

FILED

Dec 06 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Susan L. O'Dea, being first duly sworn upon her oath, deposes and says:

1. That she is the wife of Thomas B. O'Dea, and that Susan L. O'Dea and Thomas B. O'Dea, were married on the date that they acquired title dated August 15th, 1997 to certain real estate by deed recorded on August 25th, 1997 as Document No. 97055671 in the Office of the Recorder of Lake County, Indiana, more particularly described as follows, to-wit:

Lot 3 in Block 5 in Roxana 1st 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 7509 Marshall Avenue, Hammond, IN 46323

TAX KEY NO(S): 45-07-16-179-003.000-023

2. The marital relationship which existed between Susan L. O'Dea and Thomas B. O'Dea continued unbroken from the time they so acquired title to said real estate until the death of Thomas B. O'Dea on August 23rd, 2014 at which time Susan L. O'Dea acquired title as surviving tenant by the entirety.

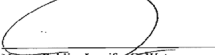
3. That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his records.

AFFIANT FURTHER SAYETH NOT:


Susan L. O'Dea, Affiant

Before me, a Notary Public in and for said County and State personally appeared Susan L. O'Dea, who acknowledged the execution of the foregoing Affidavit of Survivorship.

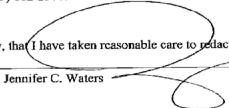
WITNESS my hand and Notarial Seal this 4th day of December 2023.


Notary Public: Jennifer C. Waters
Commission Expires 9-20-25
Commission No.: NP0703616
County of Residence: LAKE



MAIL TAX BILLS TO: Susan L. O'Dea
938 W Ash St, Griffith, IN 46319
938 W Ash St, Griffith, IN 46319

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF, #5575-56 Attorney at Law 325 N. Main Street, Crown Point, IN 46307 (219) 662-2977.
File No: IN-23-68395-02

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security Number in this document, unless required by law:
Jennifer C. Waters 

NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 384648



Local No 002639

EDR No 00001859033

State No 2014-037872

1. Decedent's Legal Name (First, Middle, Last) THOMAS BRIAN O'DEA		1a. Maiden Name (if female)		3. Gender Male	3a. Time of Death 08:20 AM	4. Date of Death (Month/Day/Year) 08/23/2014	
5. Social Security Number ██████████	6a. Age - yrs 70	6b. Under 1 Year Months 10	6c. Under 1 Month Days ██	6d. Under 1 Day Hours ██	6e. Under 1 Hour Minutes ██	7. Date of Birth (Month/Day/Year) 12/16/1943	8. Birthplace (City and State or Foreign Country) Chicago Heights, Illinois
9. Born in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred in a Hospital: <input 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) RILEY HOSPICE CENTER							
12. City or Town, State, and Zip Code Munster, Indiana 46321				13. County of Death Lake		14. Marital Status At Time of Death: <input 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 SUSAN L. O'DEA		15a. Last Name Before First Marriage TATE		16. Decedent's Local Occupation MECHANIC		17. Kind of Business/Industry BEMCOR	
18. Residence - State IN		18a. County Lake		18b. City or Town Hammond		18c. Street and Number 7509 MARSHALL Avenue	
18d. Apt. No.		18e. Zip Code 46323		18f. Inside City/Limit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education High School graduate or CED completed		20. Decedent of Hispanic Origin (Not Spanish/Hispanic/Latino)		21. Decedent's Race White			
22. Parents Name (First, Middle, Last) CORNELIUS O'DEA		23. Parents Name (First, Middle, Last) CORNELIA O'DEA		25a. Parents Last Name Before First Marriage LUCAS			
24. Informant's Name SUSAN L O'DEA		24a. Relationship To Decedent Wife		24b. Mailing Address (Street and Number, City, State, Zip Code) 7509 MARSHALL Avenue, Hammond, IN, 46323			
25. Place of Disposition HEIGHTS CREMATORY Chicago Heights, IL							
25a. Method of Disposition <input 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) HEIGHTS CREMATORY		25c. Location - City, Town, and State Chicago Heights, IL			
26. With Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name and Complete Address of Funeral Facility Booken Funeral Home Inc. 7042 KENNEDY AVENUE, Hammond, Indiana, 46323		27a. Funeral Home License Number: FI10600033			
27b. Signature of Indiana Funeral Licensee: JOSE G. CORONA		Electronically Signed Cause of Death (See Instructions and Examples) PROSTATE CANCER METASTATIC TO BONE		27c. License Number (or Licensee): FD08601373		Approximate Interval: Onset To Death YEARS	
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. Investigate Causes (Filter Disease or Condition Resulting in Death) A. PROSTATE CANCER METASTATIC TO BONE 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. _____ C. _____ 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		30. Were Autopsy Findings Available to Complete 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 Year of Death <input type="checkbox"/> Pregnant At Time of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within Year of Date of Death <input type="checkbox"/> Not Pregnant, But Pregnant 40 Days to 1 year Before Death <input type="checkbox"/> Pregnant 1 Year Before Death		33. Manner of Death: <input type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input checked="" 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. License Number: 031552A		36a. Date Of Issue: 08/25/2014	
38. Location Of Injury - State		38a. City or Town		38b. Apt. No.		38c. Zip Code	
39. Describe How Injury Occurred		39a. Street and Number NOV 29 2023		40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator NOT VALID UNLESS			
41. Signature of Person Certifying Cause of Death: LYLE R MUNN		Electronically Signed LAKE COUNTY HEALTH OFFICER		42. Certifier (Check One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Certifier <input type="checkbox"/> Health Officer			
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 46385		43a. City or Town		43b. State		43c. Zip Code	
44. Additional Funeral Service Provider:		45. For Registrar Only - Date Filed (Month/Day/Year): 08/25/2014		46. For Registrar Only - Date Filed (Month/Day/Year): 08/25/2014			
46. Signature of Local Health Officer: SUSAN W. OBEY		Electronically Signed		46. Signature of Local Health Officer: SUSAN W. OBEY		Electronically Signed	