2020-073172

2020 Oct 14

9:13 AM

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

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA

TATE OF INDIANA

COUNTY OF LAKE

File No.: CTNW2002405-JRA

Case No.:

Comes now James E Hoolehan, who being duly sworn upon his/her oath, deposes and says:

That he, is the surviving spouse of Nancy E Hoolehan a/k/a Nancy Ellen Hoolehan, deceased who died in Lake County, Indiana, on 1/27/2020.

That he and she acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

This Document is the property of

For APN/Parcel ID(s): 45-07-32-272-004-0000 6 ounty Recorder!

LOT NUMBERED 69 AS SHOWN ON THE RECORDED PLAT OF HIGHLAND TERRACE ESTATES 2ND ADDITION, TO THE TOWN OF HIGHLAND, RECORDED IN PLAT BOOK 76, PAGE 21, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property: 2250 99Th Street, Highland, IN 46322-2275

Affiant states that and continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of 's death. The Parties acquired title to the premises by Deed dated June 21, 2005 and recorded June 27, 2005 in the Office of the Recorder of Lake County, Indiana as Instrument No 2005-052716.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to .

IN WITNESS WHEREOF, the undersigned have executed this document on June 26, 2020.

James E. Hoolehan

FILED

OCT 13 2020

STATE OF INDIANA

COUNTY OF LAKE

JOHN E. PETALAS LAKE COUNTY AUDITOR 026983

Subscribed and sworn to before me, a Notary Public in and for said county and state, by <u>James E Hoolehan</u>, this 26 day of June, 2020.

Notary Public

Jennifer Armes

Resident of _____

all

County

My Commission expires:

County

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

\$1500

0

CH 1820801888

SURVIVORSHIP AFFIDAVIT

(continued)

Prepared by: James E. Hoolehan

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law: James E. Hoolehan

NOT OFFICIAL!

This Document is the property of

Return to: James E Hoolehan

38409 N. Jacqualine Dr. the Lake County Recorder!

Cave Creek, AZ 85331



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Social security Minimals Sa. Age 115 So. Uniter Heal Decision Decis	e of Birth (Mc O1/12/1 Dewhere Other Decedent's Ho HOMEN	ALE CONTIVDAY/Year) 1943 In Than A Hospital one Nursi MAKER 18d. Apt. No. AND, IN 46	1:30 AM 8. Birthplace (City and CHICAGO, IL Ing Home/Long-term City Ing Home/Long-term City Married Mill Widowed 18e. Zlp Cod 46322	At Time Of Death At Time Of Death Arried, But Separated Divorce Never Married Unknown 7. Kind Of Business/Industry WN HOME 18f. Inside City Limits? Yes No
Social Security Number Ga Age - VTS 6b. Under 1 Year 6c. Under 1 Month 6d. Under 1 Day 6e. Under 1 Hour 7. Date	16. Decedent's Home Manager Ma	Donty Day Year) 1943 In Than A Hospital In	8. Birthplace (City and CHICAGO, ILL and Home/Long-term Color and Home	At Time Of Doath are Facility At Time Of Doath arried, But Separated Divorce Never Married Unknown 7. Kind Of BusinessAndustry WN HOME 187. Inside City Limits? 2 Yes No
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270; Signature Of Indiana Funeral Service Licenses:	EINMAN	ROAD, HIC	HLAND, IN	H11700003
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Cause Of Death See Instructions And Example: 28. Part I, Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death, Do Not Enter For	s) minal Event	THE REC	S A TRUE COL	PY OF Approximate WITH THE Interval: Onset
Cush As Cardina Arrest Respiratory Arrest Or Ventricular Fibrillation Without Snowing The Etiology. Do Not Abd Strate.	117	SHILE COOLS	I TICALIN DE	E PARTMENT I
"A'Line. Add Additional Lines If Necessary. DEGENERATIVE DESERVED THE NERVOUS	SYSTEM, A	ALTERED MEN	ALS ATUS AND	WEEKS
Immediate Cause (Final Disease Or Condition Resulting In Death) A MYOCLONIS	As A Comequence	e Of:	AAL 2 0 20	
AMES:	and a	J	M 28 20	40
Sequentially List Conditions, If Any, Leading 10 The Gause Lested Off	As A Consequence	07:		
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U	s An Autopox	Dedoment CO	HEALTH BY	OFFICER
PAID Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Course (S/ep.) Part 29. Was 30. Wer	re Autogsy Fir	nding Available To	Complete The Cause	e Of Death? Yes No
	-	33. Manner C	f Death:	
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34, Date of righty (monation)	3110, 0011500			☐ Yes ☐ No
CONTRACTOR OF THE CONTRACTOR O			38c. Apt. No.	38d. Zip Code
38. Location Of Injury - State 38a. City Or Town 39b. Street & Number				
A(VIII, 2)		Tie we	- Una Lainer Passiber	
39J Describe How Injury Occurred		Univer/Operator	rtation Injury, Specify:	THOUNLESS
1942 The 1771 of the extension of the second				
41. Signature, Of Person Certifying Cause Of Death: LYLE'R MUNN, BY ELECTRONIC SIGNATURE		rtifier (Check Ohl rtifying Physician	Coroner	Health Officer
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:		44, Lige	nse Number	45 Date Certified
		01031	582A	01/27/2020
YLË R MUNN , 600 SUPERIOR AVENUE, MUNSTER, IN 46321 45. Additional Funeral Service Provider.		47. Ak		
f vgis	49 EAC DA	gistrar Only - O	ate Filed (Month/Day/	Year)
48. Signature of Local Health Officer:	, J. Turke	,	JAN 27 202	The state of the same of the s
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR O	RIGINAL)			per of amount many the
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ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsit	bility. Disclo	sure is voluntar	and Alexandra	assity to delibrate D