

## 2020-072037

8:53 AM

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

STATE OF INDIANA	)
	) SS:
COUNTY OF LAKE	)

## **AFFIDAVIT OF SURVIVORSHIP**

2020 Oct 8

Sharon K. Horn, being first duly sworn upon her oath, states:

- 1. That the undersigned affiant resides at 9615 Cypress Avenue, Munster, Lake County, Indiana.
- 2. That the undersigned affiant is the surviving and exclusive owner of the following parcel of real property located at 9615 Cypress Avenue, Munster, Lake County, Indiana (Parcel No. 45-07-29-379-005.000-027) and legally described as:

Lot 28 in Fairmeadow Fifth Addition, Block One, to the Town of Munster, as per plat thereof, recorded in Plat Book 37, Page 79, in the Office of the Recorder of Lake County, Indiana.

3. That Clarence E. Horn died on February 22, 2020. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Clarence E. Horn.

Sharon K. Horn

STATE OF INDIANA

) ss:

**COUNTY OF LAKE** 

Before me, the undersigned, a Notary Public in and for said County and State, this 7th day of October, 2020, personally appeared: Sharon K. Horn and acknowledged the execution of the foregoing Affidavit of Survivorship.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.

KARL E. HAND Notary Public, State of Indiana SEAL

Commission Number: NP0705899 My Commission Expires November 10, 2025 Karl E. Hand, Notary Public County of Residence: Lake

FILED

OCT 08 2020

JOHN E PETALAS

AKE COUNTY AUDITOR

EXECUTED AND DELIVERED in my presence:

Witness: Sharon Morgan

STATE OF INDIANA
) ss:
COUNTY OF LAKE

Before me, a Notary Public in and for said County and State, personally appeared Sharon Morgan, 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 Sharon K. Horn in the above-named subscribing witness's presence, and 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 7th day of October 2020.

KARL E. HAND Notary Public, State of Indiana SEAL

Commission Number: NP0705899
My Commission Expires November 10, 2025

Karl E. Hand, Notary Public County of Residence: Lake

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.

KARLE. HAND

This Instrument prepared by: KARL E. HAND, Attorney at Law, 1000 Eagle Ridge Drive, Schererville, Indiana 46375

