

NOT AN OFFICIAL DOCUMENT

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GINA PIMENTEL
RECORDER
2022-007391
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
8:41 AM 2022 Feb 24

STATE OF INDIANA)
COUNTY OF LAKE)

) Mailing address: 3780 Maxwell St., Hobart, IN 46342
) SS:

This document is being rerecorded for scrivener's error
AFFIDAVIT OF SURVIVORSHIP

Comes now Daniel Eaves, and upon being duly sworn does attest and say:

1. That the affiant is the son of Joyce Eaves aka Joyce A. Eaves, deceased.
2. That Joyce Eaves aka Joyce A. Eaves and Jack G. Eaves aka Jack Gilford Eaves, acquired the following property as Husband and Wife during the term of their marriage.

THE SOUTH HALF OF LOT 37 AND ALL OF LOTS 38 AND 39, BLOCK 4, F.D. BARNES' GARY ADDITION TO HOBART, AS SHOWN IN PLAT BOOK 10, PAGE 27, IN LAKE COUNTY INDIANA

Commonly known as: 3780 Maxwell St., Hobart, IN 46342
Parcel No.: 45-08-26-228-032.000-018

3. That Joyce Eaves aka Joyce A. Eaves and Jack G. Eaves aka Jack Gilford Eaves, remained married until the death of Jack G. Eaves aka Jack Gilford Eaves on the 31st day of August, 2005.
4. That Joyce Eaves aka Joyce A. Eaves, became the fee simple owner of the property at the death of Jack G. Eaves aka Jack Gilford Eaves.

I affirm under the penalties for perjury that the forgoing statements are true.

Daniel Eaves
Daniel Eaves

EXECUTED AND DELIVERED IN MY PRESENCE:

Maranda Conis Witness Signature
Maranda Conis Witness Printed

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:

FILED
APR 11 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

FILED
FEB 23 2022
JOHN E. PETALAS
LAKE COUNTY AUDITOR

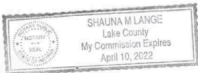
Before me, a notary public in for said county and state this 17 day of Feb, 2022, **Daniel Eaves** acknowledged the execution of the foregoing or attached Affidavit of Survivorship as his voluntary act for the purposes stated therein.

Witness my hand and Notarial Seal this 17 day of Feb, 2022.

SS Notary Signature

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

SS
Shauna M. Lange



This Instrument prepared by:
Shauna M. Lange, ESQ
REES AND LANGE, P.C.
301 Main Street, Hobart, IN 46342
(219) 947-1692

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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2022-012756
8:50 AM 2022 Apr 12

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

1. DECEASED NAME (First, Middle, Last) Jack Gilford Eaves		2. SEX Male	3a. TIME OF DEATH 12:47 am	3b. DATE OF DEATH (Month, Day, Yr.) August 31, 2005
4. SOCIAL SECURITY NUMBER 4320	5a. AGE, Last Birthday (Years) 75	5b. UNDER 1 YEAR Months _____ Days _____	5c. UNDER 1 DAY Hours _____ Minutes _____	6. DATE OF BIRTH (Mo., Day, Yr.) November 03, 1929
7. BIRTHPLACE (City and State of Foreign Country) Montone Alabama		8. PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOME <input type="checkbox"/> NURSING HOME <input type="checkbox"/> OTHER (Specify) _____ <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> Residence <input type="checkbox"/> Residence		
9a. WAS DECEDENT A U.S. VETERAN? No		9b. YEAR LAST SERVED IN U.S. ARMED FORCES?		9c. COUNTY OF DEATH Lake
9d. FACILITY NAME (If not institution, give street and number) St. Mary's Medical Center		9e. CITY, TOWN, OR LOCATION OF DEATH Hobart		9f. COUNTY OF DEATH Lake

10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Joyce Wright	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver	12b. KIND OF BUSINESS/INDUSTRY Teamster's Local 142
13a. RESIDENCE - STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN OR LOCATION Hobart	13d. STREET AND NUMBER 3780 Maxwell Street	
13e. ZIP CODE 46342	13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE - American Indian, Black, White, etc. (Specify) White
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) N/A		18. FATHER'S NAME (First, Middle, Maiden Surname) Charley Eaves		

19. FATHER'S NAME (First, Middle, Maiden Surname) Charley Eaves		20. MOTHER'S NAME (First, Middle, Maiden Surname) Victoria Bonds	
20a. INFORMANT'S NAME (Type/print) Joyce Eaves		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3780 Maxwell Street, Hobart, IN 46342	20c. Relationship Wife

21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) _____		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 3, 2005 EVERGREEN MEMORIAL PARK CEMETERY	21c. LOCATION - City or Town, State Hobart, Indiana
22a. EMBALMER'S NAME James F. Burns		22b. EMBALMER'S LICENSE NO. 01009461	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Burns</i>	24b. LICENSE NUMBER (of License) FD01009461	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns Funeral Home 701 E. 7th Street, Hobart, Indiana 46342
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26. PART I - Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. cardiomyopathy of coronary artery		Approximate Interval Between Onset and Death months
IMMEDIATE CAUSE (Final disease or condition resulting in death) cardiomyopathy of coronary artery		
a. DUE TO (OR AS A CONSEQUENCE OF)		
b. DUE TO (OR AS A CONSEQUENCE OF)		
c. DUE TO (OR AS A CONSEQUENCE OF)		
d. _____		

PART II - Other significant conditions - Conditions contributing to death but not previously stated in Part I negative heart failure		27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U) No	28a. WAS AN AUTOPSY PERFORMED? (If not performed) No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No
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29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.		29b. MEDICAL LICENSE NO. 01020846	29c. DATE SIGNED (Month, Day, Year) 8/31/05
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ITEM 26 (Type/print) Donald M. Phillips MD 1356 S. Lake Park Avenue, Hobart, IN 46342		NOT VALID UNLESS	
31. HEALTH OFFICER'S SIGNATURE <i>Sumner G. Best, D.O.</i>		32. DATE FILED (Month, Day, Year) September 2, 2005	

33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY (If known)	34c. INJURY AT WORK? (Y, N or U)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY - All homes, farms, street, factory, office, building, etc. (Specify)		34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

35a. DATE PRONOUNCED DEAD (Month, Day, Year) August 31, 2005	35b. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc. No
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