

NOT AN OFFICIAL DOCUMENT

FILED

Aug 18 2022 LM
JOHN E. PETALAS
LAKE COUNTY AUDITOR

2022-534061
08/18/2022 12:54 PM
TOTAL FEES: 25.00
BY: JAS
PG #: 3

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
GINA PIMENTEL
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

COMES NOW, Irene Yander a/k/a Irene Yanders, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Translee Yander a/k/a Translee Yanders, the deceased, and is knowledgeable of the facts stated herein.

2. That Translee Yander a/k/a Translee Yanders and Irene Yander a/k/a Irene Yanders acquired title as husband and wife to certain Real Estate in Lake County, Indiana to-wit:

Lot 17 and the West 1/2 Lot of 16 in Block 4 in Grand Calumet Addition to Gary, as per plat thereof, recorded in Plat Book 16 page 5, in the Office of the Recorder of Lake County, Indiana.

Key No. 45-07-01-254-004.000-004

Commonly known as 5315 W 4TH AVE, GARY IN 46406

3. That Translee Yander a/k/a Translee Yanders died on March 17, 2013, at which time Irene Yander a/k/a Irene Yanders 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 Translee Yander a/k/a Translee Yanders from title to the subject parcel and to establish Irene Yander a/k/a Irene Yanders as the sole owner to the subject parcel.

AFFIANT FURTHER SAYETH NOT.

Irene Yander a/k/a
Irene Yanders

Irene Yander a/k/a Irene Yanders

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

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

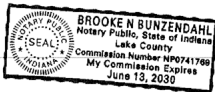
Subscribed and sworn to before me, a Notary Public in and for said County and State personally appeared **Irene Yander a/k/a Irene Yanders** and acknowledged the execution of the foregoing Affidavit of Survivorship this **17th Day of August, 2022**.

My Commission Expires:

June 13, 2030

Brooke N. Bunzendahl
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.

Brooke N. Bunzendahl

Property of Lake County Recorder

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

3937290

Local No 000126		EDR No 0000166531		State No 2013-014148	
1. Decedent's Legal Name (First, Middle, Last) YANDERS		1a. Maiden Name (If Female)		2. Gender Male	
3. Social Security Number 6N		3a. Under 1 Year Mo: 08 Day: 38		3b. Date of Death 03/17/2013	
5. Decedent's Sex M		6. Year (in U.S. Armed Forces?) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		7. Date of Birth (Month/Day/Year) 03/27/1945	
8. Place of Birth (City and State or Foreign Country) Ripley, Tennessee		10. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospital Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long Term Care Facility		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	
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL NORTHLAKE					
12. City or Town, State, and Zip Code Gary, Indiana 45402		13. County or Parish Lake		14. Mental Status At Time of Death <input checked="" type="checkbox"/> Alert/Conscious <input type="checkbox"/> Comatose, But Spontaneous <input type="checkbox"/> Unresponsive <input type="checkbox"/> Never Alert/Conscious <input type="checkbox"/> Lethargic	
15. Spouse's Surname IRENE YANDERS		15a. Last Legal Surname First Marriage BULLOCK		16. Decedent's Usual Occupation STEEL POURER	
17. Kind Of Business/Industry USX STEEL CORP		18. Residence - State IN		18a. City or Town Gary	
19. Street and Number 5315 W 4TH AVENUE		19a. County Lake		19b. Zip Code 46406	
19c. Is this City/Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20. Decedent's Education High School graduate or GED completed		20a. Decedent's Place of Birth Black or African American	
21. Parents Name (First, Middle, Last) LESTER YANDERS		21a. Maiden Name (First, Middle, Last) MINNIE YANDERS		21b. Parents Last Name Before First Marriage INGRAM	
22. Informant's Name IRENE YANDERS		22a. Relationship to Decedent Wife		22b. Mailing Address (Street And Number, Box, State, Zip Code) 5315 W 4TH AVENUE, GARY, IN, 46406	
23a. Method of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Burial From State <input type="checkbox"/> Other (Specify):		23b. Place of Disposition (Street or Cemetery, Crematory, Other Place) OAK HILL CEMETERY		23c. Location: City, Town, and State Gary, IN	
24. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24a. Name and Complete Address of Funeral Facility GUY & ALLEN FUNERAL DIRECTORS 2069 WEST 11TH AVENUE, GARY, INDIANA, 46404		24b. Funeral Home License Number FD20500006	
25. Signature of Indiana Licensed Burial Director MONIKA GORVINS		25a. Cause of Death (See Instructions and Examples) VASCULAR COLLAPSE DUE TO ATHEROSCLEROTIC VASCULAR DISEAS		25b. Location of Death At Home	
26. Inmate Cause (Final Disease or Condition Resulting in Death) Sequently by 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		26a. A. VASCULAR COLLAPSE DUE TO ATHEROSCLEROTIC VASCULAR DISEAS		26b. B. _____	
26c. C. _____		26d. D. _____		26e. E. _____	
27. Time of Death (Specify Conditions Contributing to Death, But Not Resulting in the Underlying Cause Given in Part 1)		27a. Was An autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27b. Were Autopsy Finding Available to Complete the Cause of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
28. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		28a. If Female: <input type="checkbox"/> Pregnant Within Past Year <input type="checkbox"/> Pregnant 1 Year to 5 Years Ago <input type="checkbox"/> Not Pregnant Within Past 5 Years <input type="checkbox"/> Pregnant 5 Years to 10 Years Ago <input type="checkbox"/> Pregnant 10 Years or More Ago		28b. 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	
29. Date of Injury (Month/Day/Year)		29a. Time of Injury		29b. Place of Injury (E.O. Decedent's Home, Construction Site, Restaurant, Worked Area)	
30. Location of Injury - State		30a. City or Town		30b. Street & Number	
30c. Zip Code		30d. State		30e. Zip Code	
31. Describe How Injury Occurred		31a. Transportation Injury: Specify <input type="checkbox"/> Automobile <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		31b. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
32. Signature of Person Certifying Cause of Death: PAMELA J. NAJRACY		32a. Address and Zip Code of Person Certifying Cause of Death: 2900 WEST 93RD AVENUE, Crown Point, IN 46307		32b. Center (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer	
32c. Additional Person Contacted		32d. License Number		32e. Date 03/12/2013	
33. Signature of Local Health Officer: ROCKYND WILCZYK		33a. Date 03/22/2013		33b. For Registrar Only - Date (Month/Day/Year): 03/22/2013	

State Form 5339S - ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN REPRODUCED. ORIGINAL DOCUMENT HAS A REDDEN VOID ON FRONT THAT APPEARS WHEN PHOTOCOPIED.