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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 015053

2016 MAR 14 PM 12:58

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
)
COUNTY OF LAKE)

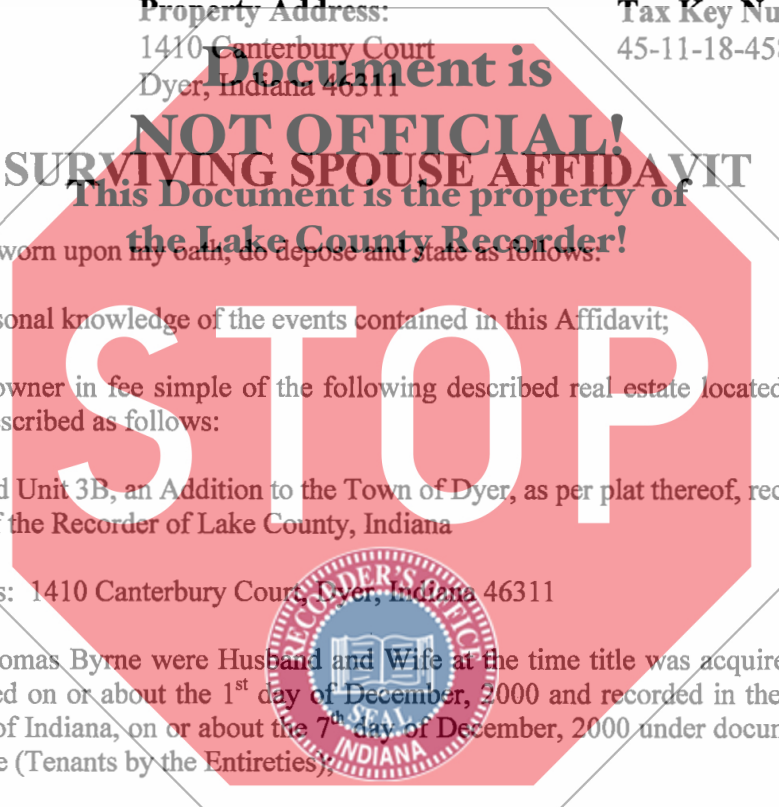
IN THE MATTER OF THE
ESTATE OF THOMAS BYRNE,
DECEASED

Mail Tax Bills to:
1410 Canterbury Court
Dyer, Indiana 46311

Property Address:
1410 Canterbury Court
Dyer, Indiana 46311

Tax Key Number
45-11-18-458-006.000-034

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the Lake County Recorder!

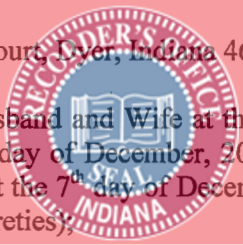


I, **Mary Byrne**, being duly sworn upon my oath, do depose and state as follows:

1. That Affiant has personal knowledge of the events contained in this Affidavit;
2. That Affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 18 in Castlewood Unit 3B, an Addition to the Town of Dyer, as per plat thereof, recorded in Plat Book 65, Page 23, in Office of the Recorder of Lake County, Indiana

Commonly known as: 1410 Canterbury Court, Dyer, Indiana 46311
3. That Affiant and Thomas Byrne were Husband and Wife at the time title was acquired to said real estate under deed of transfer dated on or about the 1st day of December, 2000 and recorded in the Office of the Recorder of Lake County, State of Indiana, on or about the 7th day of December, 2000 under document number 2000 089157, as Husband and Wife (Tenants by the Entireties);
4. That the Marital Relationship which existed between the Affiant and Thomas Byrne continued unbroken from the time they so acquired title to said real estate until the death of Thomas Byrne on the 7th day of September, 2013, at which time the Affiant acquired title to the real estate as surviving Tenant by the Entireties. A copy of Thomas Byrne's death certificate, with Social Security Number redacted is attached hereto, made a part hereof and labeled Exhibit "A";



CK# #18
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MAR 14 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

21115

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5. That the gross value of the Decedent's estate as determined for Federal Estate Tax purposes, was less than that value required for filing a Federal Estate Tax Return and the Decedent's Estate was not subject to Federal Estate Tax;
6. That the Decedent's estate was not subject to Indiana Inheritance Taxes;
7. That no probate proceedings have been initiated for the Decedent and none are anticipated in that the gross value of the Decedent's estate does not require probate.

FURTHER AFFIANT SAYETH NOT



STATE OF INDIANA)

COUNTY OF LAKE)

) SS:
)

Subscribed and Sworn to before me, a Notary Public, in and for said County and State, this 11th day of March, 2016.

County of Residence: Lake
Commission Expires: 03/27/16

CWY
Christopher W. Yugo, Notary Public



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.

CWY

Christopher W. Yugo

**Record and Return to: Christopher W. Yugo
Attorney at Law
P.O. Box 371
St. John, IN 46373-0371**





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

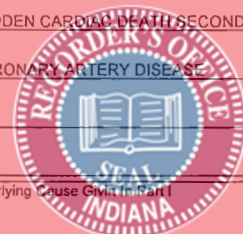
Exhibit "A"

Local No 002954

EDR No 00000342262

State No 041082

1. Decedent's Legal Name (First, Middle, Last) THOMAS D. BYRNE				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:05 PM	4. Date Of Death (Month/Day/Year) 09/07/2013		
5. Social Security Number		6a. Age - Yrs 70	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) 06/21/1943		8. Birthplace (City and State or Foreign Country) CHICAGO, IL	
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 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 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 <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 MARY BYRNE			15a. (If Wife) Give Maiden Last Name HARNISCH			16. Decedent's Usual Occupation SUPERVISOR		17. Kind Of Business/Industry REPUBLIC LTV STEEL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town DYER		18c. Street And Number 1410 CANTERBURY COURT	18d. Apt. No.	18e. Zip Code 46311	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) FRANCIS BYRNE		23. Mother's Name (First, Middle, Last) PAULINE BYRNE		23a. Mother's Maiden Last Name SHROBER
24. Informant's Name MARY BYRNE		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1410 CANTERBURY COURT, DYER, IN 46311						
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) ELMWOOD CHAPEL CREMATORY		25c. Location - City, Town, And State CEDAR LAKE, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		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): FD0920007		TRUE COPY OF		
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Conditions 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) Sequentially List Conditions, If Any, Leading To This Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last						Cause Of Death (See Instructions And Examples) A. <u>SUDDEN CARDIAC DEATH SECONDARY TO ARRHYTHMIA</u> Due to (Or As A Consequence Of): B. <u>CORONARY ARTERY DISEASE</u> Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Due to (Or As A Consequence Of):		Approximate Interval: Onset To Death SECONDS YEARS		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NONE						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: JOHN ALLEN HOEHN, 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: JOHN ALLEN HOEHN, 505 W LINCOLN HWY, SCHERERVILLE, IN 46375						44. License Number 02000872A		45. Date Certified 09/09/2013		
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): SEP 09 2013				



SEP 09 2013

Susan W. Best, MD
LAKE COUNTY HEALTH OFFICER

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)