

STATE OF INDIANA
COUNTY OF LAKE

2017 047559
) SS:
)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 AUG -1 AM 9:33
MICHAEL B. BROWN
RECORDER

3

AFFIDAVIT

I, Janet F. Hardiman (now known as Janet F. Aranda), being duly sworn, state as follows:

1. Affiant resides at the address given below affiant's signature.
2. Affiant is the Trustee of the Arthur B. Hardiman Living Trust dated May 9, 2011, and the daughter of the decedent.
3. Said Arthur B. Hardiman died on October 3, 2015. See attached Death Certificate for Arthur B. Hardiman.
4. The legal description of the premises in question is:

A Parcel of Land in the Southwest 1/4 of the Southwest 1/4 of Section 22, Township 33 North, Range 8 West of the 2nd Principal Meridian in Lake County, Indiana, more particularly described as follows: Beginning at the Southwest Corner of said Section 22: Thence North along the West line of said Section 22 a distance of 294 feet; Thence East and parallel with the south line of said Section 22 a distance of 165 feet; Thence South and parallel with the West line of said Section 22 a distance of 294 feet to the South line of said Section 22: Thence West along the South line of said Section 22 a distance of 165 feet to the point of Beginning, in Lake County, Indiana.

Commonly known as: 102 E. 108th Avenue, Lowell, IN 46356

Key No.: 45-20-22-300-004.000-012

5. There is no Federal or State Inheritance tax liability by reason of the death of said decedent.
6. This affidavit relates to a Life Estate Interest.
7. Affiant's relationship to the deceased was his daughter.

AFF-1702557-11
FILED

AUG 01 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

025942

Janet F. Hardiman (now known as Janet F. Aranda)
 Janet F. Hardiman (now known as Janet F. Aranda), Affiant
 8664 Fulton Place
 Crown Point, IN 46307

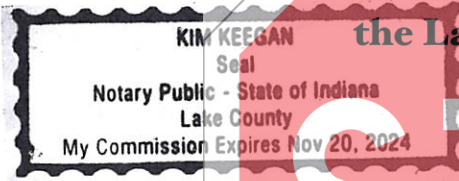
Affiant
 25.
 CK # 5364
 18

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Janet F. Hardiman (now known as Janet F. Aranda), and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 26 day of June, 2017.

My commission expires:



Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

Resident of: LAKE County, IN

"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." /s/Gary P. Bonk



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

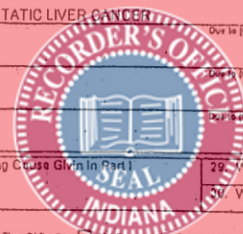
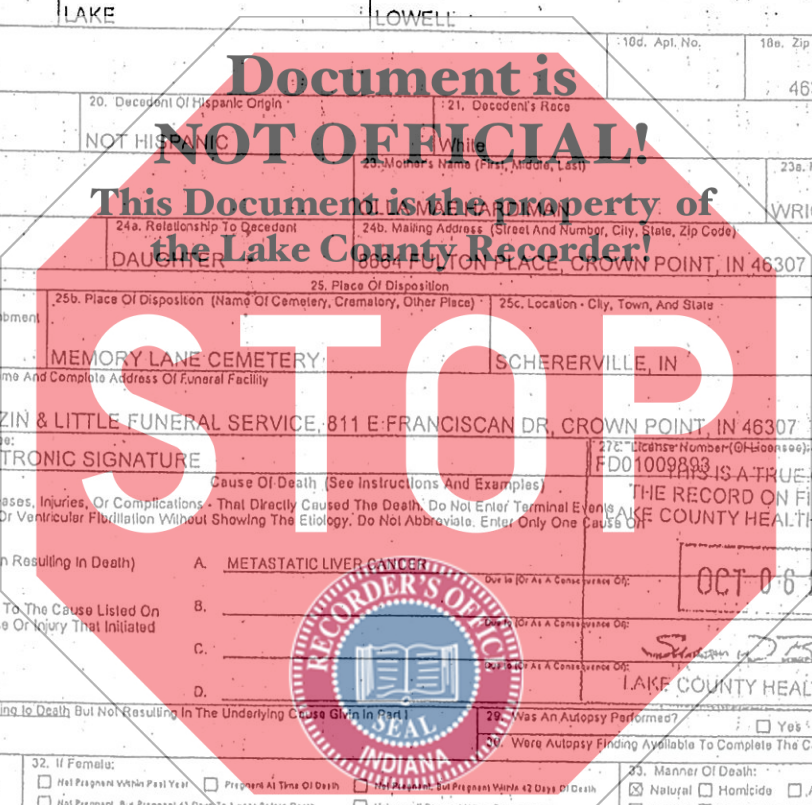
Tracking No. 66687

Local No 003272

EDR No 000000472279

State No:

1. Decedent's Legal Name (First, Middle, Last) ARTHUR B HARDIMAN				1a. Maiden Name (If Female)		2. Sex MALE		3. Time Of Death 05:40 AM		4. Date Of Death (Month/Day/Year) 10/03/2015		
5. Social Security Number		6a. Age - Yrs 83		6b. Under 1 Year Months: Days:		6c. Under 1 Month Days: Hours: Minutes:		6d. Under 1 Day		6e. Under 1 Hour		
7. Date of Birth (Month/Day/Year) 09/05/1932		8. Birthplace (City and State or Foreign Country) HARTSELLE, AL										
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) 102 EAST 181ST AVENUE												
12. City Or Town, State, And Zip Code LOWELL, IN, 46356						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation: ASSEMBLER		17. Kind Of Business/Industry FORD MOTOR COMPANY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LOWELL			18c. Street And Number 102 EAST 181ST AVENUE		18d. Apt. No.	
18e. Zip Code 46356			18f. Inside City Limits? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		19. Decedent's Education 8TH GRADE OR LESS		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) HENRY HARDIMAN				23. Mother's Name (First, Middle, Last) LUSIE AFRMAN				23a. Mother's Maiden Last Name WRIGHT				
24. Informant's Name JANET F ARANDA				24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 8664 FULTON PLACE, CROWN POINT, IN 46307						
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MEMORY LANE CEMETERY				25c. Location - City, Town, And State SCHERERVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83001261				
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) FD01009893						
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. METASTATIC LIVER CANCER												
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												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I												
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 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												
41. Signature, Of Person Certifying Cause Of Death: KATHRYN HENKLE-MULLIGAN, 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: KATHRYN HENKLE-MULLIGAN, 919 MAIN STREET, SUITE 102 OVERLAND PARK, MO 64111						44. License Number: 01052342A		45. Date Certified: 10/05/2015				
46. Additional Funeral Service Provider: BY: Affinity Title Services, LLC						47. Akas: 01052342A		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				
49. For Registrar Only - Date Filed (Month/Day/Year): OCT 06 2015						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 06 2015						



OCT 06 2015

Lake County Health Officer

WERE BY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL DOCUMENTS

NOT VALID UNLESS