

2020-063714

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

STATE OF IU)
) SS:
COUNTY OF Lake)

2020 Sep 14 9:16 AM

SURVIVORSHIP AFFIDAVIT

Comes now TANYA M. RICHMAN, on this 26 day of August, 2020, who, being first duly sworn, deposes and states as follows:

1. Affiant is the surviving spouse of Justin T. Richman a/k/a Justin Thomas Richman ("Decedent"), and is qualified to make this Affidavit.

2. Decedent died a resident of Lake County, Indiana on January 19, 2019. A redacted copy of Decedent's death certificate is attached as Exhibit A.

3. At the time of his death, Decedent had an interest in in real estate legally described as follows ("Real Estate"):

THE SOUTH 150 FEET OF THE NORTH 945.93 FEET OF THE WEST 435.6 FEET OF THE EAST HALF OF THE SOUTH EAST QUARTER OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 8 WEST OF THE SECOND PRINCIPAL MERIDIAN, IN LAKE COUNTY, INDIANA

Commonly known as 6491 HENDRICKS STREET, MERRILLVILLE, IN 46410.

Parcel No. 45-12-07-427-001.000-030

4. At the time of the death of Decedent, Tanya M. Richman and Justin T. Richman a/k/a Justin Thomas Richman, owned the Real Estate by the entireties, having received title to the Real Estate by deed dated August 22, 2005, which deed was recorded in the Office of the Recorder of Lake County, Indiana, on August 31, 2005 as document number 2005074342.

5. At the time of his/her death, Tanya M. Richman and Justin T. Richman a/k/a Justin Thomas Richman were not divorced and were living together as husband and wife

AFF-2014235-IN

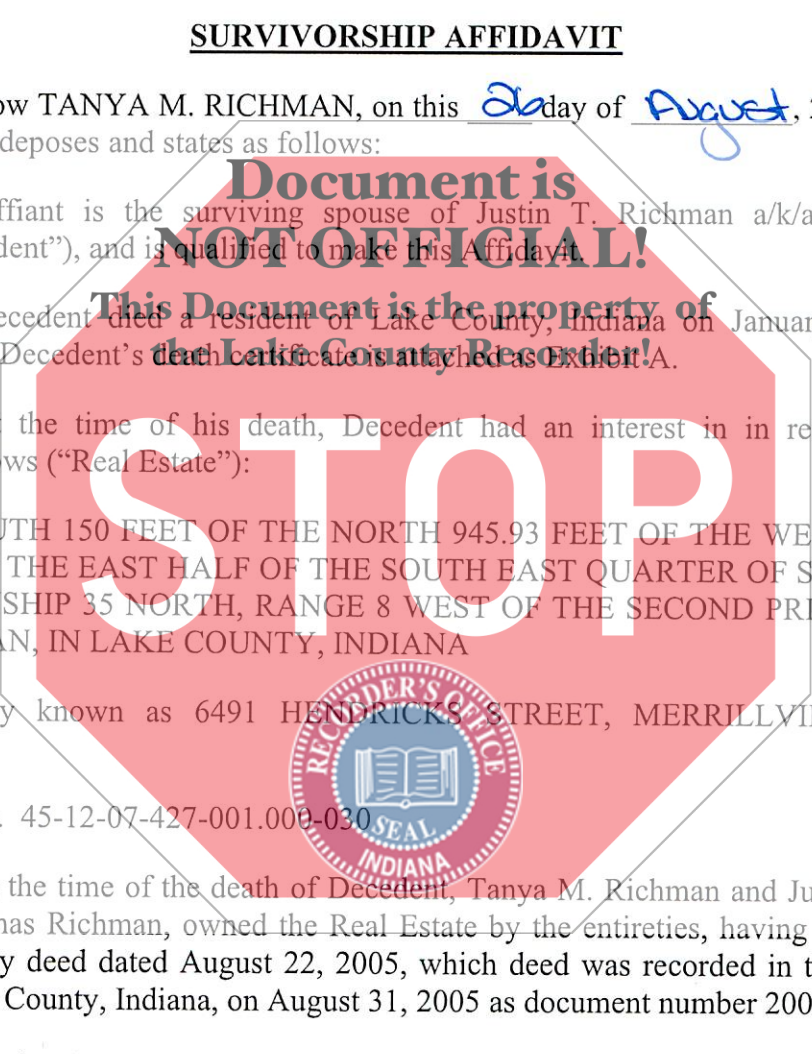
FILED

SEP 11 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

003295

Handwritten: \$25,000
ck#6067
MB



6. Upon the death of Justin T. Richman a/k/a Justin Thomas Richman, and by operation of law, Tanya M. Richman became the sole owner of the Real Estate.