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 227516

Local No 001	079	E		00007630	50	2 Sex	State	No C	14093	Date Of Death (M	onth/Dav/Ve
Decedent's Legal Name (First, Middle Last)			1a Maiden	Name (if female)							
CLARENCE E HORN  Social Security Number   6a Age - Vis   1	5b Under 1 Year	Sc Under 1 Mon	th 6d Under 1 Di	ay   6e Under 1 Hour	7 Date o	MAI	E   ttvDay(Year)	20:2 8 Birth		02/22/2 state or Foreign C	
			-		-						
00	Months Occurred In A Ho.	Days spital	Hours	Minutes 10a If Death Occ		12/19/19 where Other			IMOND, IN		
Yes No Unknown No Inpatient	☐ Emergency	Department Outpatie	ent Dead on Ar	☐ Hospice Facilit	y 🛮 De	cedent's Hor			/Long-term Care	Facility	
Facility Name (If Not Institution, Give Street UNSTER COMMUNITY HOSF											
2 City Or Town, State, And Zip Code	111111111111111111111111111111111111111			13 County	Of Death				Mantal Status At		
UNSTER, IN. 46321				LAKE					Midowed	ed, But Separated Never Marned	Unknow
5 Surviving Spouse's Name		1	5a Last Name Befo		T	16 Decede	nts Usual Occ	upation		Kind Of Business	
HARON HORN		В	LESSING		10	CAR MA	N			IANA HARE LROAD	OK BE
B Residence - State	18a	County	LLOOMO	18b City Or To							
NDIANA	LA	(E		MUNSTER							
Sc Street And Number							18d Apt No		18e Zip Code	1	ie City Limi
615 CYPRESS									46321	⊠ Ye	s 🗆 No
Decedent's Education		Decedent Of Hisp	panic Ongin	21	Decedents i	Race					
IGH SCHOOL GRADUATE OF OMPLETED		OT HISPANI	IC.	Whit	te						
2 Parent's Name (First, Middle, Last)	!	to i illoi Alti		23 Parents Name		e, Last)			23a Parent's	Last Name Before	First Marr
HARLES HORN			MILDRED HORN				WALLAC			F	
4. Informant's Name		24a Relationship	p To Decedent	24b. Mailing Addres		nd Number, (	City State Zip	Code)	1444,520.0		
HARON HORN		SPOUSE		9615 CYPRE	SS, MU	NSTER	IN 46321	1			
			25	Place Of Disposition	1 25- 1-	catao Ca	Your And St				
Sa Method Of Disposition  Bunal  Cremation Donation Enter		Place Of Disposition	(Name Of Cemeter)	y, Crematory, Other Place	250 L0	cation - City,	Town, And Sta	310			
Removal From State	F = 1										
Other (Specify)  8 Was Coroner Contacted? 27. 1		SIDE CREMA			HIGH	ILAND, I	N		27a	Funeral Home L	cense Nur
☐ Yes ☑ No ☐ 463  75 Signature Of Indiana Funeral Service Licer ORNELIUS A. KUIPER, BY E	22	-111		ION CENTER, 8	541 KEE	27	C License Nur 20101451	mber (Of t	I-H	11700003	
			Cause Of Death	(See Instructions And		)					roximate
28 Part I Enter The <u>Chain Of Events</u> - Di Such As Cardiac Arrest, Respiratory Arrest A Line Add Additional Lines If Necessary	seases, Injunes, t. Or Ventricular	Or Complications - Fibrillation Without	- That Directly Cad Showing The Etio	used The Death. Do No logy Do Not Abbreviate	Enter Term Enter Onl	ninal Events y One Caus	e On				rval. Onse Death
Immediate Cause (Final Disease Or Condi	tion Resulting In	Death) A	ACUTE CORO	NARY SYNDROME	Due to (Cr A	A Consequence	Oh.		- 1		
		a Lusted On B	CHRONIC KID	NEY DISEASE		1	-				
Sequentially List Conditions, If Any, Leadi Line A. Enter The Underlying Cause (Dise	ng To The Cause ase Or Injury Th	a risied Ou	CHRONICKID	NET DISERSE	Due to fOr A	A Consequence	86	1	11-41		
The Events Resulting In Death) Last		С	CONGESTIVE	HEART FAILURE	Due to (Or A	A Consequence	00				
		D	MYOCARDIA	INFARCTION							
ant II Enter Other Significant Conditions Contri	outing to Death Bu	It Not Resulting In Th			29 Was	An Autopsy	Performed?	1	☐ Yes 🗵	No	
NEUMONIA					30 Wen	e Autopsy Fir			lete The Cause C	of Death?	Yes 🗆 t
Did Tobacco Use Contribute To Death?	32 If Fer	nale.		Death Not Pregnant, But Pre	mand Within '27	David Off David	33. Manne			nt Pending	ouest onto
Yes Probably No Unknown	Not Pri	egnant But Pregnant 43 Day	To I sees Betwee Coats	Unknown if Prendation	William Con Cont.		□ Sucide	D Car	Not Ba Determi	the second second second second	Trusugae
4 Date Of Injury (Month/Day/Year)	35. Time	Of Injury	THERE	CODD Injury (E. G. L.)	reactions un	me, Corduo	ction Site, Rest	taurant, W	looded Area)	37. Injury At	
			LAKE COU	NTY HEALTH DE	PADTA	E				☐ Yes	□ No
8 Location Of Injury - State	38a City	Or Town	38	b-Street & Number		EMI		111	38c Apt No	38d. Zip Cod	0
		- 1	1	MAR 2 3 200	10		11-11	13.1	- Historia		
Describe How Injury Occurred				FORM E D. ZUE	.U	- 1	40 If Tran	sportation	NOT VA	Gorvens.	
Signature, Of Person Certifying Cause Of C	he ath			77		1.4 6	2 12 2 2 2 2 2 2	227214	200	LIDUNL	=55
HASHIDHAR DIVAKARUNI, I	BY ELECTR	ONIC SIGNA	ATURE	1	11.11.7	D C	rtifier (Check ortifying Physic	Only One)	Coroner	☐ Health Off	
3 Name, Address And Zip Code Of Person Ce	ertifying Cause Of	Death		DUNTY HEALTH O	EFIC	1219 120	44.1	cense N	umber:	45 Date Ce	tified
HASHIDHAR DIVAKARUNI ,	1730 45TH	AVE., MUNS	TER, IN 463	21	FICER	-11	010	40667	Α	03/1	6/2020
8 Additional Funeral Service Provider	- A Company	- 117	11177112		1177		47.	Akas:	11/11	district a superfit of	WANTEL .
8 Signature of Local Health Officer		7.00	Trypitage.		77.1	49 For R	egistrar Only	Date F	led (Month/Day)	(ear):	2000 x 2
HANDANA VAVILALA, VIA EL	ECTRONIC			term     mether     passion	11.00		man I man	1 -N	MAR 20 202	0	dramatical a
Hamilton Hamilton	11/12	AMEND	MENT TO CERTI	FICATE OF DEATH (E	NIRY OR C	HIGINAL)	11221		P. Riberton	A Second	Angre I
Policy Service				Total American	11-41-1	1-11-1	The state of the s	100	A LAND		7112.7
TOTAL CONTROL				1-11-11-11		11111	11:11:11	HA	1-12-2		September 1
Street, Street	11-11-11			THE PERSON	11 11	2 13 48	Umali	1 to E	Land State		SHA
State Form 53395 ATTENTION ESTATE T	No Caralet Consider	du # in hoing room	stad by this state	agency in order to purs	un respons	hildy Disc	losura is vol.	ntan R	AISED S	FALAE	EXE

