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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2002 062509

2002 JUL 11 AM 9:34

MORRIS W. CARTER

**Chicago Title Insurance Company**

C620025023 LD

**SURVIVORSHIP AFFIDAVIT**

On this 7/3/02 before me personally appeared Richard  
(insert date)

C. RADA

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature;
2. Affiant is SON OF OWNER;  
(state interest of affiant in the above premises as "owner", "son of owner", etc.)
3. Said premises were formerly owned as joint tenants or as tenants by the entireties by  
MARY RADA and John RADA;
4. Said John RADA  
(fill in name of co-tenant who died)  
died on 5/16/84  
leaving NO will;  
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:

Lots 3 and 4, in Block 6, in Lincolnway Farms, Inc., "Green Acres Development", as per plat thereof, recorded in Plat Book 23, page 14, in the Office of the Recorder of Lake County Indiana

6. Is there Federal Estate or State inheritance tax liability by reason of the death of said

decedent?  Yes  No

If yes, then estimated taxes due are \$ \_\_\_\_\_

The taxes due are  paid or  unpaid.

**FILED**

JUL 10 2002

PETER BENJAMIN  
LAKE COUNTY AUDITOR

13.00  
BAC  
CH

000635

Chicago Title Insurance Company

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced?

..... no .....

(If answer is "Yes," identify the divorce proceedings:

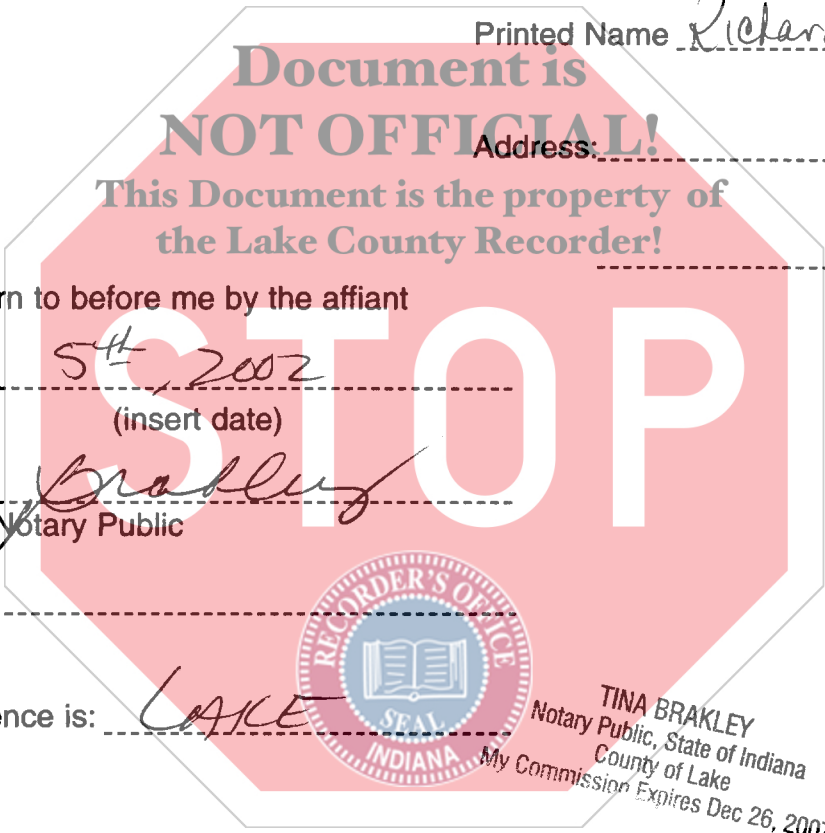
..... ) ;

8. Affiant's relationship to the deceased was son .....

Signature: Richard G. Raoa .....

Printed Name Richard G. Raoa .....

Address: .....



Subscribed and sworn to before me by the affiant

this July 5<sup>th</sup>, 2002 .....

(insert date)

Tina Brakley .....

Notary Public

Printed Name .....

My County of Residence is: LAKE .....

In the State of .....

My Commission Expires .....

This instrument prepared by Richard Raoa .....

TYPE OR PRINT  
PLAINLY WITH  
UNFADING INK  
THIS IS A  
PERMANENT  
RECORD  
Below for State Office Use

620025023

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11 \_\_\_\_\_  
12 \_\_\_\_\_

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

MAY 18 1984

EMBALMER'S NAME Charles W. Wells LICENSE No. 4237

FUNERAL DIRECTOR'S SIGNATURE Thomas G. [Signature] LICENSE No. 1448 FUNERAL HOME No. 245

Local No. 94284

INDIANA STATE BOARD OF HEALTH  
MEDICAL CERTIFICATE OF DEATH

State No. \_\_\_\_\_

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. <u>JOHN RADA</u>		<u>JOHN</u>	<u>RADA</u>	<u>Male</u>	<u>Male</u>	<u>May 16, 1984</u>
RACE—(a) White, Black, American Indian, etc. (Specify)		AGE—(Last birthday) (Yr./Mo./Day)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (Mo./Day/Yr.)	COUNTY OF DEATH
4. <u>White</u>		<u>70</u>	<u>Days</u>	<u>Hours</u>	<u>4/25/1914</u>	<u>Lake</u>
CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—(Name if not on other part of certificate)		7a. <u>Lake</u>		
7b. <u>Hobart</u>		<u>St. Mary Medical Center</u>		<u>Hobart</u>		
STATE OF BIRTH (If not in U.S.A.)		CITIZEN OF WHAT COUNTRY		7c. <u>Inpatient</u>		
<u>Czechoslovakia</u>		<u>USA</u>		<u>IF HOSP OR INST. INPATIENT OR ARMED FORCES? (Specify Yes or No)</u>		
SOCIAL SECURITY NUMBER		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. <u>Yes</u>		
<u>308-14-6264</u>		<u>Married</u>		12. <u>Yes</u>		
RESIDENCE—STATE		CITY, TOWN OR LOCATION		KIND OF BUSINESS OR INDUSTRY		
<u>Indiana</u>		<u>Ross Township</u>		<u>Retired charging car operator</u>		
STREET AND NUMBER		15a. <u>Retired charging car operator</u>		15b. <u>Steel Industry</u>		
<u>2703 E. 73rd Ave.</u>		15c. <u>Retired charging car operator</u>		15d. <u>Steel Industry</u>		
15d. <u>Retired charging car operator</u>		15e. <u>Retired charging car operator</u>		15f. <u>Steel Industry</u>		
15e. <u>Retired charging car operator</u>		15f. <u>Steel Industry</u>		15g. <u>Steel Industry</u>		
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