

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 083775

2017 DEC 12 AM 9:24

MICHAEL S. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Re: ALBERT G. EMOND, Deceased
Parcel No.: 45-07-04-380-019.000-023

3

AFFIDAVIT OF SURVIVORSHIP

Comes now BARBARA M. EMOND, being duly sworn upon her oath, and states as follows:

1. That she is the surviving spouse of ALBERT G. EMOND, deceased, and makes this Affidavit based upon personal knowledge.

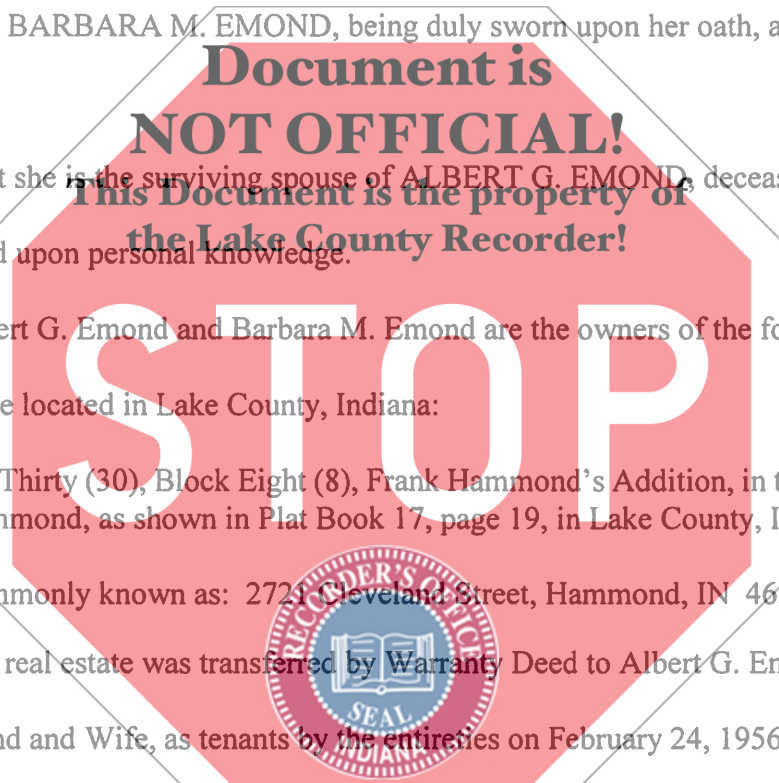
2. Albert G. Emond and Barbara M. Emond are the owners of the following described real estate located in Lake County, Indiana:

Lot Thirty (30), Block Eight (8), Frank Hammond's Addition, in the City of Hammond, as shown in Plat Book 17, page 19, in Lake County, Indiana

Commonly known as: 2721 Cleveland Street, Hammond, IN 46323

3. The real estate was transferred by Warranty Deed to Albert G. Emond and Barbara M. Emond, Husband and Wife, as tenants by the entireties on February 24, 1956. Said Deed was duly recorded as Document Number 914322 in the Office of the Recorder of Lake County, Indiana, on the 22nd day of March, 1956.

4. Albert G. Emond and Barbara M. Emond were married at the time they acquired title to the above-described real estate, and the marital relationship continued unbroken from the



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JOHN E. PETALAS
LAKE COUNTY AUDITOR



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 135819

Local No 003194

EDR No 00000598722

State No 045356

1. Decedent's Legal Name (First, Middle, Last) ALBERT GERALD EMOND				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 11:00 AM	4. Date Of Death (Month/Day/Year) 09/15/2017	
5. Social Security Number		6a. Age - Yrs 89	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) 10/21/1927		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
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 Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J RILEY RESIDENCE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE			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 BARBARA MAE EMOND				15a. Last Name Before First Marriage MATOVINA		16. Decedent's Usual Occupation POLICE OFFICER		17. Kind Of Business/Industry LAW ENFORCEMENT	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND			18d. Apt. No.	18e. Zip Code 46323
18c. Street And Number 2721 CLEVELAND STREET									
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
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) WESLEY EMOND				23. Parent's Name (First, Middle, Last) BERTHA EMOND			23a. Parent's Last Name Before First Marriage ROBILLARD		
24. Informant's Name BARBARA MAE EMOND				24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 2721 CLEVELAND STREET, HAMMOND, IN 46323		
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CHAPEL LAWN MEMORIAL GARDENS			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 LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324						27a. Funeral Home License Number: FH11100004	
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE							27c. License Number (Of Licensee): FD20900076		
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. _____ Due to (Or As A Consequence Of) _____ YEARS 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. _____ Due to (Or As A Consequence Of) _____ C. _____ Due to (Or As A Consequence Of) _____ D. _____									
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. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No									
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 Date Of Death			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 (U.S., 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: LYLE R MUNN, 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: LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321				44. License Number 0103582A		45. Date Certified 09/15/2017			
46. Additional Funeral Service Provider:				47. *Age ALBERT GERALD EMOND, SR.					
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year) SEP 18 2017					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Exhibit "A"

RAISED SEAL AFFIXED