

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-5275-7, 1

2021-5275-7

STATE OF INDIANA

09/14/2021 10:32 AM

LAKE COUNTY

Total Fees: 25.00

FILED FOR RECORD

By: RM

GINA PIMENTEL

Pg #: 2

RECORDER

## FILED

Sep 13 2021 VH  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

### AFFIDAVIT

TAX: ID. NO. 45-07-28-131-005.000-026

LINDA ANN ORBAN, being first duly sworn upon oath, deposes and says:

1. That FLORENCE O'DAY, died on the 5<sup>th</sup> day of December, 1973 at East Chicago, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest with Stephen J. Orban and Bernadine D. Orban in the following described real estate:

LOT 9 IN BLOCK 2 IN HOOK'S SECOND ADDITION TO HIGHLAND, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED, IN PLAT BOOK 20, PAGE 43, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 9025 RICHARD STREET, HIGHLAND, INDIANA 46322

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Florence O'Day.
4. That this Affiant's relationship to the Decedent was Granddaughter.

FURTHER, your Affiant saith naught.

  
LINDA ANN ORBAN

STATE OF INDIANA, COUNTY OF LAKE ) SS:

Before me, the undersigned, a Notary Public in and for said county and state this 31 day of August, 2021, personally appeared LINDA ANN ORBAN, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

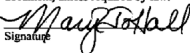
Commission Number: NP0727054  
My Commission Expires: 6-3-28  
Resident of LAKE County

Signature Mary Jo Hall  
Printed MARY JO HALL, Notary Public

This instrument prepared by: NATHAN D. VIS, Attorney-at-Law, ID No. 29535-45  
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303  
No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed for (D/W)  
of holding ownership. All information used supplied by title company.



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.

  
Signature

Mary Jo Hall  
Printed Name

CITY OF EAST CHICAGO, INDIANA  
DEPARTMENT OF HEALTH  
CITY HALL

# Local Record of Death

THIS IS TO CERTIFY, FLORENCE D. O'DAY  
That our records show \_\_\_\_\_ died

12 05 1973 ST. CATHERINE HOSPITAL

MONTH DAY YEAR PLACE STREET, HOSPITAL

Age at Death 78 0 0 Sex F Married \_\_\_\_\_ Widowed  X  
Years Months Days

Birth Date 02 02 1895 Color CAUCASIAN Single \_\_\_\_\_ Divorced \_\_\_\_\_  
Month Day Year

Primary cause of death given was ACUTE HEART FAILURE  
CORONARY ARTERIOSCLEROSIS

Signed by V. E. ANGEL HIGHLAND IN  
Physician Address

Place of burial or removal ELMWOOD HAMMOND IN  
Name of Cemetery

Date of burial 12/06/1973 Funeral Director FAGEN HIGHLAND IN  
Address

Signed \_\_\_\_\_ Sec'y

at East Chicago, Indiana 03/24/1994  
Date

Filed 12/06/1973

Recorded locally in Book No. 1973 Page No. \_\_\_\_\_ Registered No. 000735