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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 081723

2017 DEC -1 AM 11:05

STATE OF INDIANA )  
COUNT OF LAKE ) SS:  
)

MICHAEL B. BROWN  
RECORDER

**SURVIVORSHIP AFFIDAVIT**

I, GLADYS MAY HARMON a/k/a GLADYS MAY HARMAN this 22nd day of November, 2017, being first duly sworn upon oath, states as follows:

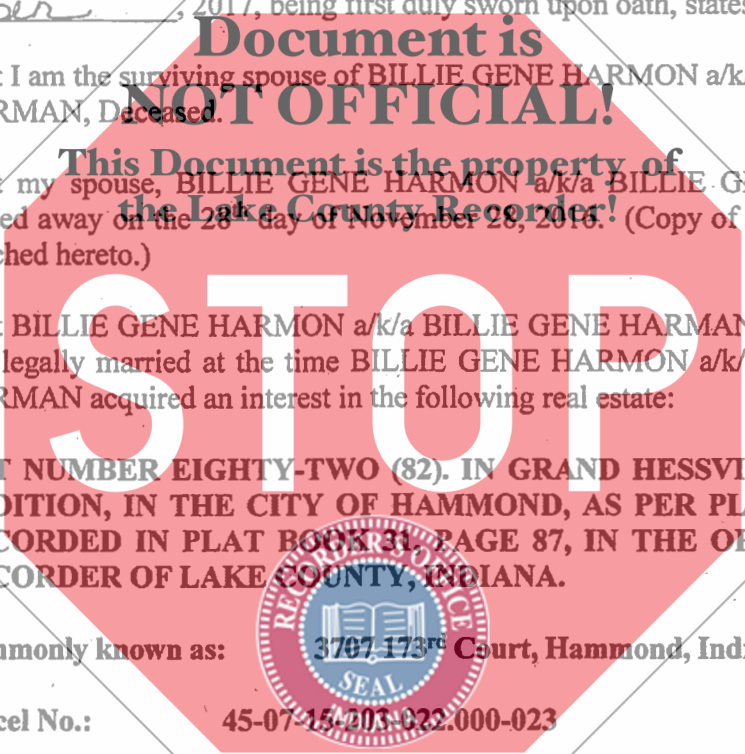
1. That I am the surviving spouse of BILLIE GENE HARMON a/k/a BILLIE GENE HARMAN, Deceased.
2. That my spouse, BILLIE GENE HARMON a/k/a BILLIE GENE HARMAN, passed away on the 28<sup>th</sup> day of November 28, 2016. (Copy of Death Certificate attached hereto.)
3. That BILLIE GENE HARMON a/k/a BILLIE GENE HARMAN and I were duly and legally married at the time BILLIE GENE HARMON a/k/a BILLIE GENE HARMAN acquired an interest in the following real estate:

**LOT NUMBER EIGHTY-TWO (82), IN GRAND HESSVILLE HEIGHTS ADDITION, IN THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31, PAGE 87, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.**

Commonly known as: **3707 173<sup>rd</sup> Court, Hammond, Indiana 46323**

Parcel No.: **45-07-15-003-022-000-023**

4. That the marital relationship which existed between BILLIE GENE HARMON a/k/a BILLIE GENE HARMAN and myself at the time of BILLIE GENE HARMON a/k/a BILLIE GENE HARMAN acquired an interest in said real estate, remained in effect and unbroken until the date of BILLIE GENE HARMON'S a/k/a BILLIE GENE HARMAN'S death.



**FILED**

DEC 01 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

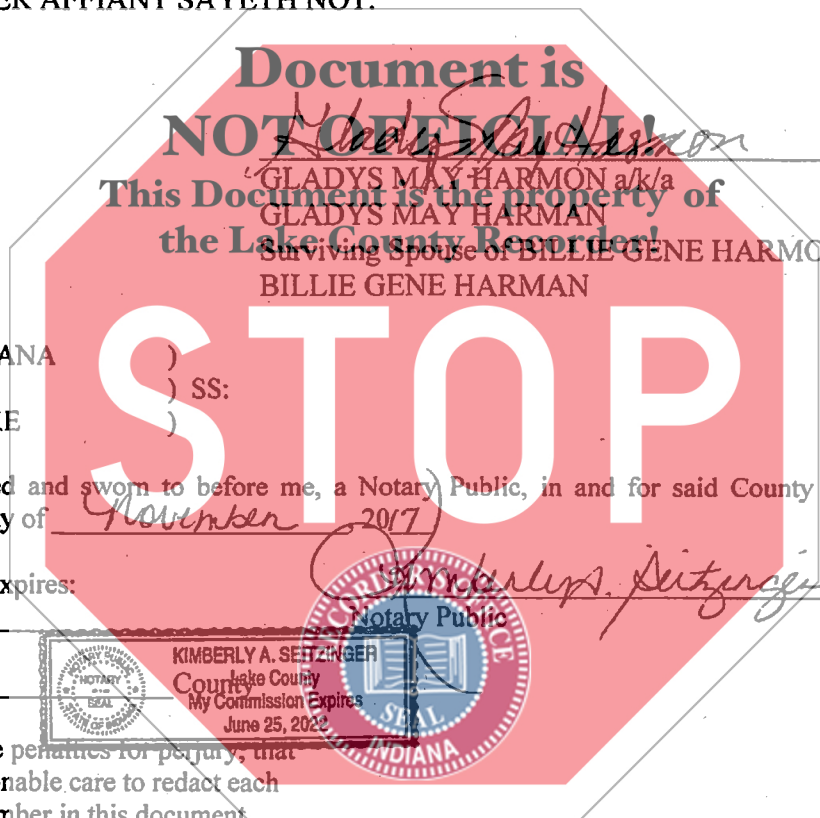
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(11)

