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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 070873

2015 OCT 19 PM 1:24

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

Tax: LD. NO. 45-03-29-153-005.000-024

GAYLE L. ONOHAN, being first duly sworn upon oath, deposes and says:

1. That **ROBERT S. ONOHAN A/K/A ROBERT STEVE ONOHAN**, died on the 25th day of March, 2013 at East Chicago, Lake County, Indiana.

2. That at the time of his death, he was co-owner as Joint Tenant with Gayle L. Onohan in the following described real estate:

THE SOUTH 16 FEET OF LOT 10 AND THE NORTH 17 FEET OF LOT 11 IN BLOCK 18 IN RESUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 29, TOWNSHIP 37 NORTH, RANGE 9 WEST OF THE 2nd PRINCIPAL MERIDIAN, IN THE CITY OF EAST CHICAGO, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 5, PAGE 3, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 4311 HOMERLEE AVENUE, EAST CHICAGO, IN 46312

3. That no Federal Estate Tax is due as a result of the death of Robert S. Onohan A/K/A Robert Steve Onohan.

4. That this Affiant's relationship to the Decedent was Wife.

FURTHER, your Affiant saith naught.

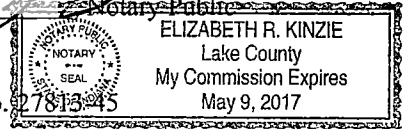


STATE OF INDIANA, COUNTY OF Lake SS.

Subscribed and sworn to before me, a Notary Public this 7 day of October, 2015

My Commission Expires: 5/9/17 Signature: [Signature]

County of Residence: Lake Printed: [Signature]



This instrument prepared by **MATTHEW W. DEULLEY**, Attorney-at-Law, ID No. 27813245

No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature]
Signature of Preparer

Elizabeth Kinzie
Printed Name of Preparer

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22421

OCT 16 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Community Title Company
File No. 158309



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

842954

Local No 000068

EDR No 00000315229

State No 015067

1. Decedent's Legal Name (First, Middle, Last) ROBERT STEVE ONOHAN				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 02:55 AM		4. Date Of Death (Month/Day/Year) 03/25/2013	
5. Social Security Number		6a. Age - Yrs 63		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 05/25/1949	
8. 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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) ST CATHERINE HOSPITAL INC											
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312						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 GAYLE ONOHAN				15a. (If Wife) Give Maiden Last Name TOROK				16. Decedent's Usual Occupation METER READER		17. Kind Of Business/Industry UTILITIES	
18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town EAST CHICAGO			
16c. Street And Number 4311 HOMERLEE AVENUE						18d. Apt. No.		18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Father's Name (First, Middle, Last) LOUIS ONOHAN				23. Mother's Name (First, Middle, Last) FLORENCE ONOHAN				23a. Mother's Maiden Last Name STOMING			
24. Informant's Name GAYLE ONOHAN				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 4311 HOMERLEE AVENUE, EAST CHICAGO, IN 46312			
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" 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) ANATOMICAL EDUCATION PROGRAM				25c. Location - City, Town, And State INDIANAPOLIS, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility ALPHA FUNERAL SERVICE, 3925 E. NEW YORK STREET, INDIANAPOLIS, IN 46201				27a. Funeral Home License Number FH10600024			
27b. Signature Of Indiana Funeral Service Licensee: PAUL FOX, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20400082				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. CARDIORESPIRATORY FAILURE Due to (Or As A Consequence Of): B. MULTI ORGAN FAILURE Due to (Or As A Consequence Of): C. MYOCARDIAL INFARCTION Due to (Or As A Consequence Of): D. Approximate Interval: Onset To Death: HOURS			
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. POSSIBLE BLEEDING				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 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			
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: MATTHEW ARNOLD RAMOS LIBIRAN, 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: MATTHEW ARNOLD RAMOS LIBIRAN, 100 W. CHICAGO AVENUE, EAST CHICAGO, IN 46312						44. License Number 01059738A		45. Date Certified 03/27/2013			
46. Additional Funeral Service Provider:						47. *Akas:					
48. Signature of Local Health Officer: ARVIND KAKODKAR, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 28 2013					



Community Title Company
File No. 150309