

2019 023027

2019 APR 22 AM 10:58

MICHAEL B. BROWN
RECORDER

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45-07-15-104-028-000-023

AFFIDAVIT OF SURVIVORSHIP

Property Address: 3339 175th Street, Hammond, IN 46323
Property County: Lake

Richard L Flahardy, of adult age, being first duly sworn, upon deposes and says:

That **Richard L Flahardy**, is the Husband of Judith Ann Flahardy also known as Judith A Flahardy, deceased, who died on 0-5/20/2015 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife, acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Everett D Schrum and Pamela L Schrum recorded September 27, 1979 as Document No. 551861 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **Richard L Flahardy**, surviving spouse of the decedent.

Further, Affiant sayeth not.

Richard L. Flahardy
Richard L Flahardy

MTC File No.: 19-8387 (AOS)

FILED
APR 15 2019
JOHN E. PETALAS
LAKE COUNTY AUDITOR

22935

FILED
APR 18 2019
JOHN E. PETALAS
LAKE COUNTY AUDITOR

23067

25-
6344
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State of Indiana, County of Lake ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **Richard L Flahardy** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 10th day of April, 2019.

My Commission Expires: 3/29/2026 **Document is NOT OFFICIAL!** 
Signature of Notary Public

Rebecca Lynne Kern
Printed Name of Notary Public

Lake
Notary Public County and State of Residence

This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
3339 175th Street
Hammond, IN 46323

Grantee's Address and Mail Tax Statements To:
3339 175th Street
Hammond, IN 46323

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. Debra A. Guy

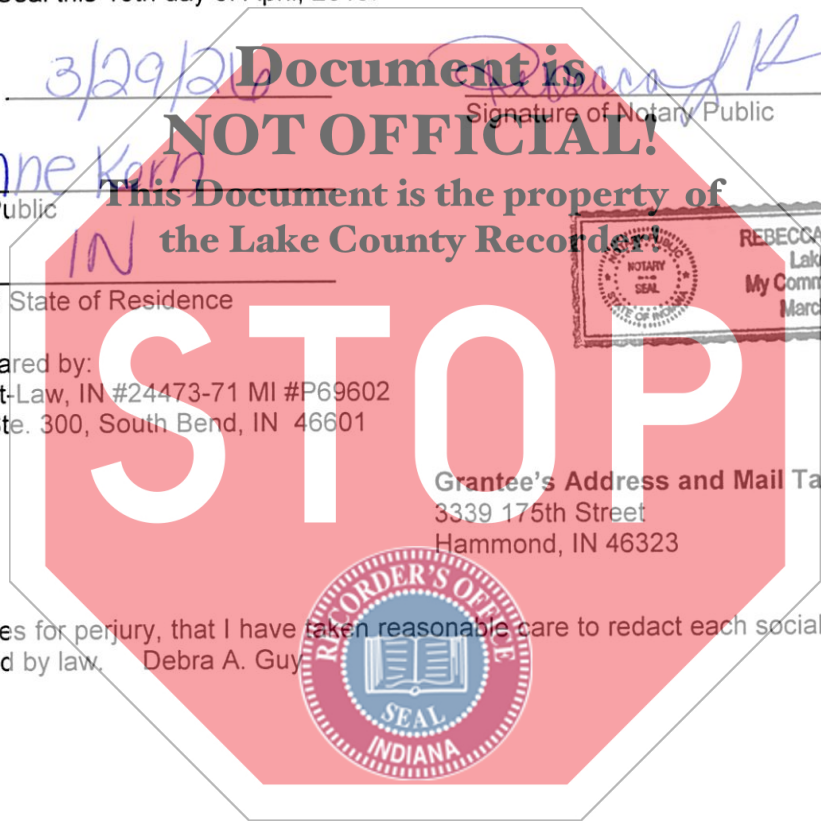


EXHIBIT "A"

Property Address: 3339 175th Street, Hammond, IN 46323
File No.: 19PTC1072

Lot 22, except the East 74.09 feet thereof, Block 1, Resubdivision of Sunshine Addition to Hammond, as shown in Plat Book 28, page 31, in Lake County, Indiana.

The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

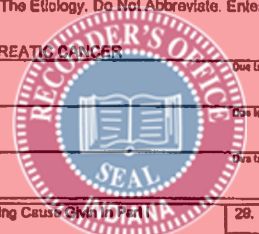
Tracking No. 54945

Local No 001801

EDR No 00000449963

State No 025461

1. Decedent's Legal Name (First, Middle, Last) JUDITH A FLAHARDY				1a. Maiden Name (If female) HOPKINS		2. Sex FEMALE	3. Time Of Death 06:09 PM	4. Date Of Death (Month/Day/Year) 05/20/2015	
5. Social Security Number [REDACTED]		6a. Age - Yrs 68	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) 07/07/1946		8. Birthplace (City and State or Foreign Country) CHICAGO, IL
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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 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) 3339 175TH STREET									
12. City Or Town, State, And Zip Code HAMMOND, IN, 46323					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 RICHARD FLAHARDY				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation WAITRESS		17. Kind Of Business/Industry PHIL SMIDT	
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND		18d. Apt. No.	18a. Zip Code 46323	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 3339 175TH STREET			19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) OEYVIND HOPKINS				23. Mother's Name (First, Middle, Last) ANNE HOPKINS			23a. Mother's Maiden Last Name GLEASON		
24. Informant's Name RICHARD FLAHARDY				24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 3339 175TH 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) CALUMET PARK CEMETERY		25c. Location - City, Town, And State MERRILLVILLE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394					27a. Funeral Home License Number: FH83007267		
27b. Signature Of Indiana Funeral Service Licensee: HENRY BLAKE, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD01019406		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. PANCREATIC CANCER 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			
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.						28. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before 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	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Street & Apt. No. MAY 28 2015		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Location Of Injury - State	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Apt. No.		38c. Apt. No.		38d. Zip Code	
39. Describe How Injury Occurred				40. 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: MATTHEW A. MAZUR, BY ELECTRONIC SIGNATURE			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MATTHEW A. MAZUR, 5454 HOMAN AVE., HAMMOND, IN 46311				44. License Number 02003607A		45. Date Certified 05/24/2015			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): MAY 28 2015					



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE CLERK OF COURTS (E.B. FROST CENTER) HONOLULU, HAWAII

Signature of Matthew A. Mazur
LAKE COUNTY HEALTH OFFICER

RAISED SEAL AFFIXED