

NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-005858
12:57 PM 2022 Feb 14

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Merrilyn Spring, being first duly sworn upon her oath, states:

1. That the undersigned affiant resides at 10370 N. Springhill Drive, Lake County, St. John, Indiana.
2. That the undersigned affiant is the surviving and exclusive owner of the following parcels of real property located at 10370 N. Springhill Drive, Lake County, St. John, Indiana (Parcel No. 45-11-28-451-004.000-035 and Parcel Number 45-11-28-378-002.000-035) and legally described as:
 - Parcel 1: Lot Eight (8), SPRING HILL ADDITION, in the Town of St. John, as shown in Plat Book 30, Page 40, in Lake County, Indiana.
 - Parcel 2: Part of the Southeast Quarter of the Southwest Quarter and part of the Southwest Quarter of the Southeast Quarter of Section 28, Township 35 North, Range 9 West of the 2nd Principal Meridian; beginning at the North corner of Lot 8 at said lots intersection with Lot 9; Lots 8 and 9 being within the Spring Hill Addition to St. John, Indiana; thence Southwesterly 281.9 feet along the Northerly boundary of said Spring Hill Addition and the Second Spring Hill Addition to St. John; thence North 461.98 feet and to the corporate limits of St. John; thence East 235.22 feet along said corporate limits; thence South 293.60 feet to the place of beginning, in the Town of St. John, in Lake County, Indiana.
3. That Richard S. Spring died on June 10, 2010. Exhibit "A", attached hereto, is a true, correct and authentic copy of the death certificate of the aforesaid Richard S. Spring.

Dated: February 11, 2022

Merrilyn Spring
MERRILYN SPRING

[NOTARY BLOCK ON NEXT PAGE]

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.

Karl E. Hand
KARL E. HAND

FILED
FEB 14 2022

JOHN E. PETALAS
LAKE COUNTY AUDITOR

This Instrument prepared by: KARL E. HAND, Attorney at Law, 1619 Junction Avenue, Schererville, Indiana 46375

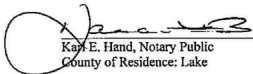
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STATE OF INDIANA)
) ss:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public in and for said County and State, this 11th day of February, 2022, personally appeared: Merrillyn Spring and acknowledged the execution of the foregoing Affidavit of Survivorship.

In witness whereof, I have hereunto subscribed my name and affixed my official seal.


Karl E. Hand, Notary Public
County of Residence: Lake

KARL E. HAND
Notary Public, State of Indiana
SEAL
Commission Number: NP0705899
My Commission Expires November 10, 2025

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 1033-10

State No. _____

1. Decedent's Legal Name (First, Middle, Last) RICHARD S. SPRING			1a. Maiden Last Name (if Female) N/A		2. Sex M	3. Time of Death 1:30 PM	4. Date of Death (Month/Day/Year) JUNE 10, 2010		
5. Social Security Number [REDACTED]	6a. Age, Yrs 74	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) July 17, 1935		8. Birthplace (City And State Or Foreign Country) EAST CHICAGO, INDIANA	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input checked="" 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) COMMUNITY HOSPITAL		
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321			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. Decedent's Usual Occupation TRANSPORTATION SUPERVISOR		
16. Sponsoring Spouse's Name MERRILYN SPRING			15a. (If Wife) Give Maiden Last Name THRELKELD		17. Kind Of Business/Industry STEEL		18. Residence - State INDIANA		
18c. Street And Number 2916 CONDIT			18b. City Or Town HIGHLAND		18d. Apt. No. N/A		18e. Zip Code 46322		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education Associate degree (e.g., AA, AS)		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White		22. Father's Name (First, Middle, Last) GEORGE L. SPRING		
23. Mother's Name (First, Middle, Last) IRENE SPRING		23a. Mother's Maiden Last Name MARREN			24. Decedent's Name MERRILYN SPRING		24a. Relationship To Decedent WIFE		
24b. Relationship To Decedent WIFE		24c. Mailing Address (Street And Number, City, State, Zip Code) 2916 CONDIT HIGHLAND, INDIANA 46322			25. Place Of Disposition CHAPEL LAWN MEMORIAL GARDENS		25c. Location - City, Town, And State SCHERERVILLE, INDIANA		
26. 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):		26a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)			26b. Location - City, Town, And State		27a. Funeral Home License Number: PH10300021		
27b. Signature of Indiana Funeral Service Licensee: <i>C.A. Kuiper</i>		27c. License Number (Of Licensee) FD0104511			28. Part I. Enter The <u>Chain Of Events</u> —Diseases, Injuries, Or Complications—That Directly Cause The Death. Do Not Abbreviate. Enter Only One Cause On Each Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. congestive heart failure B. coronary artery disease C. pancreatic cancer 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 D. _____				
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I		29. Was Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			29. Was Autopsy Performed Available To Complete The Certificate Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input 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"/> 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 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. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)		38c. Apt. No.		38d. ZIP Code	
38. Location Of Injury - State		38a. City Or Town		EXHIBIT A		39. Describe How Injury Occurred			
41. Signature of Person Certifying Cause of Death: <i>Asy to walk B. As Four</i>		42. Coroner (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: Wail Asfour, MD 10010 Don Powers Dr, Munster, IN 46321						44. License Number 01053031		45. Date Certified 6-11-10	
46. Additional Funeral Service Provider:		47. *Aka:		48. Signature of Health Officer: <i>Judith W. But. D.O.</i>					
49. Registrar Only - Date Filed (Month/Day/Year):		50. Registrar Only - Date Filed (Month/Day/Year):							