

NOT AN OFFICIAL DOCUMENT

GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2023-007495

2:10 PM 2023 Mar 13

5
Grantee's Address and Mail Tax Bills to:
LYNNETTE M. LANNON *AK/A Lynette Lannon (RL)*
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, *AK/A Lynette Lannon (RL)* 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
PARCEL # 45-07-16-203-012.000-023

AK/A Lynette Lannon (RL)
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 August 3, 2004.

** See Attached Death Certificates*

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.

25 359
ck. [Signature]

FILED

MAR 13 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 350167

Local No 005162

EDR No 000011479900

State No 2022-072278

1. Decedent's Legal Name (First, Middle, Last) Lynnette M Lannon				19. Maiden Name (if female) Lannon		2. Gender Female		3. Time of Death 01:06 AM		4. Date of Death (Month/Day/Year) 12/20/2022	
5. Social Security Number [REDACTED]		6a. Age - Yr 62	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 07/18/1960		8. Birthplace (City and State or Foreign Country) East Chicago, Indiana		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival				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 <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street and Number) Franciscan Health Dyer											
12. City or Town, State, and Zip Code Dyer, Indiana 46311						13. County of Death Lake			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation Consultant		17. Kind Of Business/Industry Finance Company	
18. Residence - State IN			18a. County Lake			18b. City or Town Hammond			18c. Apt. No.		
18d. Zip Code 46323			18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			14c. Street and Number 7349 Arizona Avenue			16d. Apt. No.		
18e. Zip Code 46323			18f. 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 <input type="checkbox"/> Not Spanish/Hispanic/Latino		
21. Decedent's Race White			22. Parent's Name (First, Middle, Last) Larry Lannon			23. Parent's Name (First, Middle, Last) MaryAnn Lannon			23a. Parent's Last Name Before First Marriage Olszanski		
24. Informant's Name Michael Lannon				24a. Relationship To Decedent Brother				24b. Mailing Address (Street And Number, City, State, Zip Code) 7349 Arizona Avenue, Hammond, IN, 46323			
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) Skyline Crematory				25c. Location - City, Town, And State Monee, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Chapel Lawn Funeral Home And Memorial Gardens 8178 S. Cline Ave., Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH19900051			
27b. Signature Of Indiana Funeral Service Licensee: Audra M Brooky				27c. License Number (Of Licensee): FD21500005				27d. License Number (Of Licensee): FD21500005			
28. Part I. 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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. systolic heart failure Sequentially 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 B. [REDACTED] C. [REDACTED] D. [REDACTED]											
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I											
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 checked="" type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 1 Year Before Death <input type="checkbox"/> Pregnant Or Physically Within 1 Year Before Death				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accidental <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., Decedent's Home, Construction Site, Restaurant, Working Area)			
37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				38. Location Of Injury - State				38a. City or Town			
38b. Street & Number				38c. Apt. No.				38d. Zip Code			
39. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian			
41. Signature, Of Person Certifying Cause Of Death: Ahmed Ullah Sharif				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. Date of Certification 12/22/2022			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Ahmed Ullah Sharif 901, Macarthur Blvd., Muncie, IN 46321				44. License Number 01082765A				45. Date of License 12/22/2022			
46. Additional Funeral Service Provider: Chandana Varivala				47. Signature of Local Health Officer: Chandana Varivala				48. For Registrar Only: Date Filed (Month/Day/Year) 12/26/2022			
48. Signature of Local Health Officer: Chandana Varivala				49. For Registrar Only: Date Filed (Month/Day/Year) 12/26/2022				49. For Registrar Only: Date Filed (Month/Day/Year) 12/26/2022			

THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT
Electronically Signed

DEC 28 2022

LAKE COUNTY HEALTH DEPARTMENT

NOT VALID UNLESS

RAISED SEAL AFFIXED

NOT AN OFFICIAL DOCUMENT

CERTIFICATE OF DEATH INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No 000199

