

2

AFFIDAVIT OF SURVIVORSHIP

The State of Indiana
County of Lake

Nina Lee Herkey being first duly sworn, makes oath and says as follows:

That Edward Herkey and Nina Lee Herkey are joint owners of real estate located at 7827 Northcote Avenue, Hammond, IN 46324 legal described as:

Woodmar Unit 26 All of Lots 172 to 175

Edward Herkey died on July 8, 2000. That by the death of Edward Herkey, the following surviving Nina Lee Herkey is the fee simple owner of the described real estate:

Woodmar Unit 26 All of Lots 172 to 175

and requests that this fact be so indicated on the land and tax records of Lake County, IN.

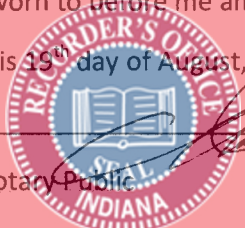
Assessor's Parcel #45-07-17-326-006-000-023
Includes Exhibit A - Death Certificate of Edward Herkey.

2016 056577

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2016 AUG 19 PM 1:33
MICHAEL BROWN
RECORDER



CAROLINE DOMINGUEZ
Lake County
My Commission Expires
June 24, 2020



FILED

AUG 19 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$14
CS
CA
NON
CONF

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1585-a

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Edward Herkey		2 SEX Male	3a. TIME OF DEATH 1:33A M	3b. DATE OF DEATH (Month, Day, Yr) July 8, 2000
4. *SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 74	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) July 7, 1926
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N.A.	7. BIRTHPLACE (City and State or Foreign Country) Hammond, IN	
9a. FACILITY NAME (If not institution, give street and number) Community Hospital		9b. CITY, TOWN, OR LOCATION OF DEATH Munster		9c. COUNTY OF DEATH Lake
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Nina Orelup	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Police Officer		12b. KIND OF BUSINESS/INDUSTRY Law Enforcement
13a. RESIDENCE—STATE IN	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Hammond		13d. STREET AND NUMBER 7827 Northcote
13e. ZIP CODE 46324	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed)		17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
Elementary/Secondary (0-12) 12		College (1-4 or 5+) 2		
18. FATHER'S NAME (First, Middle, Last) Andrew Herkey		19. MOTHER'S NAME (First, Middle, Maiden Surname) Anna Novack		
20a. INFORMANT'S NAME (Type/Print) Nina Herkey		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7827 Northcote Hammond, IN 46324		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 12, 2000 Concordia Cemetery		21c. LOCATION—City or Town, State Hammond, IN
22a. EMBALMER'S NAME John T. Noble		22b. EMBALMER'S LICENSE NO. 9000031		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>		24b. LICENSE NUMBER (of license) 1045184	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321	
28. PART I. Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause for each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Vascular collapse DUE TO (OR AS A CONSEQUENCE OF) Pending further study DUE TO (OR AS A CONSEQUENCE OF) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) Yes
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) Pending		Approximate Interval Between Onset and Death Unknown		
29a. CERTIFIER (Check only one) <input type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input checked="" type="checkbox"/> Deputy CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>Donna Melyon</i>		29c. MEDICAL LICENSE NO. N/A
29d. DATE SIGNED (Month, Day, Year) July 10, 2000		30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29b) (Type/Print) Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307		
31. HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>		32. DATE FILED (Month, Day, Year) July 10, 2000		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
34d. COMPLETELY UNEXPECTED DEATH ON FILE WITH HEALTH DEPT.		34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State) JUL 10 2000		34g. DATE PRONOUNCED DEAD (Month, Day, Year) July 8, 2000		
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian		34i. SIGNATURE AND TITLE OF HEALTH OFFICER <i>Alexander S. Williams MD</i> LAKE COUNTY HEALTH COMMISSIONER		