NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL RECORDER STATE OF INDIANA LAKE COUNTY ILED FOR RECORD 2023-007495

2:10 PM

2023 Mar 13

Grantee's Address and Mail Tax Bills to: LYNNETTE M. LANNON AIKAI Lynette Carren 7349 ARIZONA AVE. HAMMOND, IN 46323

PARCEL # 45-07-16-203-012 000-023

AFFIDAVIT OF SURVIVORSHIP

Comes now CHERYL NAURACY, being duly sworn upon oath, states:

LYNNETTE M. LANNON, is the owner in fee simple of the following-described real estate located in Lake County, Indiana, more particularly described as follows:

LOTS 26, 27 AND 28, BLOCK 5 IN J.R. BRENT'S PARKVIEW ADDITION, IN THE CITY OF HAMMOND, AS SHOWN IN PLAT BOOK 20, PAGE 21 LAKE COUNTY, INDIANA.

Property Address: 7349 Arizona Ave., Hammond, In 46323 45-07-16-203-012.000-023

Alk/a Lynette Lannon (10) Lynnette M. Lannon and the Decedents, Larry E. Lannon and Mary A. Lannon, acquired title to said real estate, as joint tenants with rights of survivorship, by deed dated July 23, 2004 and recorded on Death Cort. Ficates August 3, 2004. * See Attached

Larry E. Lannon died July 31, 2008 and Mary A. Lannon died September 14, 2015, at which time Lynnette M. Lannon acquired title to the real estate by survivorship.

The decedents' estates were less than the value required for the filing of Federal Estate.

The statements made in this Affidavit are true and complete to the best knowledge information and belief of the Affiant. \$ 359

FILED

MAR 1 3 2023

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

NOT AN OFFICIAL DOCUMENT

Further Affiant saith not.	
Dated: 12.19.3022	
	Leryl Dawa o
STATE OF INDIANA)	
COUNTY OF LAKE	
Before me, the undersigned, a Notary Public, in and for saic CHERYL NAURACY, Affiant, and acknowledged the voluntary act.	
WITNESS MY HAND AND SEAL 12-19-10-10-10-10-10-10-10-10-10-10-10-10-10-	m.md
I affirm, under the penalties for perjury, that I have take security number in this document, unless required by law.	
THIS INSTRUMENT PREPARED BY: Robert G. Skadberg, Jr. CARR SKADBERG, LLC	To Co
57 Michigan Ave. #101, Valparaiso, IN 46383 219-230-3600	Corder

