

NOT AN OFFICIAL DOCUMENT

DULY ENTERED FOR TAXATION
SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

Jun 28 2022 cR

JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-526508
06/28/2022 12:41 PM
TOTAL FEES: 25.00
BY: SP
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

QUIT-CLAIM DEED

THIS INDENTURE IS TO WITNESS that Roszetta L. Haag Quit-Claims to Miller Haag, III, for no consideration, her interest in the following described real estate in Lake County, Indiana:

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

Subject to easements of highways, streets, alleys, sewers, tiles, drains, and public utilities.

IN WITNESS WHEREOF, the said Roszetta L. Haag has hereunto set her hand and seal this 25th of June, 2022.


Roszetta L. Haag

MAIL TAX BILLS TO: Roszetta L. Haag
6402 Maryland Ave, Hammond IN 46323
TAX KEY NO(S): 45-07-03-379-040.000-023
GRANTEE(S) ADDRESS: 6402 Maryland Ave, Hammond IN 46323

This Instrument Prepared By: Michael D. Kvachkoff, Attorney at Law
325 N Main St., Crown Point, IN 46307 (219)661-9500

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 K. Bell*

No Sales Disclosure Needed
Jun 28 2022
By: FGR
Office of the Lake County Assessor

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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 **Rossetta L. Haag** and acknowledged the execution of the foregoing Affidavit of Survivorship this 25th day of **June**, 2022.

My Commission Expires:

9.13.2028

Denise M. O'Donnell
Notary Public

Resident of Lake County, IN

* see attached death certificate

Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. **39915**

Local No **000009**

EDR No **000000424125**

State No

1. Decedent's Legal Name (First, Middle, Last) MILLER HAAG JR		14. Maiden Name (if female)		2. Sex MALE	3. Time of Death 09:35 AM	4. Date of Death (Month/Day/Year) 01/02/2015	
5. Social Security Number		9a. Age - Yrs 69	9b. Under 1 Year Months	9c. Under 1 Month Days	9d. Under 1 Day Hours	7. Date of Birth (Month/Day/Year) 05/16/1945	
8. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		16. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		13a. If Death Occurred Somewhere Other Than a Hospital: <input type="checkbox"/> Inpatient Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility		8. Residence City and State or Foreign Country BIRMINGHAM, AL	
11. Facility Name (If Institution, Give Street and Number) 739 SOUTH CLINE AVENUE		12. City or Town, State, and Zip Code		13. County of Death LAKE		14. Marital Status at Time of Death <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
13. Surviving Spouse's Name ROSZETTA HAAG		15a. (F/M/Other) Maiden Last Name STAGE		16. Decedent's Usual Occupation MECHANIC		17. Kind of Business/Industry STEEL	
14a. Residence - State INDIANA		15b. County LAKE		16b. City or Town GRIFFITH		17a. Apt. No.	
14b. Street and Number 739 SOUTH CLINE AVENUE		15c. State		16c. Zip Code 46319		17b. Inside City Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		23a. Mother's Maiden Last Name RYBENSKE	
22. Father's Name (First, Middle, Last) MILLER HAAG SR		24. Relationship to Decedent WIFE		23. Mother's Name (First, Middle, Last) REGINA HAAG		23b. Mother's Maiden Last Name	
24a. Informant's Name ROSZETTA HAAG		24b. Relationship to Decedent		24c. Mailing Address (Street and Number, City, State, Zip Code) 739 SOUTH CLINE AVENUE, GRIFFITH, IN 46319		27a. Funeral Home License Number FH83001261	
23a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment		23b. Place of Disposition (Name of Cemetery, Crematory, Other Place) KELLY CARROLL CREMATORY		23c. Location - City, Town, and State CALUMET TWP, IN		27b. License Number of Licenses: F001008893	
23d. Removal From Site <input type="checkbox"/> Other (Specify):		27c. Name and Complete Address of Funeral Facility PRUZIN & LITTLE FUNERAL SERVICE, 811 E FRANCISCAN DR, CROWN POINT, IN 46307		27d. Decedent's Social Security Number FM83001261		27e. Approximate Interval - Onset To Death	
25. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26. Name and Complete Address of Funeral Facility		27a. Funeral Home License Number		27b. License Number of Licenses	
27f. Signature of Indiana Funeral Service Licensor THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE		Cause of Death (See Instructions and Examples) Part 1. 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 Ventilator Discontinuation Without Showing the Etiology. Do Not Abbreviate. Enter Only THE UNDERLYING CAUSE OF DEATH IN CAPITAL LETTERS. Immediate Cause (Final Disease or Condition Resulting in Death) A. END STAGE RENAL DISEASE B. SEPSIS C. D.		Approximate Interval - Onset To Death MONTHS WEEKS JAN 05 2015 <i>Susan Best, IA</i>		Part 2. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Was Autopsy Finding Available to Complete This Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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 60 Days of 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		36. Place of Injury (e.g., Workplace, Street, Construction Site, Restaurant, Woods Area)		37. Injury At Work?	
38. Location of Injury - State		38a. City or Town		38b. Street & Number		38c. Apt. No.	
38c. Zip Code		38d. State		38e. Zip Code		38f. Zip Code	
39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other		41. Signature of Person Certifying Cause of Death LYLE R MUNN, BY ELECTRONIC SIGNATURE		42. Coroner (Check One) <input type="checkbox"/> Certifying <input type="checkbox"/> Consulting <input type="checkbox"/> Other	
43. Name, Address and Zip Code of Person Certifying Cause of Death LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383		44. License Number 01031582A		45. Date Certified 01/05/2015		46. Signature of Local Health Officer SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	
47. Additional Funeral Service Provider		48. Registrar Only - Date Best Attestation/Year JAN 05 2015		49. Registrar Only - Date Best Attestation/Year		50. Registrar Only - Date Best Attestation/Year	
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)							