

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-034150
9:48 AM 2021 Apr 27

AFFIDAVIT OF SURVIVORSHIP

Comes now the Affiant, LLOYD H. DENNY JR., who being first being sworn upon his Oath, deposes and says:

He is the owner in fee simple of the real estate located in Lake County, Indiana, commonly known as 223 North Delaware Street, Hobart, Indiana, and more particularly described as follows:

LOT SEVENTEEN (17) IN BLOCK TWO (2) IN VILLA SHORES FIFTH ADDITION, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 53, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

That the affiant and Donna J. Denny were married on the 23rd day of July, 1976. That he acquired title to said real estate with his spouse on the 12th day of May, 1995, by a deed of conveyance. That title to said real estate was held as tenants by the entirety. That Donna J. Denny died on the 16th day of August, 2018, at which time said real estate became the sole property of the affiant.

That the required Federal Estate Tax Return and Indiana Inheritance Tax Returns have been filed and the assessed taxes paid.

That this affidavit is being filed to clarify the title to said real estate.

FILED

APR 27 2021

¹ JOHN E. PETALAS
LAKE COUNTY AUDITOR

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cash
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NOT AN OFFICIAL DOCUMENT

1. That more than forty-five (45) days have lapsed since the death of DONNA J. DENNY. A copy of Indiana State Department of Health Death Certificate for DONNA J. DENNY is attached.
2. That the Affiant is the widower of DONNA J. DENNY. At the time of her death, LLOYD H. DENNY JR. and DONNA J. DENNY owned the following described real estate as Husband and Wife, to-wit:

LOT SEVENTEEN (17) IN BLOCK TWO (2) IN VILLA SHORES FIFTH ADDITION, IN THE CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29, PAGE 53, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

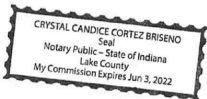
3. That the Estate of DONNA J. DENNY amounts to less than Fifty Thousand Dollars (\$50,000.00). The amount of assets and liabilities of the decedent do not justify the formal administration of an estate.
4. That no personal representative has been appointed to administer the Estate of DONNA J. DENNY.
5. That your Affiant is solely entitled to the assets of the Estate of DONNA J. DENNY.
6. That there are no Estate Taxes or Real Estate Taxes due or owing at the time of the execution of this Affidavit of Survivorship.

FURTHER YOUR AFFIANT SAYETH NOT.


LLOYD H. DENNY JR., Affiant

Subscribed and sworn to before me, LLOYD H. DENNY JR., a Notary Public, in the City of Lake Station, Lake County, Indiana on this 26th day of April, 2021.

NOT AN OFFICIAL DOCUMENT




Crystal Candice Cortez Briseno, Notary Public

My Commission Expires: June 3, 2022
County of Residence: Lake County, Indiana

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.



This document was prepared by Michael L. Deppe, Attorney Number 2221-45, the Law Office of Michael L. Deppe, P.C., 3940 W. 37th Ave. Hobart, Indiana 46342.

Property of Lake County Recorder



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Facility No. 68410

Local No 902759

EDR No 00000660216

State No 040869

1. Decedent's Legal Name (First, Middle, Last) JONNA JO DENNY		1a. Maiden Name (If female) LEACH		2. Sex FEMALE	3. Time of Death 06:25 AM	4. Date of Death (Month/Day/Year) 08/16/2018	
5. Social Security Number [REDACTED]		6a. Age - Yrs 60	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) 01/13/1958
8. Birthplace (City and State or Foreign Country) HAMMOND, IN		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival <input 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) ST MARY MEDICAL CENTER INC		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		16. Decedent's Usual Occupation HOMEMAKER	
12. City Of Town, State, And Zip Code HOBERT, IN, 46342		15a. Last Name Before First Marriage LEACH		17. Kind Of Business/Industry HOME		18. Residence - State INDIANA	
15b. Last Name Before First Marriage LEACH		15c. Street And Number 223 NORTH DELAWARE STREET		16a. City Or Town HOBERT		16b. Apt. No.	
16c. Zip Code 46342		16d. Inmate City Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19a. Decedent Of Hispanic Origin NOT HISPANIC		20. Decedent Of Race White	
21. Decedent's Name (First, Middle, Last) LOGAN LEACH		22. Parent's Name (First, Middle, Last) 9TH - 12TH GRADE; NO DIPLOMA		23. Parent's Name (First, Middle, Last) VERSIE MARIE LEACH		23a. Parent's Last Name Before First Marriage KUYKENDALL	
24. Informant's Name LOYD DENNY JR		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 223 NORTH DELAWARE STREET, HOBERT, IN 46342		25. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) EVERGREEN MEMORIAL PARK	
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) EVERGREEN MEMORIAL PARK		25c. Location - City, Town, And State HOBERT, IN		27a. Funeral Home License Number: FH83003069	
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME, HOBERT, 600 WOLD RIDGE RD, HOBERT, IN 46342		27c. License Number (Of Licensee): FD29700036		27b. Signature of Indiana Funeral Service Licensee: JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE	
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events On Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. RESPIRATORY FAILURE B. HEART FAILURE ETIOLOGY UNKNOWN C. END STAGE RENAL DISEASE D. DIABETES							
28. Part II. Enter One or More Underlying Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Pregnant From Pregnancy Within 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		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Location Of Injury - State LAKE COUNTY HEALTH DEPARTMENT		38a. City Or Town LAKE COUNTY HEALTH DEPARTMENT	
38. Location Of Injury - State		38a. City Or Town		38b. Apt. No.		38c. Zip Code	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian NOT VALID UNLESS		41. Signature, Of Person Certifying Cause Of Death: HAVISHAKRISHNA SARMA, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: HAVISHAKRISHNA SARMA, 2640 HAMSTROM RD., PORTER, IN 46368		44. License Number: 020033650A		45. Date: 08/21/2018		46. Additional Funeral Service Provider:	
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year): AUG 21 2018					

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)