

NOT AN OFFICIAL DOCUMENT

2022-500918
01/07/2022 09:43 AM
TOTAL FEES: 25.00
BY: SP
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER



2351345-1753-
0

AFFIDAVIT OF SURVIVORSHIP

Property Address: 1076 Freedom Circle North, Crown Point, IN 46307
Property County: Lake

William F. McDermott, of adult age, being first duly sworn, upon deposes and says:

That **William F. McDermott**, is the Husband of Rosanne M. McDermott, deceased, who died on October 11, 2019 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION AS "EXHIBIT A" SEE ATTACHED DEATH CERTIFICATE

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Mercantile National Bank of Indiana recorded May 22, 2006 as Document No. 2006-043124 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of **William F. McDermott**, surviving spouse of the decedent.

Further, Affiant sayeth not.

A handwritten signature in black ink, appearing to read "William F. McDermott", written over a horizontal line.

William F. McDermott

MTC File No.: 21-47191 (AOS)

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(1)

HOLD FOR MERIDIAN TITLE CORP.

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State of Indiana, County of Porter ss:

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared the within named **William F. McDermott** who acknowledged the execution of the foregoing Affidavit and who, having been duly sworn, stated that the representations therein contained are true.

WITNESS, my hand and Seal this 22nd day of December, 2021.

My Commission Expires:

Commission No.

Notary Public County and State of Residence

This instrument was prepared by:
Andrew R. Drake, Attorney-at-Law
11711 N. Pennsylvania St., Suite 110, Carmel, IN 46032

Property Address:
1076 Freedom Circle North
Crown Point, IN 46307

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. Andrew R. Drake



Signature of Notary Public

Printed Name of Notary



Grantee's Address and Mail Tax Statements To:

970 Hub Ct.
Crown Point, IN 46307

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LEGAL DESCRIPTION

That part of Lot 168 lying Southwesterly of a line drawn from a point 72.85 feet Northeasterly (as measured along the Northwesterly line thereof) of the Northwesterly corner of said Lot 168 to a point on the Southwesterly line of said Lot 168, said point being 68.08 feet Northeasterly (as measured along the Southwesterly line thereof) of the Southwest corner said Lot 168, in Silver Hawk-Phase Two, as per plat thereof, recorded in Plat Book 92 page 42, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):

State ID Number Only 45-12-31-176-004.000-029

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Local No 903697
EDR No 00000736484
State No 049910

1. Decedent's Legal Name (First, Middle, Last) ROSANNE MARIE MCDERMOTT		11. Maiden Name (If Female) JOHNSON		2. Sex FEMALE		3. Time of Death 08:55 AM		4. Date of Death (Month/Day/Year) 10/11/2019	
5. Social Security Number 078-04-1171		6a. Age - Yrs 71		6b. Under 1 Year Months: _____ Days: _____ Hours: _____ Minutes: _____		7. Date of Birth (Month/Day/Year) 05/25/1948		8. Birthplace (City and State or Foreign Country) BLUE ISLAND, IL	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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					10b. Other (Specify): _____				

11. Facility Name (If Not Institution, Give Street and Number) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE			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		
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			15. Last Name Before First Marriage LAKE			16. Decedent's Usual Occupation DESIGNER		
15. Surviving Spouse's Name WILLIAM F MCDERMOTT			16. Decedent's Usual Occupation DESIGNER			17. Kind Of Business/Industry FLORIST		

18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		16d. Apt. No.		16e. Zip Code 46307		16f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 1076 FREEDOM CIRCLE NORTH		19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					

22. Parent's Name (First, Middle, Last) GORDON LEE JOHNSON			23. Parent's Name (First, Middle, Last) LOTTIE MARY JOHNSON			25a. Parent's Last Name Before First Marriage WIATROWSKI		
24. Informant's Name WILLIAM F MCDERMOTT			24a. Relationship To Decedent HUSBAND			24b. Mailing Address (Street And Number, City, State, Zip Code) 1076 FREEDOM CIRCLE NORTH, CROWN POINT, IN 46307		

25a. Method of Disposition <input 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): _____			25c. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) WOODLAWN CREMATORY			25d. Location - City, Town, And State FOREST PARK, IL		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			27a. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., CROWN POINT, IN 46307			27b. Funeral Home License Number FH19900051		
27c. Signature Of Indiana Funeral Service Licensee: SHERRY L PRESSLEY, BY ELECTRONIC SIGNATURE						27e. License Number (Of Licensee): FD20700074		

Cause of Death (See Instructions And Examples)

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. CONGESTIVE HEART FAILURE** Death (Or As A Consequence Of) **YEARS**

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. PROTEIN-CALORIE MALNUTRITION AND END STAGE RENAL DISEASE** Death (Or As A Consequence Of) **MONTHS**

C. Death (Or As A Consequence Of) _____

D. Death (Or As A Consequence Of) _____

Part II. Enter Other Significant 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 1-5 Days Of Death <input type="checkbox"/> Pregnant, But Expires Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 6-11 Months A Prior To Death <input type="checkbox"/> Pregnant 12-14 Months A Prior To Death		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		38. Location Of Injury - State			38a. City Or Town	
36. Location Of Injury - State		38b. Street & Number LAKE COUNTY HEALTH DEPARTMENT		38c. Apt. No.		38d. Zip Code		
36. Describe How Injury Occurred		38b. Street & Number OCT 15 2019		38c. Apt. No.		38d. Zip Code		

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		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LYLE R MUNN, 600 SUPERIOR AVENUE, MUNSTER, IN 46321			44. License Number 01031582A		
46. Additional Funeral Service Provider:			45. Date Certified 10/14/2019		
47. Address			48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE		

49. For Registrar Only (Date Filed (Month/Day/Year)): OCT 15 2019		
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		