



OFFICE OF THE LAKE COUNTY RECORDER

LAKE COUNTY GOVERNMENT CENTER
2293 NORTH MAIN STREET
CROWN POINT, INDIANA 46307



MICHAEL B. BROWN
Recorder

PHONE (219) 755-3730
FAX (219) 755-3257

LAKE COUNTY INDIANA RECORDER
COVER PAGE FOR

2020-068034

2020 Sep 25

8:51 AM

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

Type of
Document

Affidavit

AMOUNT \$ 25.00
CASH CHARGE
CHECK# 1800801895
OVERAGE
COPY
NON-CONF
DEPUTY MB

JKY

2020-053639

2020 Aug 18 8:35 AM

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

AFFIDAVIT

STATE OF IN

File No.: CTNW2004076-JRA

COUNTY OF Lake

S

On this August 4, 2020 before me personally appeared Jack B. Coleman to me, who being duly sworn on oath, did say that:

- 1. Affiant resides at the address given below affiant's signature;
- 2. That Mary Jane E. Donnelly ^{J.A.} AKA Jane Donnelly aka Mary Jane Donnelly held a life estate interest in the following described land;

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

- 3. Said Mary Jane E. Donnelly ^{J.A.} AKA Jane Donnelly aka Mary Jane Donnelly died on February 8, 2012;
- 4. Is there Federal inheritance tax liability by reason of the death of said decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid

- 5. Affiant's relationship to the deceased was Son.

FILED 043545

SEP 24 2020

IN WITNESS WHEREOF, the undersigned have executed this document on August 4, 2020.

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Address: 3405 GOODRICH CT
VALPARISO, IN
46385

Jack B. Coleman
Jack B. Coleman

FILED

SEP 04 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF IN

COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared Jack B. Coleman who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true.

Witness my hand and Notarial Seal this 4 day of August, 2020

Signature: Jenny Armes
Printed: Jennifer Armes
Resident of: Lake County
State of: Indiana
My Commission expires: 2/8/2026

JENNIFER ARMES
Notary Public - Seal
Lake County - State of Indiana
Commission Number NPO709320
My Commission Expires Feb 8, 2026

This instrument prepared by: Jack B Coleman

Return TO Jack B Coleman

FILED

AUG 17 2020

JOHN E. PETALAS
LAKE COUNTY AUDITOR



Printed: 08.03.20 @ 04:09 PM by JRA
IN-CT-FCTM-01080.246412-CTNW2004076

Affidavit (Life Tenant)
IND1229.doc / Updated: 01.03.20

CA# 1820801875

#25.00

JB

CA# 1820801845 #25.00

2020 Sep 9

9:13 AM

2020-062314

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

* This document being re-re-recorded to add another AKA. JA

* This document being re-recorded to add an aka. JA

003209

025194

CA# 1820801838

JB

CERTIFICATE OF PROOF

WITNESS to the signature(s) on the foregoing instrument to which this Proof is attached:

Jared A
Witness Signature

Jared Gutierrez
Witness Name (must be typed / printed)

PROOF:

STATE OF INDIANA)
COUNTY OF Lake)

Before me, a Notary Public in and for said County and State, personally appeared Jared Gutierrez, the above named WITNESS to the foregoing instrument, who, being known or proved 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 Jack B. Coleman (Name of person signing document) in the foregoing subscribing witness' presence.

Witness my hand and Notarial Seal this 4 day of August, 2020.

My Commission expires:
2/8/2026

Signature: Jennifer Armes

Printed: Jennifer Armes

Resident of Lake County, Indiana

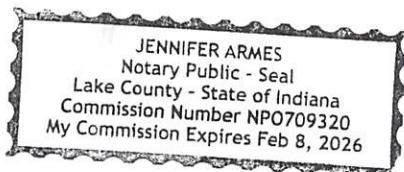


EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-02-36-379-029.000-023

ALL OF LOT 40 IN BLOCK 5 OF MARBLES SUBDIVISION, T. AND Y.' S ADDITION TO THE CITY OF HAMMOND, PER PLAT THEREOF RECORDED IN PLAT BOOK 2 PAGE 4A, IN THE OFFICE OF THE LAKE COUNTY RECORDER, LAKE COUNTY, INDIANA.



Local No 000396

EDR No 000000243959

State No 005773

1. Decedent's Legal Name (First, Middle, Last) MARY JANE E. DONNELLY				1a. Maiden Name (If female) HARRIS		2. Sex FEMALE	3. Time Of Death 03:58 PM	4. Date Of Death (Month/Day/Year) 02/08/2012	
5. Social Security Number [REDACTED]	6a. Age - Yrs 70	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) 12/16/1941		8. Birthplace (City and State or Foreign Country) BINGHAMTON, NY	
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 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 checked="" 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) 239 DOTY STREET									
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 checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation WAITRESS		17. Kind Of Business/Industry FOOD	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18d. Apt. No.		18e. Zip Code 46320	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16c. Street And Number 239 DOTY STREET		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) JOHN HARRIS				23. Mother's Name (First, Middle, Last) MARGARET HARRIS			23a. Mother's Maiden Last Name BERRY		
24. Informant's Name JACK COLEMAN		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 241 DOTY STREET, HAMMOND, IN 46320					
25. Place Of Disposition									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROLL CREMATION SERVICE			25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-HAMMOND, 5840 HOHMAN AVE, HAMMOND, IN 46321					27a. Funeral Home License Number FH83002819		
27b. Signature Of Indiana Funeral Service Licensee: APOLINARIO MORENO, BY ELECTRONIC SIGNATURE						27c. License Number (OIL Licensee): FD20600073			
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. ACUTE AND CHRONIC CONGESTIVE HEART FAILURE DAYS									
B. ENDSTAGE CIRRHOSIS OF THE LIVER YEARS									
C. CHRONIC ALCOHOL ABUSE YEARS									
D.									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I									
29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					30. Were Autopsy Finding Available To Complete The Cause Of Death? <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 checked="" 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			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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)			38d. Zip Code		
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: JAMES BRYANT, 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: JAMES BRYANT, 333 N. MICHIGAN AVE. SUITE 3400, CHICAGO, IL 60601						44. License Number 01048374A		45. Date Certified 02/09/2012	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 10 2012			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)