

AFFIDAVIT

STATE OF INDIANA)
COUNTY OF Porter) SS:

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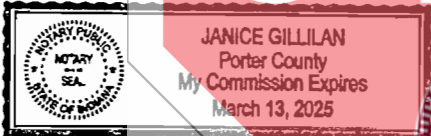
Jack L. Hayes, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Kathleen E. Hayes**, died (without leaving a will) (leaving a will) on February 26, 2012 at Dyer, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 4 IN CHARLES M. HICKS SUBDIVISION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 12, PAGE 17, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

3. That the ~~marital relationship~~ **marital relationship** which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FURTHER, Affiant saith naught.



Jack L. Hayes
JACK L. HAYES

Subscribed and sworn to before me, a Notary Public this 20th day of Nov., 2017.

My Commission Expires: 3-13-25 Signature: Janice Gillilan
County of Residence: Porter Printed: JANICE GILLILAN, Notary Public

This instrument prepared by: **MATTHEW W. DEULLEY, Attorney at Law, Identification No. 27813-45**
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

Natalie
Signature of Preparer

Natalie Fabian
Printed Name of Preparer

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NOV 29 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

006316

Community Title Company
No. 113362C



2017 08 14 3 41 PM
 FILED
 STATE OF INDIANA
 LAKE COUNTY
 RECORDER
 MICHAEL S. PROFFER
 11 9 0 0 0



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

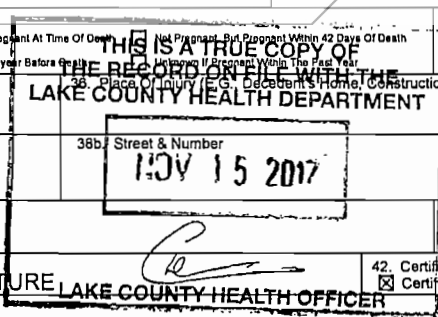
Tracking No. 140741

Local No 000615

EDR No 00000247085

State No 008997

1. Decedent's Legal Name (First, Middle, Last) KATHLEEN E HAYES
1a. Maiden Name (If female) WILSON
2. Sex FEMALE
3. Time Of Death 05:00 PM
4. Date Of Death (Month/Day/Year) 02/26/2012
5. Social Security Number
6a. Age - Yrs 75
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 11/09/1936
8. Birthplace (City and State or Foreign Country) LINCOLN, IL
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-HAMMOND
12. City Or Town, State, And Zip Code HAMMOND, IN, 46320
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name JACK HAYES
15a. Last Name Before First Marriage
16. Decedent's Usual Occupation HOMEMAKER
17. Kind Of Business/Industry OWN HOME
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town HAMMOND
18c. Street And Number 1125 LOGAN STREET
18d. Apt. No.
18e. Zip Code 46320
18f. Inside City Limits?
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Parent's Name (First, Middle, Last) DAVID WILSON
23. Parent's Name (First, Middle, Last) MARY WILSON
23a. Parent's Last Name Before First Marriage EVANS
24. Informant's Name JACK HAYES
24a. Relationship To Decedent HUSBAND
24b. Mailing Address (Street, City, State, Zip Code) 1125 LOGAN STREET, HAMMOND, IN 46320
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN CEMETERY
25c. Location - City, Town, And State SCHERERVILLE, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOHMAN AVE, HAMMOND, IN 46321
27a. Funeral Home License Number. FH83002819
27b. Signature Of Indiana Funeral Service Licensee BRIAN T. BURNS, BY ELECTRONIC SIGNATURE
27c. License Number (Of Licensee): FD08601763
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. INTRACEREBRAL HEMORRHAGE Due to (Or As A Consequence Of):
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.
C.
D.
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given A Part.
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
41. Signature, Of Person Certifying Cause Of Death: TRILOK PRADUMNA PATHAK, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TRILOK PRADUMNA PATHAK, 5454 HOHMAN AVE, HAMMOND, IN 46320
44. License Number
45. Date Certified
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): MAR 01 2012



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