EDR No 00000469288

State No 044512

1. Decedent's Legal Name (First, Middle, Last) MARY ANN LANNON		1a. Maiden Name (if female) OLSZANSKI		2. Sex FEMALE		3. Time Of Death 12:25 PM		4. Date Of Death (Month/Day/Year) 09/14/2015		
5. Social Security Number 000-00-3520		6a. Age - Yrs 80		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		
6e. Under 1 Hour Minutes		7. Date of Birth (Month/Day/Year) 05/19/1935		8. Birthplace (City and State or Foreign Country) UNKNOWN, UNK						
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		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 <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street and Number) ST CATHERINE HOSPITAL INC				13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" 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				
12. City Or Town, State, And Zip Code EAST CHICAGO, IN 46312				15a. (If Wife) Give Maiden Last Name		15b. Decedent's Usual Occupation HOME MAKER		17. Kind Of Business/Industry OWN HOME		
15. Surviving Spouse's Name		15a. (If Wife) Give Maiden Last Name		15b. Decedent's Usual Occupation		17. Kind Of Business/Industry				
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Apt. No.		18d. Zip Code 46323		
18e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		18c. Street And Number 7349 ARIZONA AVENUE		18d. Apt. No.		18e. Zip Code		18f. Inside City Limits?		
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White						
22. Father's Name (First, Middle, Last) SYLVESTER OLSZANSKI		23. Mother's Name (First, Middle, Last) MARIE OLSZANSKI		23a. Mother's Maiden Last Name KWIATKOWSKI						
24. Informant's Name MICK LANNON		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 7349 ARIZONA AVENUE, HAMMOND, IN 46323						
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) CHAPEL LAWN MEMORIAL GARDEN		25c. Location - City, Town, And State SCHERERVILLE, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375		27a. Funeral Home License Number FH19900051						
27b. Signature Of Indiana Funeral Service Licensee MELISSA L. CHRISTENSEN, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee) FD21400006								
28. Part I. 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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.									Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)									A. PNEUMONIA	
Sequentially 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									B. HYPERCALCEMIA	
									C. ACUTE RENAL FAILURE	
									D.	
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I									29. Was An Autopsy Performed? <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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown									30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past 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., Decedent's Home, Construction Site, Restaurant, Wooded Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		
39. Describe How Injury Occurred									40. 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 Certifying Cause Of Death: WASSIM ATASSI, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01058603A		45. Date Certified 09/17/2015		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI, 9696 GORDON DR., HIGHLAND, IN 46322				46. Additional Funeral Service Provider:		47. "Akas":				
48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year) SEP 22 2015						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										

WARNING:

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH



Local No. 2744-08

State No. _____

1. Decedent's Legal Name (First, Middle, Last) LARRY E. LANNON		1a. Maiden Last Name (if Female) N/A		2. Sex M		3. Time of Death 7:47 PM		4. Date of Death (Month/Day/Year) JULY 31, 2008		
5. Social Security Number 75		6a. Under 1 Year Months		6b. Under 1 Month Days		6c. Under 1 Year Hours		6d. Under 1 Year Minutes		
7. Date of Birth (Month/Day/Year) August 7, 1932		8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA								
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Unknown <input type="checkbox"/>		10. If Death Occurred in A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival		10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Home Care Facility <input type="checkbox"/> Other (Specify)		10b. 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 <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street And Number) COMMUNITY HOSPITAL										
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321				13. County Of Death LAKE			14. Marital Status At Time Of Death <input checked="" 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 MARY ANN LANNON			15a. (If Wife) Give Maiden Last Name OLSZANSKI			16. Decedent's Usual Occupation MIXER		17. Kind Of Business/Industry MANUFACTURING		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18c. Street And Number 7349 ARIZONA AVE.		18d. Apt. No. N/A		
18e. Zip Code 46323		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education High school graduate or GED completed		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) JOHN LANNON			23. Mother's Name (First, Middle, Last) MARGARET LANNON			24. Mother's Maiden Last Name MURRAY				
24a. Informant's Name MARY ANN LANNON			24b. Relationship To Decedent WIFE			24c. Mailing Address (Street And Number, City, State, Zip Code) 7349 ARIZONA AVE. HAMMOND, INDIANA 46323				
25a. Method Of Disposition <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS		25c. Place Of Disposition SCHERERVILLE, INDIANA		25d. Location - City, Town, And State				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, INDIANA 46322			27a. Funeral Home License Number: FI10300021					
27b. Signature Of Indiana Funeral Service Licensee: <i>Leonid Snytko</i>						27c. License Number (Of Licensee) FDO8800305				
Cause of Death (See Instructions And Examples)										
28. Part I. 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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										
Immediate Cause (Final Disease Or Condition Resulting In Death)										
A. <u>Respiratory Failure</u> <small>Due To B As A Consequence Of</small>										
B. <u>Sepsis Shock</u> <small>Due To C As A Consequence Of</small>										
C. _____ <small>Due To D As A Consequence Of</small>										
D. _____ <small>Due To E As A Consequence Of</small>										
28. Part II. Enter Other Significant Conditions Contributing To Death, but Not Resulting in the Underlying Cause Given in Part I										
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						30. Were Autopsy Findings Available To Clarify The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input checked="" 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death		33. Manner Of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Subduer <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number COPY OF THE DEATH CERTIFICATE TO BE FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT		36c. Apt. No.		36d. Zip Code		
39. Describe How Injury Occurred						40. 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 Certifying Cause Of Death: <i>YHL</i>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: DR. YASIR FASIH 505 W. LINCOLN HWY. SCHERERVILLE, IN 46375						44. License Number 010SB432A		45. Date Certified 8/14/08		
46. Additional Funeral Service Provider:						47. "Nas":				
48. Signature of Local Health Officer: <i>Susan J Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year) August 7, 2008				