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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 AUG -1 PM 3: 36

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: George E. Leahy, Deceased
Parcel No.: 45-11-08-455-007.000-036

AFFIDAVIT OF SURVIVORSHIP

Comes now MARY P. SOPATA, being duly sworn upon her oath, and states as follows:

- That she is the daughter of George E. Leahy and Mary J. Leahy and makes this Affidavit based upon personal knowledge.
- George E. Leahy and Mary J. Leahy are the owners of the following described real estate located in Lake County, Indiana:
The West 45.00 feet of Lot 24 in Lakewood Estates, an Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 92 page 3, in the Office of the Recorder of Lake County, Indiana.
Commonly known as: 1068 Cherrywood Lane, Schererville, Indiana 46375
- The real estate was transferred by Warranty Deed to George E. Leahy and Mary J. Leahy, Husband and Wife, as tenants by the entireties on September 22, 2003. Said Deed was duly recorded as Document Number 2003 101585 in the Office of the Recorder of Lake County, Indiana, on the 24th day of September, 2003.
- George E. Leahy and Mary J. Leahy were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the time they acquired title until the death of George E. Leahy on November 23, 2014, at which time Mary

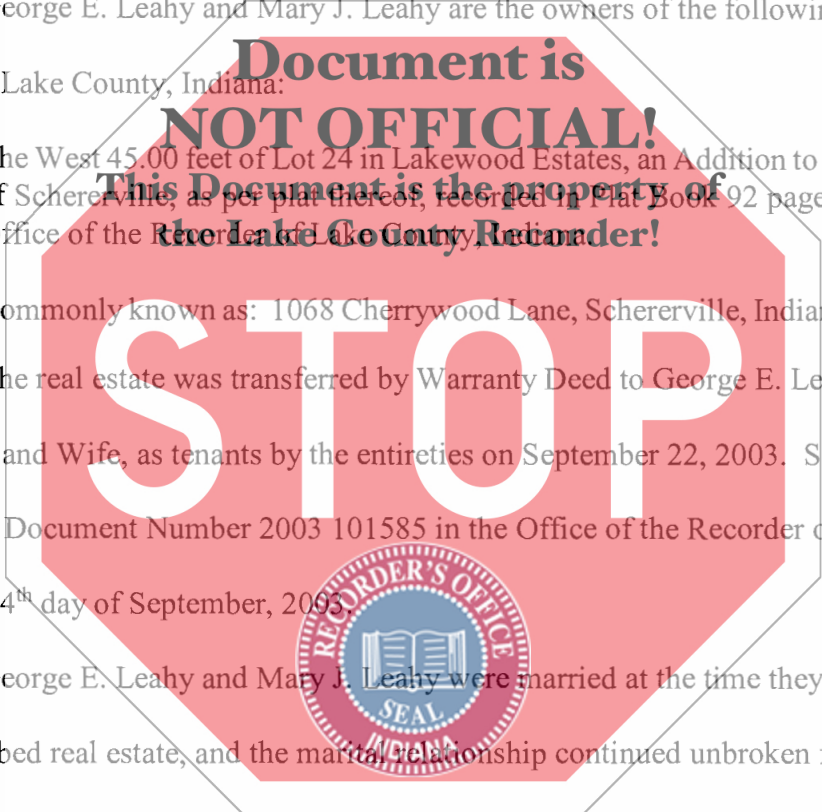
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AUG 01 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

014287

15.00
M-E
CASH



J. Leahy acquired title to the real estate as surviving tenant by the entireties. (A true and accurate copy of the death certificate of George E. Leahy, with social security and cause of death redacted, is attached hereto and incorporated herein by reference as Exhibit "A.")

5. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested solely in Mary J. Leahy and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

FURTHER YOUR AFFIANT SAYETH NAUGHT.



MARY P. SOPATA


STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Before me the undersigned a Notary Public in and for said County and State, personally appeared MARY P. SOPATA, and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true and acknowledges the execution of the foregoing Affidavit as her free and voluntary act.

Signed and sealed this 18th day of July, 2016.



Notary Public


This instrument prepared by and after recording should be returned to:
Laura L. Rybicki (Atty. No. 21389-45) of Dugan, Repay & Rybicki, P.C.
7880 Wicker Avenue, Suite 101, St. John, Indiana 46373
Telephone: (219) 365-7766; Facsimile (219) 365-4499

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.

Laura L. Rybicki



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 36146

Local No 003701

EDR No 000000416693

State No 052991

1. Decedent's Legal Name (First, Middle, Last) GEORGE E LEAHY				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 01:05 PM		4. Date Of Death (Month/Day/Year) 11/23/2014		
5. Social Security Number		6a. Age - Yrs 86		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) 01/28/1928		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 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 checked="" 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) 1068 CHERRYWOOD LANE												
12. City Or Town, State, And Zip Code SCHERERVILLE, IN, 46375						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 JANE LEAHY				15a. (If Wife) Give Maiden Last Name STUBER				16. Decedent's Usual Occupation DIVISION MANAGER		17. Kind Of Business/Industry VENDING-FOOD SERVICE		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town SCHERERVILLE			18d. Apt. No.		18e. Zip Code 46375	
18c. Street And Number 1068 CHERRYWOOD LANE												
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) GEORGE P LEAHY				23. Mother's Name (First, Middle, Last) ANNA B LEAHY				23a. Mother's Maiden Last Name MCKENNA				
24. Informant's Name MARY JANE LEAHY				24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street And Number, City, State, Zip Code) 1068 CHERRYWOOD LANE, SCHERERVILLE, IN 46375				
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 JOSEPH-ST JOHN CEMETERY			25c. Location - City, Town, And State HAMMOND, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321						27a. Funeral Home License Number FH10700038				
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE												
27c. License Number (Of Licensee) 0021590												
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. [REDACTED] Due to (Or As A Consequence Of) [REDACTED] 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. [REDACTED] Due to (Or As A Consequence Of) [REDACTED] C. [REDACTED] Due to (Or As A Consequence Of) [REDACTED] D. [REDACTED] Due to (Or As A Consequence Of) [REDACTED]												
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						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 type="checkbox"/> No <input checked="" 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"/> 1-1 1/2 year <input type="checkbox"/> 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: LYLE R MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						
44. License Number 01031582A						45. Date Certified 11/23/2014						
46. Additional Funeral Service Provider:												
47. *Alias						48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						
49. For Registrar Only - Date Filed (Month/Day/Year) NOV 25 2014						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						



EXHIBIT "A"