ATOIA	NIOEEK	NATE OF	OFIR	
OIA	ON TANKSTALE CERTII	DEPARTMENT OF HEA FICATE OF DEATH	LT/I macking	L 350167
Local No 005162	EDR No 00	0011479900	State No. 2022-	072276
Decedent's Legal Name (First, Middle, Last)	train manual manual	Marie Comment	emale 01:06 AM	4 Date Of Death (Month/Day/Year
Lynnette M. Lannon 5. Social Security Number 6a. Age - Yrs 6b.	Lannon , Under 1 Year 6c. Under 1 Month 6d. Under 1	5.老严气间压力原外气节制度出现有关,而有色换着点点。最高	Transfer to the said to	(City and State or Foreign Country)
Acres & Control of Control of Control of Control	onths Days Hours	Minutes 07/18/19	60 - East Chi	cago, Indiana
☐ Yes 🔀 No 🔲 Unknown 🔯 Inpatient [coursed in A Hospital:	10a if Death Occurred Somewhere C Hospice Facility Decoders Arrival Other (Specify)		lerm Care Facility
11. Facility Name (If Not Institution, Give Street an	Mumber) Franciscan Health Dyer	Trans. Place Place Appendix	Towns Some	
12, City Or Town, State, And Zip Code Dyer, Indiana 46311		13. County Of Death	14 Marital Marrie	d . Married, But Separated ! Divorce
15. Surviving Spouse's Name	American Science Services County Services Servic	Con	sultant	17 Kind Of Business/Industry Finance Company
18. Residence - State	18a County	Hämmond		
18c. Street And Number 7349 Arizona Avenue		And the second s	18d. Apt. No. 18e. 463	Zip Code 187. Inside City Umits?
19. Decedent's Education High School graduate or GED comp	20. Decedent Of Hispanic Origin Pletted Not Spanishi Hispanic/Latino	. 21. Decedents Race Write		The second of th
22. Parent's Name (First, Middle, Last) Larry Lannon		23. Parents Name (First, Middle, Last) MaryAnn Lannon		a. Paroni's Last Namo Before First Marriag NSZANSKI
24. Informants Name Michael Lannon	24s. Relationship To Decedent Brother	24b. Mating Address (Street And Num 7349 Arizona Avenue, Har		
		25. Place Of Disposition	12 12 12 12 12 12 12 12 12 12 12 12 12 1	
25a. Method Of Disposition Buriat	25b. Place Of Disposition (Name Of Cemete breent Skyline Crematory	ery, Crematory, Other Place) 25c. Location Monee, IL	City, Town, And State	The second secon
26. Was Coroner Contected? 27. Nam Chap	me And Complete Address Of Funeral Facility el Lawn Funeral Home And orial Gardens 8178 S. Cline Ave., Cro	own Point, Indiana, 46307	or the second se	27a, Funeral Home License Numbo FH19900051
27b. Signature Of Indiana Funeral Service Licenses Audra M Brooks	·	Electronically Signed	27c. License Number (Of License	ee): FD21500005
		h (See Instructions And Examples)		Approximate Interval: Onset
 Part I. Enter The <u>Chain Of Events</u> - Diseas Such As Cardiac Arrest, Respiratory Arrest, O A Line. "Add Additional Lines If Necessary." 	ases, Injuries, Or Complications - That Directly C Or Ventricular Fibrillation Without Showing The Et	aused The Death, Do Not Enter Terminal E tiology, Do Not Abbreviate, Enter Only One	Cause On	To Death
Immediate Cause (Final Disease Or Condition	n Resulting In Death) A systolic h	neart failure	tracilization of the contractions	2 weeks
Sequentially List Conditions, If Any, Leading				
Line A. Enter The Underlying Cause (Disease The Events Resulting In Death) Last	e Or Injury That Initiated	Date of As A Core		
		Due to (CV As A Conse		
Part II. Enter Other Significant Conditions Contribution	ing to Death But Not Resulting In The Underlying Cau	uso Given in Part I 29. Was An Aut	opsy Performed? (os 🔀 No
		30. Were Autop	sy Finding Available To Complete Ti	
31. Did Tobacco Use Contribute To Death?	32. If Female: Description Page Page	N Death Not Program, But Program Wilson 42 Days Of D	33. Manner Of Death:	☐ Accident ☐ Pending Investigation
Yes Probably No Unknown 34. Date Of Injury (Month/Day/Year)	Hot Pregnant, But Pregnant 43 Days To I year Selore Dead	6. Place Of Injury (E.G., Decedent's Home, Co	Suicide Could Not B	
				□ Yes □ No
39. Location Of Injury - State		38b. Street & Number		
39. Describe How Injury Occurred	THIS IS A TRU	FILE WITH THE	40. If Transportation Injury,	Specify.
41. Signature. Of Person Certifying Cause Of Deal Ahmed 'Ullah Sharif		LTH DEPARTMENT 42	Certifier (Check Only One)	orar LI Heanth Onicer 11

