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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
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:

For APN/Parcel ID(s): 45-07-32-277004,000-026

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.

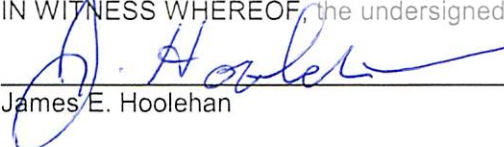
Property: 2250 99Th Street, Highland, IN 46322-2275

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 .

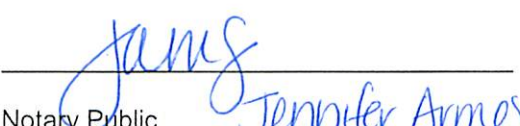
IN WITNESS WHEREOF, the undersigned have executed this document on June 26, 2020.


James E. Hoolehan

STATE OF INDIANA
COUNTY OF LAKE

FILED
OCT 13 2020
JOHN E. PETALAS
LAKE COUNTY AUDITOR
026983

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


Notary Public Jennifer Armes
Resident of LAKE County
My Commission expires: 2-8-26

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

\$2500
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

Return to: James E Hoolehan
38409 N. Jacqueline Dr.
Cave Creek, AZ 85331





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

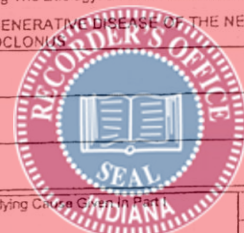
Tracking No. 221390

Local No 000284

EDR No 00000756796

State No

1. Decedent's Legal Name (First, Middle, Last) NANCY ELLEN HOOLEHAN				1a. Maiden Name (If female) BIGGERSTAFF		2. Sex FEMALE	3. Time Of Death 01:30 AM	4. Date Of Death (Month/Day/Year) 01/27/2020		
5. Social Security Number ██████████	6a. Age - Yrs 77	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) 01/12/1943		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 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 checked="" 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) RILEY HOSPICE CENTER				12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
15. Surviving Spouse's Name JAMES HOOLEHAN			15a. Last Name Before First Marriage		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18d. Apt. No.	18e. Zip Code 46322	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 2250 99TH STREET		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Parent's Name (First, Middle, Last) HUGH BIGGERSTAFF		
22. Parent's Name (First, Middle, Last) HUGH BIGGERSTAFF		23. Parent's Last Name Before First Marriage DOYLE		24. Informant's Name JAMES HOOLEHAN		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 2250 99TH STREET, HIGHLAND, IN 46322		
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) HILLSIDE CREMATORY		25c. Location - City, Town, And State HIGHLAND, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility HILLSIDE FUNERAL HOME & CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322		27a. Funeral Home License Number. FH11700003		27b. Signature Of Indiana Funeral Service Licensee: KEVIN BRYANT NORDYKE, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD29600005		
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 Of Death On Line A. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) AMES 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 DEGENERATIVE DISEASE OF THE NERVOUS SYSTEM, ALTERED MENTAL STATUS AND MYOCLONUS		28. Cause Of Death (See Instructions And Examples) THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		Approximate Interval: Onset To Death JAN 28 2020		WEEKS		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input 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		34. Date Of Injury (Month/Day/Year) 01/27/2020		35. Time Of Injury		
34. Date Of Injury (Month/Day/Year) 01/27/2020		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) AMES		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		38. Location Of Injury - State INDIANA		
38. Location Of Injury - State INDIANA		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		NOT VALID UNLESS						
41. Signature, Of Person Certifying Cause Of Death: LYLE R MUNN, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01031582A		45. Date Certified 01/27/2020		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321				46. Additional Funeral Service Provider		47. Fees		49. For Registrar Only - Date Filed (Month/Day/Year) JAN 27 2020		
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)						



RAISED SEAL AFFIXED