

2

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2019 039569

2019 JUL -1 AM 11:11

STATE OF INDIANA )  
COUNTY OF LAKE )

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF DEATH**

Comes now, Daniel C. Blaney, and being duly sworn upon his oath does state:

1. That John K. Donovan died on October 24, 2018 as a resident of Lake County, Indiana. His death certificate is attached hereto and made a part of.
2. That Sharon Lee Donovan is the decedent's surviving spouse.
3. That at the time of his death, John K. Donovan owned real property in Lake County, State of Indiana, described as follows:

The South half of the South half of the Northwest Quarter of Section 6, Township 32 North, Range 9 West of the 2<sup>nd</sup> Principal Meridian in Lake County, Indiana.

4. That this affidavit is for the purpose of causing the proper transfer of real estate in the Office of the Auditor of Lake County, State of Indiana to Sharon Lee Donovan.
5. Further affiant sayeth naught.



STATE OF INDIANA )  
COUNTY OF NEWTON )

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

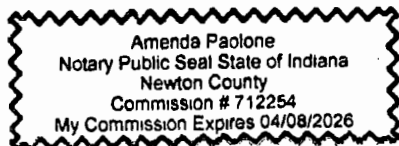
Daniel C. Blaney

25929

Before me, the undersigned, a Notary Public in and for said County and State this 25<sup>th</sup> day of June, 2019, personally appeared before me: Daniel C. Blaney, and acknowledged the execution of the foregoing. In Witness whereof, I have hereunto subscribed my name and affixed my official seal.

*Amenda Paolone*

Amenda Paolone, Notary Public  
Resident of Newton County  
Commission expires: 04/08/2024



This instrument was prepared by: Daniel C. Blaney, Blaney & Walton, 124 E. State Street., Morocco Indiana 47963. Tel: (219) 285-2008, Atty No.:2772-98

INDIANA TITLE NETWORK COMPANY  
325 NORTH MAIN  
CROWN POINT, IN 46307

\$ 25.00  
*[Signature]*  
# 2774



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 175212

Local No 903606

EDR No 00000672384

State No 052754

1. Decedent's Legal Name (First, Middle, Last) JOHN K DONOVAN
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 02:50 PM
4. Date Of Death (Month/Day/Year) 10/24/2018
5. Social Security Number
6a. Age - Yrs 78
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 12/07/1939
8. Birthplace (City and State or Foreign Country) EVERGREEN PARK, IL
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
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
15. Surviving Spouse's Name SHARON DONOVAN
15a. Last Name Before First Marriage COUNTER
16. Decedent's Usual Occupation TRUCK DRIVER
17. Kind Of Business/Industry TRUCKING
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town LOWELL
18c. Street And Number 19987 CALUMET AVENUE
18d. ApL No.
18e. Zip Code 46356
18f. Inside City Limits?
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Parent's Name (First, Middle, Last) JOHN H DONOVAN
23a. Parent's Last Name Before First Marriage FORSTER
24. Informant's Name SHARON DONOVAN
24a. Relationship To Decedent SPOUSE
24b. Mailing Address (Street And Number, City, State, Zip Code) 19987 CALUMET AVENUE, LOWELL, IN 46356
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) GEISEN CREMATION CENTRE
25c. Location - City, Town, And State LOWELL, IN
26. Was Coroner Contacted?
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): FD21300013
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. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of): 1 WEEK
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.
C.
D.
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I
ACUTE HYPOXEMIC RESPIRATORY FAILURE
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
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?
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. ApL No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
41. Signature, Of Person Certifying Cause Of Death: GIOVANNI ANNUNZIATO INFUSINO, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One):
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: 10/29/2018
46. Additional Funeral Service Provider:
47. \*AkAs:
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): OCT 30 2018



OCT 31 2018

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)