2020-071940

2020 Oct 8

8:38 AM

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

SURVIVOR'S AFFIDAVIT

THERESA A. SWAFFORD a/k/a THERESA SWAFFORD, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with JAMES A. SWAFFORD, JR. a/k/a JAMES SWAFFORD, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded joint tenancy deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT 20, BLOCK 1, BEVERLY SIXTH ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 29, PAGE 62, IN LAKE COUNTY, INDIANA.

Parcel No.: 45-07-17-301-006.000-023

Address: 1603 177TH PLACE

HAMMOND, IN 46324-3209

LOT 21, BLOCK 1, BEVERLY SIXTH ADDITION TO THE CITY OF HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 62, IN THE OFFICE THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No.: 45-07-18-429-021.000-023

Address: 1599 177TH PLACE

HAMMOND, IN 46324-3207

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That Affiant and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death;

That the decedent died on JULY 27, 2020, per attached Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The Affiant states no more.

SWAFFORD a/k/a THERESA SWAFFO

Subscribed and sworn to before me this

day of SEPTEMBER, 2020.

DAVID G. CLARK NOTARY PUBLIC SEAL

LAKE COUNTY, STATE OF INDIANA MY COMMISSION EXPIRES NOVEMBER 18, 2025 COMMISSION NO. 705318

FILED

OCT 0 7 2020

JOHN E. PETALAS LAKE COUNTY AUDITOR

EXECUTED AND DELIVERED in my presence:

Witness:

printed name: Nancy T. Wolframski

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said County and State, personally appeared Nany 7. Wolfer msk., 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 THERESA A. SWAFFORD a/k/a THERESA SWAFFORD in the above-named subscribing witness's presence and that the above-named 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 232 day of September, 2020.

DAVID G. CLARK NOTARY PUBLIC

SEAL
LAKE COUNTY, STATE OF INDIANA
MY COMMISSION EXPIRES NOVEMBER 18, 2025
COMMISSION NO. 705318

Votary Public

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 - DAVID G. CLARK

PREPARED BY, RECORD AND RETURN TO:

David G. Clark, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

L:\ESTATE PLANNING\Swafford, James & Theresa (IN)\SURVIVOR'S AFFIDAVIT-INDIANA.wpd



