

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now, Michael D. Smith, being of legal age and duly sworn upon his oath, who now states as follows:

1. That Michael D. Smith is the adult surviving son of the decedent, Euia Delano Smith and he currently resides at 7711 E. 93rd Avenue, Crown Point, Indiana 46307.
2. That Euia Delano Smith a/k/a Euia D. Smith, died on the 5th day of June, 2019, while domiciled in Crown Point, Lake County, Indiana. A copy of his Death Certificate is attached and marked as Exhibit "A".
3. That Euia Delano Smith, deceased, who passed away on the 5th day of June, 2019, was the owner of the following described real estate located in Crown Point, Lake County, Indiana, to-wit:

LOT 4 IN MEADOW VALLEY FARMS ADDITION AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 36, PAGE 68, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. Parcel No. 45-13-32-226-002.000-030.

Commonly known as: 7711 E. 93rd Avenue, Crown Point, Indiana 463407.

4. That on December 16, 2004, Euia Delano Smith executed a Quit Claim Deed whereby he conveyed his interest in real property located 7711 E. 93rd Avenue, Crown Point, Indiana 46307 to the Euia Delano Smith Revocable Living Trust dated December 16, 2004 and further reserved unto himself a life estate in said real estate.

FILED

FEB 13 2024

25-lot
8/10/24
ck

NOT AN OFFICIAL DOCUMENT

5. That this Affidavit is made for the purpose of clearing title to the above parcel of real estate and further removing the life estate interest of Euia Delano Smith from the transfer records of the Auditor and Recorder of lake County, Indiana.

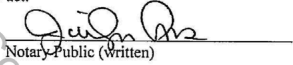
Dated this 26th day of June, 2023.



Michael D. Smith, Successor Trustee of the Euia Delano Smith Revocable Living Trust Agreement dated December 16, 2004 and Surviving Adult Son of Euia Delano Smith

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, a Notary Public, in and for said State and County, on this 26 day of June, 2023 personally appeared **Michael D. Smith**, who acknowledged the execution of the foregoing **Affidavit of Survivorship** as his free and voluntary act.


Notary Public (written)

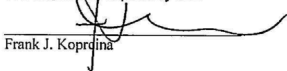
Commission Expires: 3/6/2029

Jerilyn L. Sons
Notary Public (printed)

County of Residence: La Porte



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.


Frank J. Koprčina



This instrument prepared by: Frank J. Koprčina, FRANK J. KOPRCINA & ASSOCIATES, P.C., Attorneys at Law, 150 E. Third Street, Hobart, Indiana 46342, (219) 942-6999 E-mail: fjklaw@frontier.com



NOT AN OFFICIAL DOCUMENT

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Registration No. 197863

Local No 902088

EDR No 0000071415

State No 028154

1. Decedent's Legal Name (First, Middle, Last) EUIA D SMITH				1a. Maiden Name (If Female)		2. Sex MALE		3. Time of Death 11:09 AM		4. Date of Death (Month/Day/Year) 06/05/2019	
5. Social Security Number [REDACTED]		6a. Age - Yrs 82		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) 10/16/1936		8. Birthplace (City and State or Foreign Country) RANGER, WV		9. Ever 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			
11. Facility Name (If Not Institution, Give Street and Number) 7711 EAST 93RD AVENUE				12. City Or Town, State, and Zip Code CROWN POINT, IN 46307				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				15a. Last Name Before First Marriage LAKE				16. Decedent's Usual Occupation ROLLER		17. Kind Of Business/Industry US STEEL	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town CROWN POINT		18d. Apt. No.		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 7711 EAST 93RD AVENUE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Parents Name (First, Middle, Last) JESSE L SMITH				23. Parents Name (First, Middle, Last) MILDRED M SMITH				23a. Parents Last Name Before First Marriage ADKINS			
24. Informant's Name MICHAEL SMITH		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 6516 NORTH DAMEN AVENUE, CHICAGO, IL 60645				25. Place Of Disposition GRACELAND CEMETERY VALPARAISO, IN			
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)		25c. Location - City, Town, And State							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342				27a. Funeral Home License Number FH83002380					
28. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD20700059							
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. MULTIPLE MYELOMA											
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											
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 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/Not 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				37. If At All Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34. Date Of Injury (Month/Day/Year)		35. Victim Of Injury		38. Place Of Injury (If Of Residence Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT				38c. Apt. No.		38d. Zip Code	
33. Location Of Injury - State		38a. City Or Town		39. Describe How Injury Occurred JUN 10 2019				45. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other			
41. Signature, Of Person Certifying Cause Of Death: CHIRAG N. PATEL, BY ELECTRONIC SIGNATURE											
42. Certifier (Check One) (Do Not Certify Physician) <input checked="" type="checkbox"/> Certifier <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer											
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: CHIRAG N. PATEL, 521 EAST 86TH AVENUE, SUITE 2, MERRICKVILLE, IN 46361				44. License Number 01052839A				45. Date Certified 06/10/2019			
49. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				48. For Registrar Only - Date Filed (Month/Day/Year): JUN 10 2019							

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

JUN 10 2019

NOT VALID UNLESS

EXHIBIT "A"

RAISED SEAL AFFIXED