

6. Barbara J. McCreedy and Robert A. McCreedy were Husband and Wife at the time they acquired title to said real estate and they were never divorced.

7. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Barbara J. McCreedy is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Barbara J. McCreedy is the sole owner of said real estate.

Further Affiant saith not.



Barbara J. McCreedy
Barbara J. McCreedy
This Document is the property of
the Lake County Recorder!

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, on this 29 day of June 2017.

BRENDA SOHOVICH
Notary Public - Seal
State of Indiana
Porter County--
My Commission Expires Nov 5, 2022

Notary's Signature: *Bh*

Notary's Printed Name: Brenda Shorch

Notary's County of Residence: Porter

Notary's Commission Expires: 11/5/2022

After recording return to: Barbara J. McCreedy
C/O Greater Indiana Title Company
8700 Broadway, Suite B
Merrillville, IN 46410

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366); referencing Greater Indiana Title Company commitment no. IN002021.

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. Chris Fox



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000177

EDR No 00000571535

State No

1. Decedent's Legal Name (First, Middle, Last) ROBERT A MCCREADY				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 07:51 AM		4. Date Of Death (Month/Day/Year) 04/09/2017			
5. Social Security Number 000-52-2560		6a. Age - Yrs 68		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) 08/23/1948		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN											
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) 7000 WEST 25TH AVENUE											
12. City Or Town, State, And Zip Code GARY, IN, 46406						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 BARBARA J. MCCREADY				15a. Last Name Before First Marriage PLY				16. Decedent's Usual Occupation CARPENTER				17. Kind Of Business/Industry CONSTRUCTION			
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18. Residence - State INDIANA				18a. County LAKE				18b. City Or Town GARY				18c. Street And Number 7000 WEST 25TH AVENUE		18d. Apt. No.		18e. Zip Code 46406		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
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22. Parent's Name (First, Middle, Last) EMERSON MCCREADY				23. Parent's Name (First, Middle, Last) ESTHER MCCREADY				23a. Parent's Last Name Before First Marriage QUIGLEY			
24. Informant's Name BARBARA J MCCREADY				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 7000 WEST 25TH AVENUE, GARY, IN 46406			

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) HEIGHTS CREMATORY				25c. Location - City, Town, And State CHICAGO HEIGHTS, IL			
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26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323								27a. Funeral Home License Number: FH10600033			
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27b. Signature Of Indiana Funeral Service Licensee: JOSE G. CORONA, BY ELECTRONIC SIGNATURE								27c. License Number (Of Licensee): FD08601373			
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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.												Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death)												A. CHRONIC OBSTRUCTIVE PULMONARY DISEASE <small>Due to (Or As A Consequence Of):</small>		CHRONIC	
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. CHRONIC SYSTOLIC HEART FAILURE <small>Due to (Or As A Consequence Of):</small>		CHRONIC	
												C. HYPOXIA <small>Due to (Or As A Consequence Of):</small>		CHRONIC	
												D.			

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NO										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	
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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"/> 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			
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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			
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38. Location Of Injury - State				38a. City Or Town				38b. Street & Number				38c. Apt. No.		38d. Zip Code	
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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)			
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41. Signature, Of Person Certifying Cause Of Death: MARK OREN CARTER, BY ELECTRONIC SIGNATURE								42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MARK OREN CARTER, 164 BRACKEN PKWY, HOBART, IN 46342								44. License Number 01036415A		45. Date Certified 04/12/2017	
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46. Additional Funeral Service Provider:										47. *Akas:	
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48. Signature of Local Health Officer: ROLAND H WALKER, VIA ELECTRONIC SIGNATURE								49. For Registrar Only - Date Filed (Month/Day/Year): APR 12 2017			
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)