

98043130

STATE OF INDIANA
JUN 11 1998

AFFIDAVIT OF SURVIVORSHIP

COMES NOW: Albert Veray being duly sworn upon his oath and states as follows:

That Albert Veray is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows: **LOT 150, PLUM CREEK VILLAGE, BLOCK TWO, TO THE TOWN OF SCHERERVILLE, AS SHOWN IN PLAT BOOK 47, PAGE 31, IN LAKE COUNTY, INDIANA.** *Key # 13-21666*

Commonly known as: 41 Oak Court, Schererville, Indiana 46375

And that Florence Veray who died intestate, was Albert Veray's Wife at the time they acquired title, as tenants by the entireties, to said real estate by deed of conveyance which was recorded in the Office of Lake County Recorder.

That the relationship which existed between the affiant and Florence Veray his Wife continued unbroken from the time they so acquired title to said real estate until the death of Florence Veray his Wife on the May 7, 1998 at which time the affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, Florence Veray as determined for the purposes of Federal Estate Tax was less than the value required for the filing of Federal Estate Tax.

That the decedent's estate as a result of this transfer was not subject to Indiana Inheritance Tax.

I affirm under penalties for perjury that the foregoing representations are true.

Albert Veray
Albert Veray

Subscribed and sworn to before me the undersigned, a Notary Public in and for said County and State, on this 9th day of June, 1998.

Margaret Travis
Notary Public - Printed Name

Margaret Travis
Notary Public Signature

My Commission Expires: 12-1-2000

Resident of Lake County

This Instrument was prepared by: Frank J. Bochnowski, Attorney at Law
9204 Columbia Avenue, Munster, Indiana 46321

FILED

JUN 11 1998

SAM ORLICH
CLERK LAKE COUNTY

Return. Proper Bank

*11.00
CM
TI*

Ticor Title recorded this document as an accommodation. Ticor did not examine the document or the title of the real estate affected.

000935

TICOR TITLE INSURANCE
Crown Point, Indiana

2/9200 98-40

ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. ... 1070-98

257814
TYPE/PRINT
IN
PERMANENT
BLACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

1 DECEASED—NAME (First Middle Last) Florence Veray				2 SEX Female		3a TIME OF DEATH 6:35 A.M.		3b DATE OF DEATH (Month Day Year) May 7, 1998			
4 SOCIAL SECURITY NUMBER 315-28-6270		5a AGE—Last Birthday (Years) 67		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo. Day, Yr) August 10, 1930		7 BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	
8a WAS DECEDENT A U.S. VETERAN? No		8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a PLACE OF DEATH (Check only one See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence							
9b FACILITY NAME (If not institution, give street and number) 41 Oak Ct						9c CITY, TOWN OR LOCATION OF DEATH Schererville			9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married		11 SURVIVING SPOUSE (If wife, give maiden name) Albert Veray		12a DECEASED'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker				12b KIND OF BUSINESS/INDUSTRY Own Home			
13a RESIDENCE—STATE Indiana		13b COUNTY Lake		13c CITY, TOWN OR LOCATION Schererville			13d STREET AND NUMBER 41 Oak Ct				
13e ZIP CODE 46375		13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban Mexican Puerto Rican etc)		16 RACE—American Indian, Black, White etc (Specify) White		17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (10-12) 9 College (11-4 or 5+) 	
18 FATHER'S NAME (First Middle Last) Theodor Gurka						19 MOTHER'S NAME (First Middle Maiden Surname) Sophia King					
20a INFORMANT'S NAME (Type/Print) Albert Veray						20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 41 Oak Ct, Schererville, Indiana 46375				20c Relationship Husband	
21a METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) May 9, 1998 Heritage Crematory				21c LOCATION—City or Town, State Portage, IN.			
22a EMBALMER'S NAME Henry Blake				22b EMBALMER'S LICENSE NO. FDO 1019406				23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>Edward F. Mullany</i>				24b LICENSE NUMBER (of License) FDO 1007176		25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Fagen-Miller Funeral Homes Inc 1920 Hart St Dyer, Indiana 46311 FH83001504					
26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, stroke, or heart failure. List only (and number) each line. IMMEDIATE CAUSE OF DEATH: ALZHEIMER disease or condition resulting in death. Conditions if any which gave rise to the immediate cause stating the underlying cause last: MAY 08 1998 DUE TO (OR AS A CONSEQUENCE OF) Creutzfeldt-Jakob Disease DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF) Approximate Interval Between Onset and Death											
PART II Other significant conditions: Conditions contributing to death but not previously stated in Part I. Alzheimer's Disease						27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date 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 opinion death occurred at the time, date and place and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion death occurred at the time, date and place and due to the cause(s) and manner as stated.											
29b SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>						29c MEDICAL LICENSE NO. 02001071		29d DATE SIGNED (Month, Day, Year) 05/07/98			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) S. JOSIAH CHAN, D.O. 911-A FRAN-LIN PKWY, MUNSTER, IN 46321											
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams MD</i>								32 DATE FILED (Month, Day, Year) May 8, 1998			
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide			34a DATE OF INJURY (Month, Day, Year)		34b TIME OF INJURY		34c INJURY AT WORK? (Yes or no)		34d DESCRIBE HOW INJURY OCCURRED		
34a PLACE OF INJURY—At home farm street factory office building, etc. (Specify)						34f LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g DATE PRONOUNCED DEAD (Month, Day, Year)				34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes specify driver passenger pedestrian, etc.				000936			

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER