

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 071727

2017 OCT 24 AM 10:55

MICHAEL B. BROWN
RECORDER

3

Send Tax Statements to

Brant A. Olds
1407 Warwick Avenue
Whiting, IN 46394

Return Recorded Document to:

Lisa A. Kmak, Attorney at Law
1022 - 119th Street
Whiting, Indiana 46394

SURVIVORSHIP AFFIDAVIT

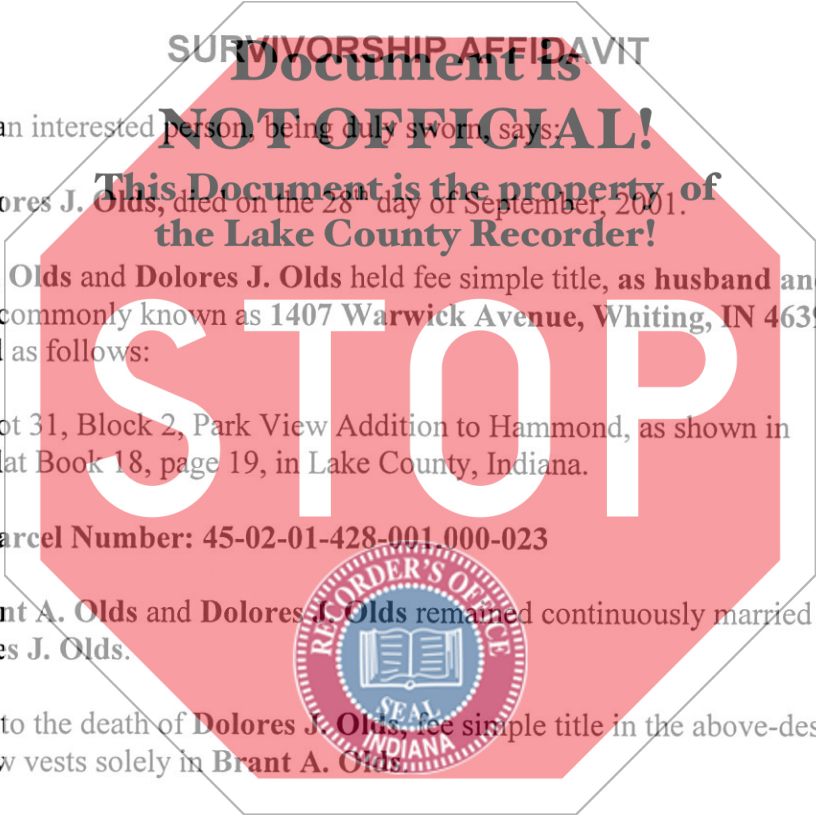
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Brant A. Olds, an interested person, being duly sworn, says:

1. That **Dolores J. Olds**, died on the 28th day of September, 2001.
2. **Brant A. Olds** and **Dolores J. Olds** held fee simple title, as husband and wife, in the property commonly known as **1407 Warwick Avenue, Whiting, IN 46394**, and further described as follows:

Lot 31, Block 2, Park View Addition to Hammond, as shown in Plat Book 18, page 19, in Lake County, Indiana.

Parcel Number: 45-02-01-428-001-000-023
3. That **Brant A. Olds** and **Dolores J. Olds** remained continuously married until the death of **Dolores J. Olds**.
4. That due to the death of **Dolores J. Olds**, fee simple title in the above-described real estate now vests solely in **Brant A. Olds**.
5. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Brant A. Olds, 1407 Warwick Avenue, Whiting, IN 46394**.



FILED

OCT 24 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

028316

ck. 25.
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D

Further your affiant sayeth not.

Brant A. Olds

Brant A. Olds
1407 Warwick Avenue, Whiting, IN 46394

STATE OF INDIANA
COUNTY OF LAKE

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Before me, a Notary Public in and for said County and State, personally appeared Brant A. Olds, and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing Survivor Affidavit are true.

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

Signed and sealed this 19th day of October, 2017.

Nicole S. Rauner
Nicole S. Rauner, Notary Public
Resident of Lake County

My Commission Expires: 04/23/2023



Prepared by: Attorney Lisa A. Kmak, 1022 - 119th St., Whiting, IN 46394. Telephone: (219) 659-1355.

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

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

COMPLETE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

Oct 2, 2001
Date Issued: *Franklin D. Premuda*
State: IN
Hammond Health Commissioner

al No. **746**

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1 DECEASED—NAME (First, Middle, Last) DOLORES J. OLDS		2 SEX FEMALE	3a TIME OF DEATH 11:31A	3b DATE OF DEATH (Month, Day, Year) SEPTEMBER 28, 2001	
4. #SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 53	5b UNDER 1 YEAR Months: Days:	5c UNDER 1 DAY Hours: Minutes:	6. DATE OF BIRTH (Mo., Day, Yr.) JULY, 17, 1948	
7. BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA	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"/> DOA 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. MARGARET MERCY HEALTHCARE CENTER		9c. CITY, TOWN, OR LOCATION OF DEATH HAMMOND		9d. COUNTY OF DEATH LAKE	
10. MARITAL STATUS (Specify) MARRIED	11. SURVIVING SPOUSE (If wife, give maiden name) BRANT A. OLDS	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) WAITRESS		12b. KIND OF BUSINESS/INDUSTRY RESTAURANT	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HAMMOND (WHITING P.O.)	13d. STREET AND NUMBER 1407 WARWICK 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) JOHN MAVERNYK				
19. MOTHER'S NAME (First, Middle, Maiden Surname) ELLEANOR POLAK		20. INFORMANT'S NAME (Type/Print) MR. BRANT A. OLDS			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1407 WARWICK, WHITING, IN 46394		20c. Relationship HUSBAND			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <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) OCTOBER 2, 2001 ST. JOHN CEMETERY		21c. LOCATION—City or Town, State HAMMOND, 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 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 on each line. a. CEREBROVASCULAR ACCIDENT DUE TO (OR AS A CONSEQUENCE OF) DIABETIC VASCULOPATHY b. DIABETES MELLITUS II DUE TO (OR AS A CONSEQUENCE OF)					
IMMEDIATE CAUSE (Final disease or condition resulting in death) 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 HYPERTENSION COAGULOPATHY					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A	
29a. 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 <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 type="checkbox"/> 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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01036785	29d. DATE SIGNED (Month, Day, Year) OCT. 1, 2001		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) M.F. KEVIN, M.D., 7905 CALUMET AVENUE, MUNSTER, INDIANA 46321					
31. HEALTH OFFICER'S SIGNATURE <i>Franklin D. Premuda M.D.</i>			32. DATE FILED (Month, Day, Year) October 2, 2001		
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		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)		
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

