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MICHAEL B. BROWN
SURVIVORSHIP AFFIDAVIT RECORDER

Comes now Paul J. Maloney, who being duly sworn upon His oath, deposes and says:

That Paul J. Maloney is the surviving spouse of Paula Jean Maloney AKA Paula J. Maloney, deceased, who died domiciled in Lake County, Indiana, on January 28, 2002

That affiant and Paula Jean Maloney AKA Paula J. Maloney acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

LOT 54 IN FORSYTH' S TERMINAL SUBDIVISION IN WHITING, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 5, PAGE 5, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property address:
2442 Schrage, Whiting, IN 46394
Tax ID No.: 45-03-08-351-020-000-025

Affiant states that Paul J. Maloney and Paula Jean Maloney AKA Paula J. Maloney continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Paula Jean Maloney AKA Paula J. Maloney's death. The Parties acquired title to the premises by Deed recorded _____ and Instrument Number _____ in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the above-described real estate to Paul J. Maloney.

Executed this 16th Day of Aug, 2017

Paul J. Maloney
Paul J. Maloney

CHICAGO TITLE INSURANCE COMPANY



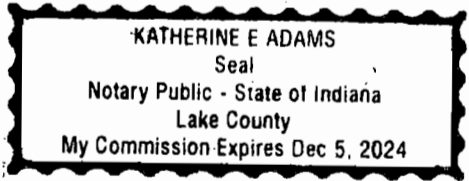
STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 16th day of August, 2017.

Katherine Adams

Notary Public
County of Residence:
My Commission expires:



This document prepared by: Paul J. Maloney

File No. 1703294

FILED

AUG 24 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

031448

"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." Katherine Adams

Katherine Adams

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CCH 1820503616 D

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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

State No.

cal No. 28

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 18-37-1-10

PE/PRINT
IN
RMANENT
ACK INK

1. DECEASED—NAME (First, Middle, Last) PAULA JEAN MALONEY		2. SEX FEMALE		3a. TIME OF DEATH 3:25P M		3b. DATE OF DEATH (Month, Day, Yr) JANUARY 28, 2002	
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years) 47	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) APR. 22, 1954		7. BIRTHPLACE (City and State or Foreign Country) EAST CHICAGO, IN
8a. WAS DECEDENT A U.S. VETERAN? NO		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution give street and number) ST. CATHERINE HOSPITAL			9c. CITY, TOWN, OR LOCATION OF DEATH. EAST CHICAGO			9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife give maiden name) PAUL J. MALONEY		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) LUNCH SUPERVISOR		12b. KIND OF BUSINESS/INDUSTRY SCHOOL CITY OF WHITING	
13a. RESIDENCE—STATE INDIANA		13b. COUNTY LAKE		13c. CITY, TOWN, OR LOCATION WHITING		13d. STREET AND NUMBER 2442 SCHRAGE AVENUE	
13e. ZIP CODE 46394		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) Elementary/Secondary (0-12) 12 College (1-4 or 5+)					
18. FATHER'S NAME (First, Middle, Last) BAILEY F. WOOD			19. MOTHER'S NAME (First, Middle, Maiden Surname) ANN SPEECZI				
20a. INFORMANT'S NAME (Type/Print) MR. PAUL J. MALONEY			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2442 SCHRAGE, WHITING, IN 46394			20c. Relationship HUSBAND	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. PLACE AND DATE OF DISPOSITION (Specify cemetery, or other place) FEBRUARY 1, 2002 HERITAGE CREMATORY		21c. LOCATION—City or Town, State PORTAGE, INDIANA			
22a. EMBALMER'S NAME HENRY J. BLAKE		22b. EMBALMER'S LICENSE NO. FDE01019406		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDE01019456		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME BARAN & SON, INC., FDH83007267 1235-119TH, WHITING, IN 46394			
26. PART I Enter the diseases, 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 on each line. Approximate Interval Between Onset and Death							
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Cardiac arrest</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>myocardial infarction</i> DUE TO (OR AS A CONSEQUENCE OF) c. _____ DUE TO (OR AS A CONSEQUENCE OF) d. _____							
PART II Other significant conditions - Conditions contributing to death but not previously listed (Part I)							
27a. CERTIFIER (Check only one) <input checked="" 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.		27b. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		27c. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		27d. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
28a. 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.		28b. 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.					
29a. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>			29b. MEDICAL LICENSE NO. 02001332		29c. DATE SIGNED (Month, Day, Year) JAN. 31, 2002		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) KEN L. OETTER, D.O., 505 W. LINCOLN HIGHWAY, SCHERERVILLE, IN 46375							
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>						32. DATE FILED (Month, Day, Year) 2/1/02	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
		34d. DESCRIBE HOW INJURY OCCURRED			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)					
35. DATE PRONOUNCED DEAD (Month, Day, Year)		36. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