IN 4632 DEC 2 8 2022

MANDRICH TERTIFICATE OF BEA

Decedent's Legal Name (First, Middle, Last)	99 E	DR No 0000	ne (If female)	2. Sex	State No 3. Time Of	Death 4. C	Date Of Death (Month/Day/
ARY ANN LANNON Social Security Number 6a. Age - Yrs 6b	. Under 1 Year 6c. Under 1 Mor	OLSZANSKI nth 6d. Under 1 Day		FEMAL Date of Birth (Month)		5 PM	09/14/2015 State or Foreign Country)
	onths Days	Hours	Minutes	05/19/193	3 3 3	KNOWN, UN	251 33 1
Will Share have been	ccurred in A Hospital:	Tees Vessell	10a. If Death Occurre Hospice Facility	d Somewhere Other Tha	n A Hospital	A PROPERTY	1 200 . 7
Yes ⊠ No ☐ Unknown ☑ Inpatient [Facility Name (If Not Institution, Give Street an		ent Dead on Arrival	Other (Specify)	2m3 2	1000	13.18	
CATHERINE HOSPITAL INC			13. County Of	Death		4. Marital Status At	Toro Ci Conti
AST CHICAGO, IN, 46312		The Same					ied, But Separated Div
Surviving Spouse's Name	THE PARTY	5a. (If Wife)Give Maiden	LAKE n Last Name	16. Decedent's	Usual Occupation		Kind Of Business/Industry
Residence State	18a County		計刊權	HOME MA	KER	ów	N HOME
DIANA	LAKE	Land June	18b. City Or Town	Span And	Thorn I'm	1. 1.	Tanco Charles
c. Street And Number	LAKE		HAMMOND	18	d. Apt No.	18e. Zip Code	18f. Inside City Lin
49 ARIZONA AVENUE	DA HILLS I					46323	☑ Yes □ No
GH SCHOOL GRADUATE OR	GED 20. Decedent Of Hisp	1.71	2 2	edent's Race	San	1/4 8	7/ 1/
OMPLETED Father's Name (First, Middle, Last)	NOT HISPANI		23. Mother's Name (Fin	st, Middle, Last)	5 13	23a. Mother	s Maiden Last Name
YLVESTER OLSZÁNSKI			MARIE OLSZAI	NSKI		KWIATKO	OWSKI
Informant's Name	24a Relaionship	To Decedent	24b. Mailing Address (Street And Number, City,		N. 81.	
Method Of Disposition	25b. Place Of Disposition (e Of Disposition	AVENUE, HAM	2. 66	46323	
Burial ☐ Cremation ☐ Donation ☐ Entomb	oment	Name Of Cemetery, Crer	matory, Other Place)	25c. Location - City, Tox	m, And State		Secretary december of Secretary december december
	A Salt Salt Salt Salt	ST TO STATE OF THE	20 25 27 3 3				
Other (Specify):	CHAPEL LAWN N	IEMORIAL GAR	RDEN	SCHERERVILLI	E, IN		
CHAP	PEL LAWN FUNERAL F	al Facility	SALLY SALLS	Me and Some	1000	27a.	Funeral Home License Nu
Yes No CHAP	PEL LAWN FUNERAL F RERVILLE, IN 46375	al Facility HOME AND MEN	SALLY SALLS	ENS, 8178 S. CI	INE AVE.,	FH.	Funeral Home License Nu
Yes No CHAP SCHE S. Signature Of Indiana Funeral Service Licensee ELISSA L. CHRISTENSEN , BY	PEL LAWN FUNERAL PEREVILLE, IN 46375 ELECTRONIC SIGNA	OME AND MEN	MORIAL GARDE	ENS, 8178 S. CI	INE AVE., cense Number (C	FH.	19900051
B Yes □ No CHAP SCHE Sche Signature Of Indiana Funeral Service Usansee ELISSA L. CHRISTENSEN BY 8. Part Lefter The Chain Of Events → Disea	PEL LAWN FUNERAL PEREVILLE, IN 46375 ELECTRONIC SIGNA	OME AND MEN	MORIAL GARDE	ENS, 8178 S. CI	INE AVE., cense Number (C	FH.	19900051 Approximate Interval: One
3 Yes □ No CHAP 2. Signature Of Indiana Funeral Service Licensee CLISSA □ CHRISTENSEN BY 8. Part L Enter The Chain Of Events - Disea uch As Cardiges Arest, Respiratory Arest, Line, Add Addroinal Lines If Necessary.	ne And Complete Address Of Funer. EEL LAWN FUNERAL F RERVILLE, IN 46375 ELECTRONIC SIGNA Sess, Injuries, Or Complications - r Ventricular Fibrillation Without S	OME AND MEN	Instructions And Exa The Death Do Not Ent Do Not Abbreviate En	ENS, 8178 S. CI 27c. L FD2 imples) ier Terminal Events iter Only One Cause O	INE AVE., cense Number (C	FH.	19900051
3 Ves \(\backstyle \) No \(\backstyle \) CHAP SCHE \(\backstyle \) Signature Of Indians Funeral Service Literase Literase \(\backstyle \) CHRISTENSEN, \(\backstyle \) B. Part L. Erier The \(\backstyle \) Chain Of \(\backstyle \) Lens. Add Additional Lines If Necessary. The Add Additional Lines If Necessary. The Add Additional Lines If Necessary.	ne And Complete Address of Funer PEL LAWN FUNERAL F RERVILLE, IN 46375 ELECTRONIC SIGNA ELECTRONIC SIGNA Complete Signal Sign	TURE Jause of Death (See That Directly Caused T	MORIAL GARDE Instructions And Exc The Death Do Not Ent Do Not Abbreviate, En	ENS, 8178 S. CI	INE AVE., cense Number (C	FH.	19900051 Approximate Interval: One
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Local No	276	14-28							State No					
Decedent's Legal Name (Pirst.)	al Name (Pirst, Middle, Last) 1a. Maiden				est Name (If I	Name (If Female) 2. Sex				3. Time Of Death			Date Of Death (Month/Day/Year)	
