

2019 037130

2019 JUN 20 AM 9:15

MICHAEL B. BROWN
RECORDER

SURVIVING JOINT TENANCY AFFIDAVIT

ESTHER M. GARLIN, hereby referred to as the affiant, states under oath that the affiant was acquainted with JOHN A. GARLIN, SR., at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy/Tenancy by the Entirety Deed, said property located in Lake County, State of Indiana, and legally described as follows:

TWELVE AND ONE HALF (12½) FEET BY PARALLEL LINES OFF THE ENTIRE SOUTH SIDE OF LOT "C" AND ALL OF LOT "D" IN BLOCK THIRTY-FIVE (35) IN CHICAGO TOLLESTON LAND AND INVESTMENT COMPANY'S OAK PARK ADDITION TO TOLLESTON, NOW IN THE CITY OF GARY, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 2 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No: 45-08-15-106-023.000-004

Address: 2290 Pennsylvania Street
Gary, IN 46407-3130

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That affiant and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death;

That the decedent died on April 14, 2016, per attached Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

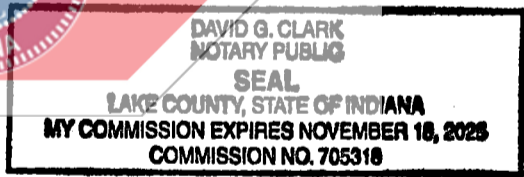
The affiant states no more.

Subscribed and sworn to before me this
12th day of June, 2019

David G. Clark
Notary Public



Esther M. Garlin
ESTHER M. GARLIN



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 - DAVID G. CLARK

PREPARED BY, RECORD AND RETURN TO:

David G. Clark, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

L:\ESTATE PLANNING\Garlin, Esther (IN)\SURVIVOR AFFIDAVIT - 2290 PENNSYLVANIA.wpd

25498

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

JUN 19 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 25,100
CASH _____ CHARGE _____
CHECK # 3301
OVERAGE _____
COPY _____
NON-CONF _____
DEPUTY JTB



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

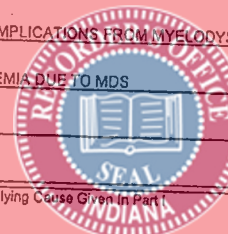
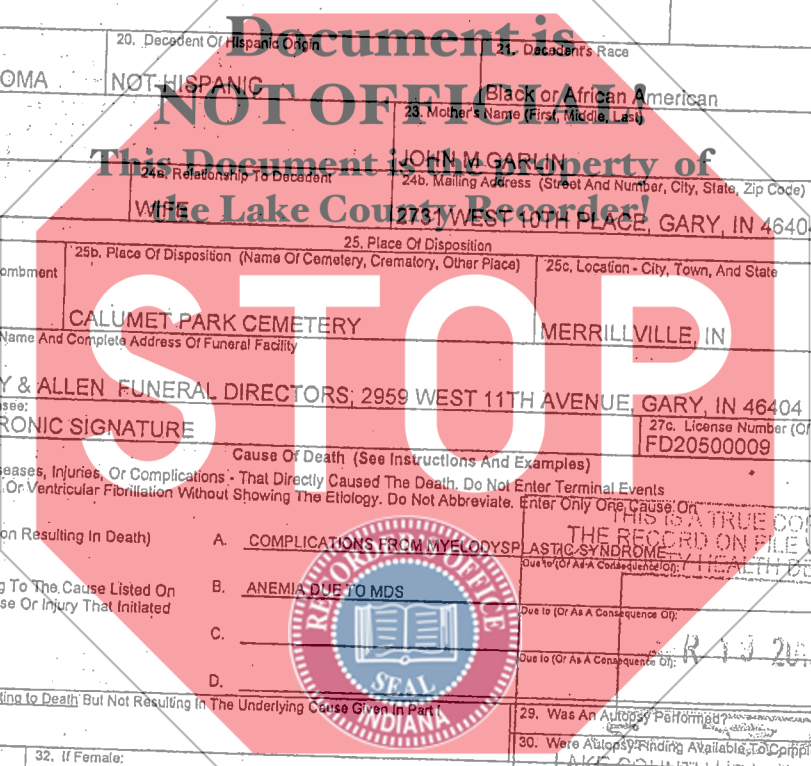
Tracking No. 85843

Local No 001275

EDR No 00000506937

State No

1. Decedent's Legal Name (First, Middle, Last) JOHN A GARLIN				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 02:15 AM		4. Date Of Death (Month/Day/Year) 04/14/2016			
5. Social Security Number [REDACTED]		6a. Age - Yrs 93		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) 12/29/1922		8. Birthplace (City and State of Foreign Country) DYERSBURG, TN											
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) SPRING MILL ASSISTED LIVING													
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 99999						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 ESTHER GARLIN				15a. (If Wife) Give Maiden Last Name COCHRAN				16. Decedent's Usual Occupation WELDER		17. Kind Of Business/Industry LTV STEEL CORP			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GARY		18d. Apt. No.		18e. Zip Code 46404		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race Black or African American									
22. Father's Name (First, Middle, Last) HARVEY GARLIN				23. Mother's Name (First, Middle, Last) JOHN M GARLIN				23a. Mother's Maiden Last Name SMITH					
24. Informant's Name ESTHER GARLIN		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 2731 WEST 10TH PLACE, GARY, IN 46404									
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 GUY & ALLEN FUNERAL DIRECTORS; 2959 WEST 11TH AVENUE, GARY, IN 46404						27a. Funeral Home License Number: FH83007704					
27b. Signature Of Indiana Funeral Service Licensee: TAQUIA BLEVINS, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee: FD20500009											
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. COMPLICATIONS FROM MYELODYSPLASTIC SYNDROME B. ANEMIA DUE TO MDS C. 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													
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
30. Were Autopsies Finding Available To Coroner? <input checked="" type="checkbox"/> Yes <input 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 <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		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													
41. Signature, Of Person Certifying Cause Of Death: KRISTINE MARIE TEODORI, 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: KRISTINE MARIE TEODORI, 499 S. COURT ST., CROWN POINT, IN 46307						44. License Number 02002441A		45. Date Certified 04/19/2016					
46. Additional Funeral Service Provider:						47. *Akqs:							
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 19 2016							



NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)