

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 037195

2019 JUN 20 AM 10:29

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

3 STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Comes now **EDDA J. FRIEND**, being duly sworn upon her oath and states as follows:

That she is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots Thirteen (13), Fourteen (14), Fifteen (15), Sixteen (16) and Seventeen (17) Halleys Second Cedar Lake Subdivision, as shown in Plat Book 22, Page 21, in Lake County, Indiana.

Commonly known as 13220 Golfax Street, Cedar Lake, Indiana 46303
Parcel ID No. 45-15-23-477-024.000-043

That Edda J. Friend and Earl N. Friend II, now deceased, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by deed of conveyance.

That the marital relationship which existed between this affiant and Earl N. Friend II continued unbroken from the time they so acquired title to said real estate until the death of Earl N. Friend II on the 13th day of October, 2017, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That a copy of the death certificate of Earl N. Friend II is attached hereto, made a part hereof and marked Exhibit "A".

That the gross value of the estate of the decedent, Earl N. Friend II, as determined for the purposes of Federal Estate Taxes did not require the filing of a Federal Estate Tax Return.

That the real estate described herein was not subject to Indiana Inheritance Tax.

Edda J. Friend

EDDA J. FRIEND

FILED

JUN 20 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 138181

Local No 003552

EDR No 00000603639

State No 050467

1. Decedent's Legal Name (First, Middle, Last) EARL NORMAN FRIEND II				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 12:43 PM	4. Date Of Death (Month/Day/Year) 10/13/2017	
5. Social Security Number [REDACTED]		6a. Age - Yrs 78	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) 10/19/1938		8. Birthplace (City and State or Foreign Country) NEW ALBANY, 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 checked="" 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 type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) ST ANTHONY MEDICAL CENTER OF CROWN POINT									
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307					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 EDDA FRIEND			15a. Last Name Before First Marriage BAIZE		16. Decedent's Usual Occupation MILLWRIGHT		17. Kind Of Business/Industry STEEL		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CEDAR LAKE		18d. Apt. No.	18e. Zip Code 46303	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 13220 COLFAX 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) EARL NORMAN FRIEND			23. Parent's Name (First, Middle, Last) JOYCE FRIEND			23a. Parent's Last Name Before First Marriage ACKLEY			
24. Informant's Name EDDA FRIEND		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 13220 COLFAX STREET, CEDAR LAKE, IN 46303					
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) GERMAN METHODIST CEMETERY			25c. Location - City, Town, And State CEDAR LAKE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME AND CREMATION SERVICES, 604 E. COMMERCIAL AVENUE, LOWELL, IN 46356					27a. Funeral Home License Number: FH83004277		
27b. Signature Of Indiana Funeral Service Licensee: JENNIFER LYNN OSBURN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD21300073		27d. Signature Of Lake County Health Officer: [Signature]					
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 A Line. Add Additional Lines If Necessary. Cause Of Death (See Instructions And Examples) CEREBRAL VASCULAR ACCIDENT Approximate Interval: Onset To Death 1 WEEK OCT 17 2017 LAKE COUNTY HEALTH DEPARTMENT LAKE COUNTY HEALTH OFFICER									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. RESPIRATORY ARREST									
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		
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: GIOVANNI ANNUNZIATO INFUSINO, 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: GIOVANNI ANNUNZIATO INFUSINO, 1205 SOUTH MAIN STREET, CROWN POINT, IN 46307						44. License Number 01068177A	45. Date Certified 10/17/2017		
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): OCT 17 2017			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									

