

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Jeralyn A. DeLong, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Donald L. DeLong, and that Donald L. DeLong and Jeralyn A. DeLong were married on the date that they acquired title as husband and wife as tenants by the entireties to certain Real Estate in Lake County, Indiana, to-wit:

Lot 371 in Turkey Creek Meadows Unit No. 6, as per plat thereof, recorded in Plat Book 34 page 100, in the Office of the Recorder of Lake County, Indiana.

Commonly known as 6922 Van Buren Street, Merrillville, IN 46410

2. The marital relationship which existed between Donald L. DeLong and Jeralyn A. DeLong, continued unbroken from the time they so acquired title to said real estate until the death of Donald L. DeLong on October 1, 2020 at which time Jeralyn A. DeLong acquired title as surviving tenant by the entireties.

3. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his records.

AFFIANT FURTHER SAYETH NOT.

Jeralyn A. DeLong
Jeralyn A. DeLong

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared Jeralyn A. DeLong and who acknowledged the execution of the foregoing Affidavit of Survivorship.

WITNESS my hand and Notarial Seal this 14th day of April, 2021.

My Commission expires: 06-12-2027

Angela Anderson
Signature of Notary Public

Resident of Porter County

Angela Anderson
Printed Name

Commission No. _____



Mail Tax Bills to: Jeralyn A. DeLong
6922 Van Buren Street, Merrillville, IN 46410
Tax Key Number: 45-12-16-202-010.000-030

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF, Attorney at Law
325 N. Main Street, Crown Point, IN 46307, (219) 662-2977
Our File No: N/A

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-60430, 1

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 250445



Local No 004146

EDR No 00000807873

State No

1. Decedent's Legal Name (First, Middle, Last) DONALD L. DELONG JR		2a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 04:37 AM		4. Date Of Death (Month/Day/Year) 10/01/2020	
5. Social Security Number 0000000000		6a. Age - Yrs 65		6b. Under 1 Year Months None		6c. Under 1 Month Days None		6d. Under 1 Day Hours None	
6e. Under 1 Hour Minutes 03/31/1955		7. Date of Birth (Month/Day/Year)		8. Birthplace (City and State or Foreign Country) BOSTON, MA					
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Hospital <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Home or Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility					
11. Facility Name (If Not Institution) Give Street and Number: 6922 VAN BUREN STREET									
12. City or Town, Street, and Zip Code			13. County Of Death LAKE			14. Mailed State 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			15a. Last Name Before First Marriage DONOVSKY			16. Decedent's Usual Occupation SECURITY		17. Kind Of Business/Industry ISM	
18. Residence - State INDIANA		19a. County LAKE		19b. City or Town MERRILLVILLE		19c. Apt. No.		19d. Zip Code 46410	
19e. Street And Number 6922 VAN BUREN STREET		19f. Inmate City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
10. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parents Name (First, Middle, Last) DONALD L. DELONG SR		23. Parents Name (First, Middle, Last) JOANN DELONG		23a. Parents Last Name Before First Marriage MILLER					
24. Informant's Name JERALYN DELONG		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 6922 VAN BUREN STREET, MERRILLVILLE, IN 46410					
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 FUNERAL HOME AND CREMATION CENTER		25c. Location - City, Town, And State HIGHLAND, IN					
26. Was Coronar Conducted? <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 CORNELIUS A. KUIPERS, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee FD0101451							
Cause Of Death (See Instructions And Examples)									
28. Part 1: 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 Abrogate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.								Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. PANCREATIC CANCER								Months	
B. _____								_____	
C. _____								_____	
D. _____								_____	
29. Part 2: Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death): List _____								_____	
Part 3: Enter Other Significant Diseases Contributing to Death (But Not Resulting In The Underlying Cause Given in Part 1)								_____	
PATIENT PASSED PEACEFULLY ON HOSPICE SERVICES		32. If Female: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32a. If Pregnant, Report Date of Birth of Child (Month/Day/Year) _____		32b. If Pregnant, Report Month of Delivery (Month/Day/Year) _____		32c. If Pregnant, Report Month of Delivery (Month/Day/Year) _____	
34. Date of Injury (Month/Day/Year)		35. Time of Injury		36. Location of Injury - Street		36a. City or Town		36b. Zip Code	
38. Describe How Injury Occurred		38a. City or Town		38b. State		38c. Zip Code		38d. If Transportation Injury, Specify Or Describe _____	
41. Signature of Person Certifying Cause of Death SHANE DAVID BUSH, BY ELECTRONIC SIGNATURE		42. Center (Check OFF) <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code of Person Certifying Cause of Death LAKE COUNTY HEALTH OFFICER					
43. Name, Address And Zip Code of Person Certifying Cause of Death SHANE DAVID BUSH, 402 WALL ST., SUITE 2, VALPARAISO, IN 46383		44. License Number 01071814A		44. Date Expired 10/05/2020					
48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. Her Register: Only _____		49. Date of Issuance OCT 06 2020					