

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2021-044457

2:23 PM 2021 Jun 28

STATE OF INDIANA)
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

JUDITH A. FORD, being duly sworn upon her oath, says:

1. That she was the wife of RANDY E. FORD, who was named as a Grantee in a Deed recorded on or about March 29, 2001, of the following described real estate, to-wit:

Lot 30, Bracken Land Company's 2nd Addition, City of Hobart, as shown in Plat Book 25, page 63, Lake County, Indiana.

Property Number: 45-13-05-327-023.000-018

More Commonly known as: 1450 Lincoln St., Hobart, IN 46342

2. That the said RANDY E. FORD died on August 3, 2020, a resident of Hobart, Lake County, Indiana, and at that time was the husband of affiant herein. A certified copy of the death certificate of RANDY E. FORD has been attached hereto and labeled as Exhibit "A".

3. That RANDY E. FORD AND JUDITH A. FORD, as a married couple, held title to the property as husband and wife at the time of RANDY E. FORD'S death.

4. That the estate of RANDY E. FORD did not owe Federal Estate Taxes.

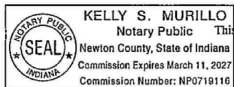
Further, Affiant Sayeth Not.

Judith A Ford
JUDITH A. FORD

Subscribed and sworn to before me, a Notary Public, this 22nd day of June, 2021.

My Commission Expires: 03/11/2027
County of Residence: Newton

Kelly S Murillo
Kelly S. Murillo, Notary Public



This instrument prepared by Brian M. Smith
Smith & Fankhauser, P.C.
2260 W.93rd Avenue
Merrillville, IN 46410
(219) 769-2051

FILED

JUN 28 2021

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

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.

Kelly S Murillo
Kelly S. Murillo

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NOT AN ORIGINAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESIDENT

Training No. 2-51431

Local No 003234

EDR No 000000796040

State No 042182

1. Decedent's Legal Name (First, Middle, Last) RANDY E FORD		12. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 05:51 AM	4. Date Of Death (Month/Day/Year) 08/03/2020													
5. Social Security Number 5335-65		6a. Age - Yrs 65		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) 10/02/1954	8. Birthplace (City and State or Foreign Country) LEBANON, IN						
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 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): 1450 LINCOLN STREET										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. Hobart, IN: 46342										16. Decedent's Usual Occupation AUTO TECHNICIAN		17. Kind Of Business/Industry AUTOMOBILE							
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBERT															
18c. Street And Number 1450 LINCOLN STREET		18d. Apt. No.		18e. Zip Code 46342		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
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) ROBERT M FORD				23. Parent's Name (First, Middle, Last) DOROTHY JEAN FORD				23a. Parent's Last Name Before First Marriage COX											
24. Informant's Name JUDITH ANN FORD		24a. Relationship To Decedent SPOUSE		24b. Mailing Address (Street And Number, City, State, Zip Code) 1450 LINCOLN STREET, HOBERT, IN 46342															
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) PISGAH CEMETERY		25c. Location - City, Town, And State NEW ROSS, IN															
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 701 E. 7TH ST., HOBERT, IN 46342		27a. Funeral Home License Number: FH83002380															
27b. Signature Of Indiana Funeral Service Licensee JAMES E. BURNS - BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee) FD20700059				Approximate Interval: Onset To Death 8 YEARS											
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 On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC BLADDER CANCER (See Instructions At A-Crossreference On Line A) 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 B. THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT C. AUG 21 2020												37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NONE												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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> 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 type="checkbox"/> Homicide <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) AUG 21 2020											
35. Location Of Injury - State		35a. City Or Town		36. Street & Number AUG 21 2020				36a. Apt. No.		36b. Zip Code									
39. Describe How Injury Occurred NOT VALID UNLESS												40. Center (Check ONE) <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Local Health Officer <input type="checkbox"/> Health Department <input type="checkbox"/> Other (Specify)							
41. Signature, Of Person Certifying Cause Of Death: ALISON RILEY PETROVICH - BY ELECTRONIC SIGNATURE												42. Center (Check ONE) <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Local Health Officer <input type="checkbox"/> Health Department <input type="checkbox"/> Other (Specify)							
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ALISON RILEY PETROVICH - 13963 MORSE STREET, SUITE A, CEDAR LAKE, IN 46303												44. License Number 01058376				45. Date Of Expiration 08/04/2020			
46. Additional Funeral Service Provider												47. Additional Information							
48. Signature Of Local Health Officer: CHANDANA VAVILALA - VIA ELECTRONIC SIGNATURE												48. For Registrar Only - Data Filed (Month/Day/Year) AUG 15 2020							
49: 08/05/2020 15-East: STONE												AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							

"A"