

FILED

Dec 06 2023 BDD
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

File No.: CTNW2305172J
Case No.:

Comes now Daniel Robert Kopack, who being duly sworn upon his oath, deposes and says: ^{K9A}
^{AKA VERNON CLEVE HAMMOND}
That, Daniel Robert Kopack is the surviving son of Vernon C. Hammond, deceased who died domiciled in Lake County, Indiana, on 2-22-03.

That Vernon C. Hammond and Helen K. Hammond acquired title to certain real estate as husband and wife, said real estate being described as follows:

For APN/Parcel ID(s): 45-09-29-378-031.000-018

PART OF LOT 29, IN WOOD'S ADDITION TO THE TOWN, NOW CITY OF HOBART, AS PER PLAT THEREOF, RECORDED IN DEED RECORD D, PAGE 567, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHWEST CORNER OF SAID LOT; THENCE SOUTHWESTERLY ON THE WEST LINE OF SAID LOT 50 FEET; THENCE EAST, PARALLEL WITH THE NORTH LINE OF SAID LOT, 380 FEET, MORE OR LESS, TO A POINT 150 FEET WEST OF THE EAST LINE OF SAID LOT; THENCE NORTH PARALLEL WITH THE EAST LINE OF SAID LOT 50 FEET MORE OR LESS, TO THE NORTH LINE OF SAID LOT; THENCE WEST ON SAID NORTH LINE 377.8 FEET TO THE PLACE OF BEGINNING.

Property: 23 N Michigan Ave, Hobart, IN 46342 ^{K9A}
^{AKA VERNON CLEVE HAMMOND}

Affiant states that Vernon C. Hammond and Helen K. Hammond continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of Vernon C. Hammond's death. The Parties acquired title to the premises by Deed recorded September 19, 1978 as Instrument No. 491103 in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Helen K. Hammond.

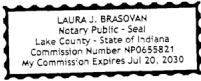
IN WITNESS WHEREOF, the undersigned have executed this document on December 1th, 2023.

Daniel Robert Kopack
Daniel Robert Kopack

STATE OF INDIANA
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Daniel Robert Kopack, this 1st day of December, 2023.

Signature: Laura J. Brasovan
Printed: Laura J. Brasovan
Resident of: Lake County
State of: INDIANA
My Commission expires: July 20, 2030



NOT AN OFFICIAL DOCUMENT

SURVIVORSHIP AFFIDAVIT (continued)

Prepared by: Dena Phillips Farling, for the benefit of Chicago Title Company, LLC

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. Dena Phillips Farling.

Return to: 130 N Hobart Rd, Apt 12, Hobart IN 46342

Property of Lake County Recorder

Recd

Tracking No. 32775

ATTENTION: STATE: The Social Security # is only required by this state agency in order to verify its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 553-03

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER I.C. 16-27-1-10

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

ARENTS

IFORMANT

SPOSITION

USE OF BATH

RTIFIER

ALTH FICER

1. DECEASED - NAME (Print Whole Name) Vernon Cleve Hammond		3. SEX Male	4. TIME OF DEATH 11:20pm	5. DATE OF DEATH (Month, Day, Year) February 22, 2003
6. FEDERAL SECURITY NUMBER [REDACTED]	7a. AGE - Last Birthday (Month, Day, Year) 66	7b. UNDER 1 YEAR None	8. DATE OF BIRTH (Month, Day, Year) June 27, 1936	9. BIRTH PLACE (City and State or Foreign Country) Gary, Indiana
10. WAS DECEDENT A U.S. VETERAN? NO	11. YEAR LAST SERVED IN U.S. ARMED FORCES?	12. PLACE OF DEATH (Check box only, see instructions) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Prison <input type="checkbox"/> Hospice <input type="checkbox"/> DCA		
13. FACILITY NAME (If not permanent, give street and number) Methodist hospital southlake		14. CITY/TOWN OR LOCATION OF DEATH merrillville	15. COUNTY OF DEATH LAKE	
16. MARITAL STATUS (Specify) Married	17. SURVIVING SPOUSE (If not give maiden name) Heleen Beckman	18. DECEASED'S USUAL OCCUPATION (Give kind of work upon which most of working life has been spent) Iron Worker		19. KIND OF BUSINESS/INDUSTRY LTV Steel
20. RESIDENCE - STATE INDIANA	21. COUNTY LAKE	22. CITY/TOWN OR LOCATION Hobart	23. STREET AND NUMBER 23 N Michigan Ave	
24. ZIP CODE 46342	25. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	26. CITIZEN OF WHAT COUNTRY? U.S.A.	27. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (All year except Cubans, Mexican, Puerto Rican, etc.)	28. RACE - American Indian, Black, White, etc. White
29. OCCIDENTAL EDUCATION (Specify only highest grade completed) 12		30. DECEASED'S EDUCATION (Specify only highest grade completed) 12		
31. FATHER'S NAME (First initials last) Doyle Hammond		32. MOTHER'S NAME (First initials last) Wanda Watson		
33. DECEASED'S NAME (Type only) Heleen Hammond		34. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 23 Michigan Ave HOBART, INDIANA 46342	35. Relationship Wife	
36. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Buried in Sea <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		37. DATE AND PLACE OF DISPOSITION (Date of temporary interment or other event) February 28, 2003 Kraft Funeral Services and Crematory, Inc.		38. LOCATION - City or Town, State HOBART, INDIANA
39. EMBALMER'S NAME RUSSELL A. KRAFT, JR.		40. EMBALMER'S LICENSE NO. FD29300105	41. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
42. SIGNATURE OF FUNERAL DIRECTOR <i>Russell A. Kraft Jr.</i>		43. LICENSE NUMBER (If necessary) FD29300105	44. NAME ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kraft Funeral Services and Crematory, Inc. FH1000005 370 N County Line Rd, Hobart, IN 46342	
PART I - Enter the medical history or complications that caused the death. Do not enter respiratory terms such as pneumonia, etc. unless they are known to have been the cause of death.				
IMMEDIATE CAUSE (Final disease or condition resulting in death) SEPTICEMIA		THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		
1. DUE TO OR AS A CONSEQUENCE OF: CABINRYA OF LUNG		6 Months		
2. DUE TO OR AS A CONSEQUENCE OF: [REDACTED]		OCT-21 2014		
3. DUE TO OR AS A CONSEQUENCE OF: [REDACTED]		Susan J. Bart		
PART II - Other significant conditions - Conditions contributing to death but not previously stated in Part I				
45. WAS DECEASED PREGNANT OR IN LACTATION (If so, specify date of last menstrual period or date of last lactation)? No		46. WERE THERE INJURIES OR TRAUMAS? No		
47. CERTIFIER (Check only) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my region, death occurred at the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On my personal examination and/or investigation in my region, death occurred at the time, date and place and due to the cause(s) and manner as stated.		48. SIGNATURE AND TITLE OF CERTIFIER <i>B. Barai</i>		
49. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/print) Dr. B. Barai 125 E. 89th Avenue MERRILLVILLE INDIANA 46410		50. MEDICAL LICENSE NO. 01030107		
51. HEALTH OFFICER'S SIGNATURE <i>Susan J. Bart</i>		52. DATE SIGNED 02/22/03		
53. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		54. DATE OF INJURY (Month, Day, Year)	55. TIME OF INJURY	56. INJURY AT WORK? (Yes or no)
57. PLACE OF INJURY - (If home, town, street, factory, office, building, etc. (Specify))		58. LOCATION (Street and Number)		
59. DATE PRONOUNCED DEAD (Month, Day, Year)		60. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver's licensing government no.		

RAISED SEAL AFFIXED