7. TANYA M. RICHMAN, surviving spouse of Decedent and surviving joint owner of the Real Estate, pursuant to Indiana law, is the owner of all right, title, and interest to the Real Estate.

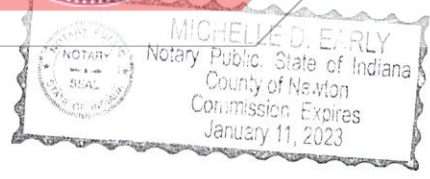
Further Affiants Sayeth Naught.

Document is Tanya M. Richman
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STATE OF IN This Document is the property of
COUNTY OF Calo the Lake County Recorder!

Before me, the undersigned, a Notary Public, in and for said County and State, this 26 day of August, 2020, personally appeared TANYA M. RICHMAN and acknowledged the execution of the foregoing affidavit as her voluntary act for the purposes stated therein.

Michelle D. Early
Notary Public
Printed Name

My Commission Expires:
My County of Residence:
My Commission Number:



EXECUTED AND DELIVERED in my presence:

Linda Jenkins
Witness Signature

Witness: Linda Jenkins
Printed Name

STATE OF INDIANA)
) SS:
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared Linda Jenkins, being known to me to be the person whose name is subscribed as a witness to the foregoing instrument, who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by TANYA M. RICHMAN in the above-named subscribing witness's presence, and that the abovenamed subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.

Witness my hand and Notarial Seal this 26 day of August, 2020.



My Commission Expires:
My County of Residence:
My Commission Number:

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. George W. Carberry

This instrument prepared by: George W. Carberry, Burke Costanza & Carberry LLP
156 S. Washington Street, Valparaiso, IN 46383 (219) 769-1313

C



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 183886

Local No 900223

EDR No 00000688526

State No 002773

1. Decedent's Legal Name (First, Middle, Last) JUSTIN THOMAS RICHMAN		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 03:41 PM	4. Date Of Death (Month/Day/Year) 01/19/2019	
5. Social Security Number	6a. Age - Yrs 45	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) 10/11/1973	8. Birthplace (City and State or Foreign Country) CHICAGO, IL
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 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) FRANCISCAN HEALTH - DYER				12. City Or Town, State, And Zip Code DYER, IN, 46311		13. County Of Death LAKE	
14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, Now Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		15. Surviving Spouse's Name TANYA RICHMAN		16. Last Name Before First Marriage JUSTAK		17. Kind Of Business/Industry OWNER OPERATOR TRUCKING	
18a. Residence - State INDIANA		18b. County LAKE		18c. City Or Town MERRILLVILLE		18d. Zip Code 46410	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22a. Parent's Last Name Before First Marriage NELSON	
22. Parent's Name (First, Middle, Last) LES RICHMAN		23. Parent's Name (First, Middle, Last) RYTA RICHMAN		24. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 8491 HENDRICKS STREET, MERRILLVILLE, IN 46410	
24a. Mailing Address (Street And Number, City, State, Zip Code) 8491 HENDRICKS STREET, MERRILLVILLE, IN 46410		25. Place Of Disposition KELLY CARROLL CREMATORY, GARY, IN		26. Location - City, Town, And State		27a. Funeral Home License Number FD10800026	
27b. Signature Of Indiana Funeral Service Licensee RAYMOND E. WHITE JR., BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) 008730686		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. SEPTIC SHOCK (Duration) 1 DAY B. RESPIRATORY AND CARDIAC FAILURE (Duration) IMMEDIATE 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 Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. POLYSUBSTANCE ABUSE			
32. If Fatal: <input checked="" type="checkbox"/> Not Reported Within Past Year <input type="checkbox"/> Reported At Time Of Death <input type="checkbox"/> Not Reported, But Reported Within 42 Days Of Death <input type="checkbox"/> Not Reported, But Reported 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. Type Of Injury		36. City Or Town MERRILLVILLE		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury - State	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)		41. Signature, Of Person Certifying Cause Of Death: NIDA FATIMA SHIRAZI, BY ELECTRONIC SIGNATURE			
42. Name, Address And Zip Code Of Person Certifying Cause Of Death: NIDA FATIMA SHIRAZI, 5454 HOHMAN AVE., HAMMOND, IN 46320-1834		43. License Number 02005210A		44. Date Certified 01/22/2019			
45. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		46. For Registrar Only - Date Filed (Month/Day/Year) JAN 23 2019		47. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			

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