name (First Midd	le Lest)		23a N	Jother's Mair	den Last Name	
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STANLEY SURDY 24, Informant's Name					SUSAN SURI	YC				OVICH		
		/	This !	Document		rop	erty of					
MRS ELEANOR SURE)Y		WIFE	o Latro Co	1148 THICKE			R, IN 463	21			
25a. Method Of Disposition		25	b. Place Of Dispositi	on (Name Of Cemetery, Cre	e Of Disposition C		ocation - City, Town,	, And State	}			
☑ Buriat ☐ Cremation ☐ Don	ation 🔲 Er	nemdmont										
Removal From State Other (Specify):		S	T JOHN CEM	FTERY		МАН	MOND, IN					
26. Was Coroner Contacted?	27,		mplete Address Of F			1 17/101	IVIOIVE, III	•		27a. Fun	aral Home License Number:	
☐ Yes ⊠ No	DA		211110 1025			10001				F.1000	07007	
27b. Signature Of Indiana Funeral	Service Lice	NKAN & 50	ON INC, 1235	119TH STREET,	WHITING, IN	46394	27c. Lice	ense Number	(Of Licensee):	FH830	0/26/	
MARTIN A. DYBEL, B	Y ELEC	TRONIC	SIGNATURE				FD010	019456			.	
28. Part I. Enler The Chain Of	Events - (Diseases, Injur	ries. Or Complication	Cause Of Death (See	The Death On Not	Enter Terr	minal Events				Approximate Interval: Onset	
Such As Cardiac Arrest, Resp A Line. Add Addilinal Lines If	iratory Arre	est, Or Ventricu	ular Fibrillation With	out Showing The Etiology.	Do Not Abbreviate.	Enter On	ly One Cause On				To Death	
Immediate Cause (Final Disea	,		o In Death)	A. CEREBROVASCU	AN ACCIDENT		ZHIS IS	A TOUE	OPY OF		2 MONTHS	
, man Sisse			ginocanj	TUR	LR SO	Due le (Or A	THE RECOR	RD ON FU	E WITH T	THE		
Sequentially List Conditions,	f Any, Lead	ding To The C	ause Listed On	В		Due to (Or A	KE COUNTY	LHEALTH	DEPART	MEN:T—		
Line A. Enter The Underlying The Events Resulting In Deatt	n) Last	sease Or Injury	That Initiated	c. 2					1			
					التقبة	Du To (Or A	a A Consequence	R 037	2014			
Ded II Fater Other Similared Co.	dill Gi			D	SEAL ST		An Aulopay Perfor					
Part II. Enter Other Significant Con	onjons Com	induting to Deat	U Brit Not Kespiting I	in the Underlying Cause Giv	DIANA		a Astone Minding	7	Yes	No Island	nth?	
31. Did Tobecco Use Contribute	o Death?	32.1	Female:	40	THIRD THE PARTY OF	34. 000	122	-Manner Qf. [Yes No	
☐ Yes ☐ Probably ☒ No ☐			lot Pregnant Within Past Yes	Rregnant At Time Of Death	Not Pragnant, But Pragn		LAKE COLKI	Natural F	HOFFIC		Pending Investigation	
34. Date Of Injury (Month/Day/Ye			Time Of Injury	3 Days To 1 year Before Death	Unknown If Pregnant W				Could Not Be D		'. Injury Al Work?	
on but of injury (monitody) (,	55.	Time Or injury	30. Flac		,6001113110	onia, Constituction C	110, 1103100101	n, woodod mo	,	Yes No	
38. Location Of Injury - State		38a.	City Or Town	38b. S	reet & Number				38c. Apt. N	No. 36	ld. Zip Code	
			,						'	İ	·	
39. Describe How Injury Occurred		L					1 40	If Transports	ation Injury, Sp	ecify:		
, , , , , , , , , , , , , , , , , , , ,								Driver/Operator	FON"		"UNLESS	
41. Signature, Of Person Certifyli							42. Certifler (
JAMES BERNARD WA 43. Name, Address And Zlp Code				IATURE			□	Physician 44. Ligens	Corone e Number		Heath Officer	
:								1 1	,			
JAMES BERNARD WA 46. Additional Funeral Service Pro	ALSH ,	9122 COL	UMBIA AVEN	NUE, MUNSTER, I	N 46321			010274	87A	* * * * 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* 02/28/2014	
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48. Signature of Local Health Office		DONIO C	ONATURE				49. For Registra	r Only - Date	Filed (Month			
SUSAN W. BEST, VIA	ELECT	KUNIC SI		NDMENT TO CERTIFICA	TE OF DEATH (EN	TRY OR C	RIGINALI	1	MAR 03	2014	1	
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State Form 53395 ATTENTION								1	, , , ; ; 			