- 5. That all funeral expenses in connection with the death of BILLIE GENE HARMON a/k/a BILLIE GENE HARMAN have been paid in full; and
- 6. That the estate of BILLIE GENE HARMON a/k/a BILLIE GENE HARMAN did not necessitate the filling of a Federal Estate Tax Return.

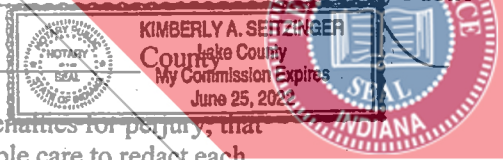
FURTHER AFFIANT SAYETH NOT.



STATE OF INDIANA )  
 ) SS:  
 COUNT OF LAKE )

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 22nd day of November 2017

My commission expires: \_\_\_\_\_  
*Kimberly A. Seitzinger*  
 Notary Public

Resident of \_\_\_\_\_  


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. Robert F. Tweedle

Return Recorded Document to:  
 Robert F. Tweedle  
 2850 - 45th Street, Suite A  
 Highland, IN 46322

This instrument prepared by:  
 Robert F. Tweedle, #20411-45  
 2850 - 45th Street, Suite A  
 Highland, IN 46322 / 219-924-0770



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 105843

Local No 003851

EDR No 00000545373

State No 055953

1. Decedent's Legal Name (First, Middle, Last) <b>BILLIE G HARMON</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:30 PM</b>		4. Date Of Death (Month/Day/Year) <b>11/28/2016</b>		
5. Social Security Number		8a. Age - Yrs <b>85</b>		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) <b>05/28/1931</b>		8. Birthplace (City and State or Foreign Country) <b>CHAMPAGNE, IL</b>										
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> 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) <b>3707 173RD COURT</b>												
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46323</b>						13. County Of Death <b>LAKE</b>			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 <b>GLADYS HARMON</b>				15a. Last Name Before First Marriage <b>HOCKENBERRY</b>				16. Decedent's Usual Occupation <b>SANITARY DISTRICT</b>		17. Kind Of Business/Industry <b>CITY OF HAMMOND</b>		
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>HAMMOND</b>			18d. Apt. No.		18e. Zip Code <b>46323</b>	
18c. Street And Number <b>3707 173RD COURT</b>			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>		
22. Parent's Name (First, Middle, Last) <b>WILLIAM HARMON</b>						23. Parent's Name (First, Middle, Last) <b>GOBEL</b>			23a. Parent's Last Name Before First Marriage			
24. Informant's Name <b>GLADYS HARMON</b>						24a. Relationship To Decedent <b>WIFE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>3707 173RD COURT, HAMMOND, IN 46323</b>			
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) <b>WOODLAWN CREMATORY</b>				25c. Location - City, Town, And State <b>FOREST PARK, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number <b>FH10300021</b>				
27b. Signature Of Indiana Funeral Service Licensee: <b>LEONARD GREGORCZYK, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08800305</b>						
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. <b>GASTRIC CANCER WITH METASTASIS TO THE PANCREAS</b> Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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												
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. When Autopsy Finding Available, Complete This Cause Of Death										
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						
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						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature, Of Person Certifying Cause Of Death: <b>LYLE R MUNN, BY ELECTRONIC SIGNATURE</b>						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: <b>LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383</b>						44. License Number <b>01031582A</b>		45. Date Certified <b>11/29/2016</b>				
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Ebed (Month/Day/Year): <b>NOV 29 2016</b>						



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE YEARS  
LAKE COUNTY HEALTH DEPARTMENT  
NOV 30 2016

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