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 242730

Local No O	03109		EI	DR No (0000	007945	553		State	e No (0406	48		
1. Deceden#s Legal Name (First, Middle, Last)				1a. Maiden Name				2. Sex		3. Time Of Death		4. Date Of Death (Month/Day/Year)		
JAMES A SWAFFORD JR 5. Social Security Number 6a. Age • Yr				nth 6d. Unde	e 1 Day	6e. Under 1 Hou	. I 7 Date	MA	LE nth/Day/Year)	11:53		and State	07/27/2020 e or Foreign Country)	
	 	1166	·····			 	- 7. 02.0	,	, ,					
9. Ever in U.S. Armed Forces? 10, If	Months Death Occurred I	n A Hosp	Days pital:	Hours		Minutes 10a. If Death Oct	curred Some	08/13/1 ewhere Other			NTSVILI	.E, AL		
☑ Yes ☐ No ☐ Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead						☐ Hospice Facil	•	ecedent's Ho	me 🗆 Ni	ursing Hon	ne/Long-term	Care Fa	cility	
11. Facility Name (If Not Institution, Give 1603 177TH PLACE	Street and Number	ir)												
12. City Or Town, State, And Zip Code						13. County	y Of Death				Marital Sta			
HAMMOND, IN, 46323		LAKE						ver Married Dunknown						
					5a. Last Name Before First Marriage				lent's Usual O	17. Kin	d Of Business/Industry			
THERESA SWAFFORD			WINDLE				CRANEMAN					INLAN	ND STEEL	
			8a. County			18b. City Or Town								
INDIANA		LAK	E	`		HAMMON	D						I do take Objection	
18c. Street And Number									18d. Apt. N	NO.	18e. Zip	Code	18f. Inside City Limits?	
1603 177TH PLACE											463	323	2 168 2 KO	
19. Decedent's Education HIGH SCHOOL GRADUAT	E OR GED	20	. Decedent Of His	panic Origin		21.	Decedent's	s Race						
COMPLETED 22. Parent's Name (First, Middle, Last)			NOT HISPANIC			White 23. Parent's Name (First, Middle, Last) 23a. Parent's Last Name						st Name Before First Marriage		
22. Fasting Harris (Final Final Fina						,,	-10, -1114	,,						
JAMES A SWAFFORD SR 24. Informant's Name			24a. Relationship To Decedent			MARTHA S\ 24b. Mailing Addre			City State 2	io Code)	PET	ΓIE		
THERESA SWAFFORD		SPOUSE	1603 177TH	•		•		ł						
						ce Of Disposition								
25a. Method Of Disposition Burial Cremation Donation	netery, Cre	ematory, Other Plac	e) 25c. l	_ocation - City	, Town, And	State								
Removal From State Dother (Specify): ELMWOOD CEMETERY						HAMMOND, IN								
26. Was Coroner Contacted?			e Address Of Fune				ITIAN	VIIVICIAD,	HV	•		27a. F	uneral Home License Number:	
☐ Yes ☒ No		NER/	& amon a	CREMAT	TION S	ERVICE, 92	1 WEST	45TH A	VENUE,	GRIFF	ITH, IN	FH10	1600026	
46319 FH10600026 27b. Signature Of Indiana Funeral Service Licensee: 27c. License Number (Of Licensee): RAYMOND E. WHITE JR, BY ELECTRONIC SIGNATURE FD08700086														
KATIVIOND E. WHITE JK, E	OT ELECTR	ONIC			ath (See	Instructions An	d Example		D007000	700			Approximate	
28. Part I. Enter The Chain Of Event Such As Cardiac Arrest, Respiratory	 Diseases, Inj Arrest, Or Ventri 	uries, C cular Fi	or Complications -	- That Directly Showing The	Caused Etiology	The Death, Do No. Do Not Abbreviat	ot Enter Te le. Enter O	rminal Event nly One Cau	is ise On				Interval: Onset To Death	
A Line. Add Additional Lines If Nece	•												2 WEEKS	
Immediate Cause (Final Disease Or	Condition Result	ing in D	eath) A.	CEREBRA	AL INFAR	CHON	Due to (Or	As A Consequence	œ Oŋ:		· · · · · · · · · · · · · · · · · · ·		Z WEERS	
Sequentially List Conditions, If Any, Line A. Enter The Underlying Cause	Leading To The	Cause I	Listed On B.	DEMENT	A WITHO	OUT BEHAVIORAL		AS A Consequence	se Of):				YEARS	
The Events Resulting In Death) Last	(Disease Of Hije	ary inest	C.											
			D.				DUO 10 (OI	As A Consequence	sa On):					
Part II. Enter Other Significant Conditions	Contributing to De	ath But I		ne Underlying	Cause Giv	en in Part i	29. Wa	s An Autops	Performed?		☐ Yes	Ø N	0	
					_		30. We	ere Autopsy F	inding Availat			ause Of D	Death?	
31. Did Tobacco Use Contribute To Death? 32. If Fernale: D Not Pregnant Within Past Year. Pregnant At Time Of						Not Pregnant, But Pr	egnant Within 4	2 Days Of Death		ner Of Dea		Accident	☐ Pending Investigation	
☐ Yes ☐ Probably ☐ No ☑ Unknot 34. Date Of Injury (Month/Day/Year)	u		nant, But Pregnant 43 Day Of Injury	rs To 1 year Before		Unknown if Pregnant te Of Injury (E.G., D					Id Not Be D		37. Injury At Work?	
S4. Date Of Injury (WORLD Day/ Tear)	33	. 11110	or injury		30. Fiac	oo Or injury (2.G., D	eceueni s ri	iome, Consur	ALIGH Site, Ne	sataularit,	11000000 710	-"	☐ Yes ☐ No	
38. Location Of Injury - State	388	. City O)r Town		38b. Si	treet & Number				Ī	38c. Apt. N	lo.	38d. Zip Code	
39. Describe How Injury Occurred					l				40. If Tre	ansportation	n Injury, Spe	cify:	ID UNLESS	
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN , BY ELECTRONIC SIGNATURE 42. Certifying Physician														
LYLE R MUNN , BY ELECT						and of the same of the same of		_ ⊠ c					Health Officer	
LYLE R MUNN , 600 SUPERIOR AVENUE, MUNSTER, IN 46321 PD CN FILE WITH THE 46. Additional Funeral Service Provider: LAKE COUNTY HEALTH DEFARTMENT 47. Was:												······································		
1_AKE CC 46. Signature of Local Health Officer.								1	egistrar Only	/ - Date F	jed (Month/	Day/Year		
CHANDANA VAVILALA, VI			11.11	7 8 2020				1) 1	JUL 28 2	020				
			AMEND!	MENT TO CE	PURICA'	TE OF DEATH (E	TRY OR	ORIGINAL)		P L			Complete Control of Control of	
				L	10					191			The state of the s	
			ļ		(4)_		ICEP	l l		La de la constante de la const		o L T		
State Form 53395 ATTENTION ESTA	TE: The Ci-	Sec	t thin hairs have			HEALTH OFF		alla itie - C'	tanue te et	• 	RAISF	D 91	EALAFFIXED	
	THE QUOISE	Journey	an is natural tedate	aren na tuiz 2	rara säeu	icy in order to purs	re respons	airiny. DISC	ivaule is vol	ицагу а⊓≀	more will	וטקיטורסי	rony for reidser.	