

NOT AN OFFICIAL DOCUMENT

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TOTAL FEES: 25.00
BY: SP
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED

Jun 28 2022 cR
JOHN E. PETALAS
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

COMES NOW, **Rossetta L. Haag**, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of **Miller Haag, Jr.**, the deceased, and is knowledgeable of the facts stated herein.

2. That **Miller Haag, Jr** and **Rossetta L. Haag** acquired title as husband and wife to certain Real Estate in **Lake County, Indiana** to-wit:

Lot 40, Block 4, Eastgate Subdivision, in the City of Hammond, as shown in Plat Book 30, page 16, in Lake County Indiana.

Key No. 45-07-03-379-040.000-023

Commonly known as 6402 Maryland Ave, Hammond IN 46323

3. That **Miller Haag, Jr** died on **January 2, 2015**, at which time **Rossetta L Haag** acquired title as the sole owner. A copy of his death certificate is attached hereto.

4. That the purpose of this affidavit is to induce the Lake County Auditor to remove **Miller Haag, Jr** from title to the subject parcel and to establish **Rossetta L. Haag** as the sole owner to the subject parcel.

AFFIANT FURTHER SAYETH NOT.


Rossetta L. Haag

THIS INSTRUMENT PREPARED BY: Michael D. Kvachkoff, Attorney at Law, 325 N. Main Street, Crown Point, IN 46307, 219-661-9500.

NOT AN OFFICIAL DOCUMENT

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)



DENISE M. O'DONNELL, Notary Public
Lake County, State of Indiana
Commission Number NP0728695
My Commission Expires September 13, 2028

Subscribed and sworn to before me, a Notary Public in and for said County and State personally appeared **Rozetta L. Haag** and acknowledged the execution of the foregoing Affidavit of Survivorship this 25 Day of June, 2022.

My Commission Expires:

9.13.2028

Denise M. O'Donnell

Notary Public

Resident of LAKE County, IN

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.
Mary Kubit

Property of Lake County Recorder



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 002181		EDR No 000011287478		State No 2022-029088	
1. Decedent's Legal Name (First, Middle, Last) May D Harrison		1a. Maiden Name (if female) Oranga		2. Gender Female	3. Time Of Death 07:30 AM
6. Social Security Number 86		6a. Age - Year Months	6b. Under 1 Year Days	6c. Under 1 Month Hours	6d. Under 1 Day Minutes
7. Date of Birth (Month/Day/Year) 06/17/1938		8. Date of Death (City and State or Foreign Country) Tracy City, Tennessee		9. Place of Death Residence of Decedent's Home Nursing Home/Long term Care Facility Other (specify)	
10. If Death Occurred In A Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (specify)					
11. Facility Name (if Not Institution, Give Street and Number) 411 W North Street					
12. City Or Town, State, And Zip Code Crown Point, Indiana 49307			13. County Of Death Lake		14. Marital Status At Time Of Death <input 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. Surviving Spouse's Name		15a. Last Name Before First Marriage		16. Decedent's Usual Occupation Nurse	
17. Kind Of Business/Industry Woods/O Manor					
18. Residence - State IN		18a. County Lake		18b. City Or Town Crown Point	
18c. Street And Number 411 W North Street		18d. Apt. No.		18e. Zip Code 46307	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education Bachelor's degree (e.g. BA, BS, BS)		20. Decedent Of Hispanic Origin Not Spanish-Speaking/Latino		21. Decedent's Race White	
22. Parents Name (First, Middle, Last) James H Oranga		23. Parents Name (First, Middle, Last) Martha Elsie Oranga		24. Parents Last Name (last) Full/Marriage Conry	
24. Informant's Name Clifford A Harrison		24a. Relationship To Decedent Son		24b. Mailing Address (Street And Number, City, State, Zip Code) 2122 Rayson Drive A, Myrtle Beach, SC, 29588	
25. Place Of Disposition					
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) Elmwood Funeral Chapel and Crematory		25c. Location - City, Town, And State Cedar Lake, IN	
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Elmwood Chapel Ltd 11300 W 97th Lane, Saint John, Indiana, 46373		27a. Funeral Home License Number FI18900052	
27b. Signature Of Indiana Funeral Service Licensee James V Orlowski		27c. License Number (If Unknown) FD0920077		27d. Electronic Signature	
28. Part I. Enter The Chain Of Events - Disease, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT					
Such As Cardiac Arrest, Respiratory Arrest, Or Ventilator/Filtration Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause Of Death.					
Immediate Cause (Final Disease Or Condition Resulting In Death)					
A. cardiac arrest					
B. heart disease					
C. hyperlipidemia					
D. hypertension					
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Leading To Death) Last					
Part II. Enter Other Significant Conditions Contributing To Death That Not Resulting In The Underlying Cause Listed On Line A					
Pre-disposes					
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant (State Age 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 After Death <input type="checkbox"/> Unknown If Pregnant Within The Year 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	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Occupant's Home, Construction Site, Restaurant, Wooded Area)	
37. Location Of Injury - State		37a. City Or Town		37b. Street Number	
37c. Apartment Number		37d. Apt. No.		37e. Zip Code	
38. Describe How Injury Occurred					
39. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify)					
41. Signature Of Person Deriving Cause Of Death Nicole Arrielle Mosley				41. Electronically Signed	
42. Name, Address And Zip Code Of Person Deriving Cause Of Death Nicole Arrielle Mosley 1701 N Senate Boulevard, Indianapolis, IN 46202				43. County (Check Only One) Lake County Physician	
44. Additional Funeral Service Provider:				44. License Number 01078091A	
44. Signature Of Local Health Officer Chloesha Vercillo				44. Electronically Signed	
45. AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)				46. For Registrar Only - Date Recd. (Month/Day/Year) 05/23/2022	