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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

2019 023101

2019 APR 22 PM 3:40

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, JOYCE LYN JAMES, being duly sworn, do depose and say as follows:

1. That I am the daughter of the now deceased ELIZABETH BACHINSKI, who died on October 15, 2017. *See attached death certificate*

2. That the decedent, ELIZABETH BACHINSKI and I, at the time of her death, owned certain real property as joint tenants with rights of survivorship; and

3. That the legal description of said certain real property is:

The East 100 feet of the East half of the West half of the Northeast Quarter, in Section 29, Township 36 North, Range 7 West of the 2nd Principal Meridian, containing 0.556 acres, more or less.

Parcel No.: 45-09-29-228-011.000-018
Address: 1330 Rand Street, Hobart, IN 46342

Further, your Affiant saith not.

Joyce Lyn James
JOYCE LYN JAMES, AFFIANT

STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said County and State, this 17th day of April, 2019 did personally appear JOYCE LYN JAMES and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires: 11/12/2026
Resident of Lake County
Commission # NP0716951

Debra J. Hutchinson
NOTARY SIGNATURE
Debra J. Hutchinson
PRINTED NAME



FILED

APR 22 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

001483

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NO LEGAL OPINION HAS BEEN RENDERED BY PREPARATION OF THIS DOCUMENT

This instrument prepared by ATTY. JOS. S. IRAK, 9219 Broadway, M'ville, IN 46410
Atty. I.D. #4851-45 "I AFFIRM, UNDER THE PENALTIES FOR (219) 769-4552

LES DISCLOSURE NEEDED

PERJURY THAT I HAVE TAKEN REASON-
ABLE CARE TO REDACT EACH SOCIAL
SECURITY NUMBER IN THIS DOCUMENT,
UNLESS REQUIRED BY LAW."
PREPARED BY: JOS

\$25000

Approved Assessor's Office

By: *[Signature]*

ash DB



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 138512

Local No 003592

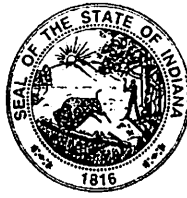
EDR No 00000604044

State No 051031

1. Decedent's Legal Name (First, Middle, Last) ELIZABETH J BACHINSKI				1a. Maiden Name (If female) BOLLES		2. Sex FEMALE	3. Time Of Death 11:02 AM	4. Date Of Death (Month/Day/Year) 10/15/2017			
5. Social Security Number [REDACTED]	6a. Age - Yrs 97	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) 09/16/1920		8. Birthplace (City and State or Foreign Country) GARYTON, IN			
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) 1330 EAST RAND STREET				12. City Or Town, State, And Zip Code HOBART, IN, 46342		13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry HOME				
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18d. Apt. No.	18e. Zip Code	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
18c. Street And Number 200 EAST RAND STREET		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) HARRY BOLLES			23. Parent's Name (First, Middle, Last) RUTH BOLLES			23a. Parent's Last Name Before First Marriage SMITH					
24. Informant's Name JOYCE JAMES		24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 7075 EAST RIDGE ROAD, HOBART, IN 46342							
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		25c. Location - City, Town, And State MERRILLVILLE, IN							
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342				27a. Funeral Home License Number FH83003069					
27b. Signature Of Indiana Funeral Service Licensee: JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD29700036		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. CARDIAC ARREST 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. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Due to (Or As A Consequence Of):							
28. 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 checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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		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. Location Of Injury (Construction Site, Restaurant, Wooded Area)	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury (Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" 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		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code			
41. Signature, Of Person Certifying Cause Of Death: LAUREN W HARTING, 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: LAUREN W HARTING, 3777 BROADWAY, SUITE B, MERRILLVILLE, IN 46410		44. License Number 01059320A		45. Date Certified 10/19/2017			
46. Additional Funeral Service Provider:		47. *AAs:		48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): OCT 20 2017					



NOT VALID UNLESS



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307

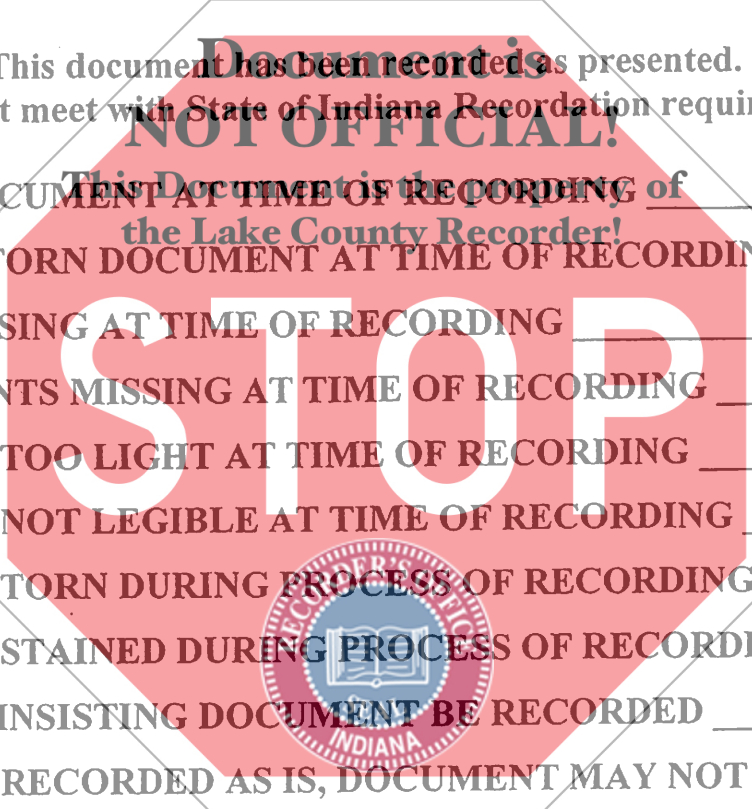
MICHAEL B. BROWN
Recorder



PHONE (219) 755-3730
FAX (219) 755-3257

DISCLAIMER

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CUSTOMER INITIALS: JYJ DATE: 4 / 22 / 19

EMPLOYEE INITIALS: JAS DATE: 4 / 22 / 19