LARRY E. LANNON				N/A				м		7:47 F		JULY 3		
5. Social Security Number	69. Age Yrs 75	So. Under 1 Year Mortins	E Sc. Under 1 Mc	Hours	Minut	Under I Hour	7. Date 01 Birth (Month/Day/Year) August 7,1932		8. Birthplace (City And HAMMOND, INI		nd State Or Foreign Country) IDIANA			
9. Ever In U.S. Armed Forces?		th Occurred in A H			10a.	If Death Occurre	d Somewhe	re Other Tha	in A Hospital: E] Hospice I	Facility 🔲 🗅	lecedent's Hom	e Mursing Home/Long-	
⊠ Yes □ No Unknown □			Department Outpatient	Dead On Arrival	Term	Care Facility	Other (Spe	rcify)						
11. Facility Name (If Not Institution, Give Street And Number) COMMUNITY HOSPITAL														
12. City Or Yown, State, And Zip o	13. County Of Death						14. 8	At Yame Of Dec	eth.					
MUNSTER, INDIANA 46321				LAKE			☐ Widows				d Married, But Separated Diversed ed Never Married Unknown			
15. Surviving Spouse's Name MARY ANN LANNON				15a. (#Wite)Give Maldon Last Name CLSZANSKI				16. Decedent's Usual Occupation MIXER				17. Kind Of Business/Industry MANUFACTURING		
18. Residence – State 'INDIANA	18. Residence - State 18. Cozety													
18c. Street And Number		0.							18d. Apt. No.		16e. Zip C	Code	18f. Inside City Dmits?	
7349 ARIZONA AV	E.		X.						N/A		46323		⊠Yes □No	
19. Deceders's Education High school graduate of	or GED com	pleted	20. Decedent Of H No, not Span	ispanie Origin Ish/Hispanic/Li	atino	21. (Wh	Decedent's R	tace						
22. Father's Name (First, Middle, I	Last)				23. 8	Aother's Name (I	lirst, Midde.	Lasti			259. 1	Mother's Maide	n Last Name	
JOHN LANNON						RGARET LA					MUF	RRAY		
MARY ANN LANNON			WIFE	ap To Decedent					y. State. 24 Cos ID, INDIANA					
				25.	Place Of	Disposition								
25s. Method of Disposition. 30 Burlial Chemistrian Disposition Dis														
Yes No	28. Was Convert Contacted? 27. Name And Complete Address Of Puerral Facility 27. Name And Complete Address													
270. Signature Officiaria Funeral	Service Userson	L	mh	,		0/				ense Numb 800305	er (Of Licens	100)		
			G.	use Of Death (See Inst	ructions An	d Examp	ites)						
28. Part I. Enter The Chain of Such As Cardiac Arrest, Resp A Line. Add Additional Lines		seases, Injuries , Or Ventricular	, Or Complications- Fibrillation Without	—That Directly Car Showing The Etiol	used The Dogy. Do N	Death, Do No ot Abbroviate	t Enter Ter Enter Or	minal Eve	nts iuse On				Approximate Interval: Onset	
Immediate Cause (Final Dise		ion Resulting In	Death A		Respi	ratory	170	ulur	e ·				To Death	
Sequentially List Conditions, If Any, Leading To The Cause Listed On B. Sephic Shock														
Line A. Enter The Undonfring Cause (Disease Or Injury That Initiated The Events Resulting in Death) Last C														
Death Colonial de la),			COM TOTOL	AS A Conseque						
Part II. Enter Other Significant Con	ditions Commun	no To Death But N	lot Resulting In The Uni	derlying Cause Given	în Part i		30. Were	An Autopsy Hin	dings Available (☐Yes Complete	IN Cause	Of Death?	□ Yes □ No	
31. Did Yobacco Use Contribute Yo	Death?	32 f Fem	46:						33. Manner C	f Davits	<u>/</u>		LI TOS LI NO	
□ Yes □ Probably □ No pSUnknown		☐ Not Pre	prort Within Post Year prort, But Progrant 43 Days	Progrant At Time Of Decil	□ Hot Preg	punt, But Prognant	Within 42 Days	OfDeath	50 Natural City	basis D	outed III Po	ending Investigation	,	
34. Date Of Injury (Month/Day/Yea	r)	35. Yime	Of Injury	36.	Place Of In	ury (E.G., Dece	dent's Home	, Construction	Suicite C C on Site, Restaurac	t. Wooded	Area)		kry Al Work?	
38. Location Of Injury - State		384. Cay	Or Yown	COPY OF THE CO	Street & N	mper and ON	10 2017				Bc. Apt. No.	386. Zg	Yes No	
				LAKE COUNT HEA	ATH DESTA	TUEST.	SATE AND S	THE		- 1				
39 Describe How Injury Occurred					''': e	46. If Transportation Injury, Specify:								
41. Signature, Of Person Certifying Cause Of Death:					50 J 0 / / (11)8 42 Contile (□ Driver/Operator □ Passenger □ Pedestrian □ Other (Specify) er (Check Only One)					
XX Cortifying Physician □ Conner □ Health Officer														
43. Name, Address And Zip Co	de Of Person	Dertifying Cause	Of Death:							ense Numb		45. Date 0		
DR. YASIR FAS: 46. Additional Funeral Service Prov	SCHERERVILLE, IN 46375				0105843ZA @/4/08									
									1	as:				
Suparare or Local Health Office	· ~)B	t. D.O.		49.	For Registrar C	inty-Date i			.2				
	w L		. ,		- 1	/*~	3417	· 14-		3				