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2020-028312
2020 May 21 10:37 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

AFFIDAVIT

TAX: I.D. NO. 45-07-07-433-014.000-023

EDWARD J. SMARON, JR., being first duly sworn upon oath, deposes and says:

- 1. That DOLORES JEAN SMARON a/k/a DOLORES J. SMARON, died on the 7th day of December, 2019 at Hammond, Lake County, Indiana.
- 2. That at the time of her death, she held a Life Estate interest in the following described real estate:

LOT 1, 2 AND THE NORTH 10 FEET OF LOT 3, BLOCK 2, FLOSSMOOR ADDITION TO THE CITY OF HAMMOND, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 20, PAGE 31, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 7006 WHITE OAK AVENUE, HAMMOND, INDIANA 46324

- 3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of DOLORES JEAN SMARON a/k/a DOLORES J. SMARON.
- 4. That this Affiant's relationship to the Decedent was Son.

FURTHER, your Affiant saith naught.

* Death Certificate Attached

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder.

Edward J. Smaron, Jr.

STATE OF INDIANA, COUNTY OF Lake) SS:

Before me, the undersigned, a Notary Public in and for said county and state this 1 day of May, 2020, personally appeared EDWARD J. SMARON, JR., and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 642280
My Commission Expires: 2-20-21
Resident of Lake County

Signature [Signature]
Printed DeAnna L. Griggs, Notary Public



DEANNA L. GRIGGS
My Commission Expires
February 20, 2021
Commission Number 642280
Lake County

This instrument prepared by: NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used supplied by title company.

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.

[Signature]
Signature

DeAnna L. Griggs
Printed Name

\$ 25.00

FILED

MAY 20 2020

41868

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Community Title Company
File No. 2018319

CK12245093



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 216308

Local No 904450

EDR No 00000746971

State No 060024

1. Decedent's Legal Name (First, Middle, Last) DOLORES JEAN SMARON		14. Maiden Name (If female) ANTKOWIAK		2. Sex FEMALE	3. Time Of Death 02:30 AM	4. Date Of Death (Month/Day/Year) 12/07/2019	
5. Social Security Number ██████████	6a. Age - Yrs 95	6b. Under 1 Year Months	6c. Under 7 Months Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 02/17/1924	8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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 checked="" 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 FRANCISCAN HEALTH (HAMMOND)							
12. City Or Town, State, And Zip Code HAMMOND, IN, 46320				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. Reporting Physician's Name		16a. Last Name Before First Marriage		18. Decedent's Usual Occupation ADMINISTRATIVE ASSISTANT		17. Kind Of Business Industry MANUFACTURING	
16. Residence - State INDIANA		16a. County LAKE		16b. City Or Town HAMMOND		16c. Apt No.	
16d. Street And Number 7006 WHITE OAK AVENUE		16e. Zip Code 46324		16f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		16g. Apt No.	
18. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) STANLEY ANTKOWIAK		23. Parent's Name (First, Middle, Last) ANNA ANTKOWIAK		23a. Parent's Last Name Before First Marriage BICHRIST			
24. Informant's Name EDWARD JOSEPH SMARON		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 2145 LAKE AVENUE, WHITING, IN 46394			
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) SAINT JOHN SAINT JOSEPH CEMETERY, HAMMOND, IN		25c. Location (City, Town, And State)			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility LAHAYNE FUNERAL HOME, INC., 6955 SOUTHEASTERN AVENUE, HAMMOND, IN 46324				27a. Funeral Home License Number FH11100004	
27b. Signature Of Indiana Funeral Service Licensee JAMES F. SEEBERG, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee FP16500078		28. Cause Of Death (See Instructions And Examples)			
28. Part I - Enter The Chain Of Events - Disease, Injury, Or Complication, Such As Cardiac Arrest, Respiratory Arrest, Or Venous Thrombotic Pulmonary Embolism Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Or A Line - Add Additional Lines If Necessary.							
Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC LIVER CANCER							
Sequently 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							
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		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"/> CHS Not Determined		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		35. If At Decedent's Home, Construction Site, Recreational, Worked (List)		36. Apt No.	
38. Location Of Injury - State		36a. City Or Town		36b. Apt No.		36c. Zip Code	
38. Describe How Injury Occurred							
41. Signature Of Person Certifying Cause Of Death PAULA BENCHIK-ABRINKO, BY ELECTRONIC SIGNATURE		43. Name, Address And Zip Code Of Person Certifying Cause Of Death PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394		42. Date 12/09/2019		44. Seal	
46. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		47. For Registrar Only - Date Filed (Month/Day/Year) DEC 09 2019		45. Date Certified			

