

NOT AN OFFICIAL DOCUMENT

FILED

Aug 02 2022 VH
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-531711
08/02/2022 10:23 AM
TOTAL FEES: 25.00
BY: KK
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

FILED

Jun 30 2022 SLG
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-526958
06/30/2022 03:00 PM
TOTAL FEES: 25.00
BY: KK
PG #: 4

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

** DOCUMENT BEING RE-RECORDED TO CORRECT CHAIN OF TITLE **

Property Number:
45-07-16-130-014.000-023

Tax Mailing Address:
7443 ALEXANDER AVE
HAMMOND IN 46323-2624

SURVIVORSHIP AFFIDAVIT

State of Indiana)
) SS:
County of Lake)

Comes now John C. Smith, the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

1. John C. Smith is an adult residing at 19510 Harrison Street, Lowell, IN 46356, in the County of Lake, State of Indiana, and has personal knowledge of the facts stated in this Survivorship Affidavit as a son of John Edward Smith and Gloria M. Smith, husband and wife.
2. John Edward Smith and Gloria M. Smith, husband and wife, held title to the following described real estate:

The North 25 feet of Lot 14, and the South 15 feet of Lot 13 in Block 3 in Roxana First Addition to Hammond, as per plat thereof, recorded in Plat Book 20, page 24, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 7443 Alexander Avenue
Hammond, IN 46323

3. John Edward Smith and Gloria M. Smith, husband and wife, obtained title to said real estate by the Warranty Deed dated July 20, 1956, and recorded August 1, 1956, as Document Number 943866, in Deed Record Book 1036, page 223, in the Office of the Recorder of Lake County, Indiana, made Joseph Benedict Hicko and Dorothy Jane Hicko, husband and wife, to John Edward Smith and Gloria M. Smith, husband and wife.
4. John Edward Smith was also known as John E. Smith.

(Survivorship Affidavit – GITC File No. IN014978 – Page 1 of 3)

1N014978

Greater Indiana Title Company

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5. John Edward Smith died on September 28, 1985, a resident of Lake County, Indiana. A certified copy of the Indiana State Board of Health Medical Certificate of Death is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.

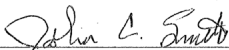
6. John Edward Smith and Gloria M. Smith were husband and wife at the time they acquired title to said real estate and they were never divorced.

7. There were no Federal Estate taxes due by reason of John Edward Smith's death.

8. As a result of John Edward Smith's death, Gloria M. Smith, as his surviving spouse, became the sole owner of said real estate.

9. The purposes of this Survivorship Affidavit are to file with the Lake County Auditor's Office and record with the Lake County Recorder's Office evidence of the death of John Edward Smith and show that Gloria M. Smith, as the surviving spouse of John Edward Smith, became the sole owner of said real estate as a result of his death.

Further Affiant saith not.



John C. Smith

Subscribed and sworn to before me, the undersigned Notary Public in and for said County and State, by John C. Smith, the Affiant, on this 27th day of June, 2022.



Notary's Signature: _____

Notary's Printed Name: Amanda M Van Beek

Notary's County of Residence: Lake

Notary's Commission Expires: 10/05/2023

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After recording return to and mailing address of Affiant:

John C. Smith
19510 HARRISON ST
LOWELL IN 46356-9531

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. Chris Fox

This instrument was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64;
Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520; Fax: 219/791-9366);
referencing Greater Indiana Title Company Commitment no. IN014978.

(Survivorship Affidavit – GITC File No. IN014978 – Page 3 of 3)

15x2

THIS IS A PERMANENT RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPT. OCT 1 1985

Date Issued

HAMMOND HEALTH COMMISSIONER

EMBALMERS NAME Charles Wells
FURNAL DIRECTORS
FURNAL DIRECTORS
LICENSE No. 4237
LICENSE No. 2497
FURNAL HOME No. 266

Local No.

TYPE OR PRINT PLAINLY, WITH UNFADING INK

DECEASED

PARENTS

DISPOSITION

M.D. OR D.O.

CONDUCTED BY

CAUSE

INDIANA STATE BOARD OF HEALTH MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED - NAME John JOHN
AGE 53
RACE White
SEX Male
DATE OF BIRTH 3 Dec. 3, 1931
CITY, TOWN OR LOCATION OF BIRTH Hammond, Indiana

LAST NAME SMITH
FIRST NAME John
MIDDLE INITIAL E.
MARRIED, WIDOW, DIVORCED, SEPARATED, SINGLE, OR UNKNOWN TO MARRIED
CITY, TOWN OR LOCATION OF MARRIAGE Hammond, Indiana

USUAL OCCUPATION OR INDUSTRY Construction
CITY, TOWN OR LOCATION Hammond, Indiana

RELATIONSHIP Robert Smith
MOTHER - MARRIED NAME Dorothy Tuscan

RESIDENCE ON A FARM NO
CITY, TOWN OR LOCATION Hammond, IN 46333

DATE October 2, 1985
FURNAL HOME - NAME AND ADDRESS VIRGIL HUBER FUNERAL HOME, 7051 Kennedy Ave., Hammond, Indiana

CAUSE OF DEATH PROLONGED OF CNS METABOLISM
MANNER OF DEATH MECHANICAL SMALL CELL CARCINOMA OF LUNG

DATE RECEIVED BY LOCAL HEALTH OFFICER OCT 1 1985

STATE FORM 36400 REV 10/77

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