ISHME OF INDIANA LAKE! COUNTY FILED FOR RECORD

-2015 JAN -7

SURVIVORSHIP AFFIDAVIT 10605 STATE OF COUNTY On this to me pers 1. Affi 2. Affi

060	5-13	•				Ni	IUTIMEL. DEMY	A. Jauen	al to e			
STATE	OF: Indiana	-) ,									
) 55:									
	Y OF: LAKE)	0.7	Before me pe		neared :	PAMELA	M BA	RON		
On	this <u>DE</u>	CEMBER	31.20	04	Before me pe	ersonany at			·			
o me o	ersonally know	vn. who b	eing duly	sworn on	oath did say	that:						
1.	Affiant resides	at the ad	dress gly	en below	affiant's signs	ature;						
2.	Affiant is	PAME	LA M D	ARUN	ant in the above prat	mises as owner)						
3.	Said premises	describe	-	4101	99 W 91S			DOTNO	TN /			
				585	19 W 915.	I AVE ,	CROWN	POINT	: IN 4	3307		
:	······································				9_ 7/	203-	70	· · · · · ·				
					1-11-2	700	<u> </u>					
							,					
								·				
4.	Said premises	were for	merly own	ned as jol		as tenants	by entiretic	DADON		•		
•	Dy	IUS L JULIUS		ON	and	PAP	IELA M	DAKUN		 -		
5,	Said		DU		me of co-tenant who	diad)						
	died on	4-7-				TAT						
	leaving	OF THO IT A W	l has been lef	will;	FIC	JAL	1.		•			
6.	The total wat	ie of the	taxable	estate of	said deceas	ed includin	ig Joint ter	nancies, t	enancies	by the		
	entireties, ind	lvidual ow	nerships	of both re	al and persor	nal property	, and insur	ance doe	s not exc	ed the		
	sum of \$				~			owieage	nere is no	estate		
7	or inheritance Where this af							er divorce	d? no			
. * *	Villare uns ar	IIUAVIL IBIO	(11	answer is	s YES, identif	ly the disso	lution proc	eedings.)				
8.	Affiant's relati	onship to	the dece	ased was			100 0 1 00	1	1100	<u> </u>		
						gnature [mun		10/			
State	of Indiana)				Ac	ddress:	899-W	91st	VAE CB	OWN_POI	LNT IN	46307
								a ·			•	
•	of LAKE) me, the unde	rsianed =	Notary F	ublic in a	rid for said C	ounty and S	State, this	DECEM	BER 31	. 2004		
	ally appeared						* .					
			E	<u>ر</u>			~~~					*
and ac	knowledged II	ne execut	on of the	foregoine	Affidavit 7	11 m	NE M	XX.			•	

Notary Public

ZAKE.

My Commission expires:

2005

Prepared by:

JAN 6 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

ctic Has made an accomodation recording of the instrument.

000240

Chicago Title Insurance Company

TTENTION ESTATE: Disclosure of the 3# we need to pursue our responsibilities voluntary and there will be no penalty for fusal. **

INDIANA STATE DEPARTMENT OF HEALTH

U 3&1.												
cal No	0.826-94		CERTIFICAT	E OF DEATH	State	No	• • • • • • • • • • • • • • • • • • • •					
	THE RECORDS IN THIS SE	RIES ARE CONFIDENTIA	L PER IC 16-1-19-3									
YPE/PRINT	1 DECEASED-NAME (First, M.	iddle, Last)		2. SEX	3a TIME OF DEAT	1	b. DATE OF DEATH (Monen Day Yr)					
IN	: J	ULIUS L.		Male		April						
ERMANENT	4. *SOCIAL SECURITY NUMBER	Sa. AGE-Last Birth (Years)	Months Days	5c UNDER 1 DAY 5 DA			and State or Foreign Country)					
3LACK INK	315-38-8232	54			ne 20, 1939							
	8a. WAS DECEDENT A U.S. VETERAN?	85 YEAR LAST SERVED I			OTHER Nursing Home	· · · · · · · · · · · · · · · · · · ·						
	no			Outpatient DOA	Residence	ne Li Other (Specify)						
	96. FACILITY NAME (If not institu			9c. CITY TOW	N OR LOCATION OF DEATH	9d COUNTY OF	DEATH					
:CEDENT	5899 West 9	lst Ave.,			ohn Twp.		Lake					
	10. MARITAL STATUS (Specify)	11. SURVIVING SPOUSE (If wife, give maiden nar	ne)	12a. DECEDENT'S USUAL OC done during most of works	CCUPATION (Give kind of working life. Do not use retired)	12b. KIND OF BUS	SINESS/INDUSTRY					
	married		ite	Roll Turn	ier	Inland	land Steel Co.					
	13a RESIDENCE-STATE	135 COUNTY	13c CITY, TOWN OR		13d. STREET AND NU		T - 6 - A -					
	Indiana	Lake	St. John				91st Ave.					
	13e. ZIP CODE 13f. INSIDE CI	TY LIMITS 14 CITIZEN OF WHAT COL			16. RACE—American Indian, Black, White, etc.		EDENT'S EDUCATION y highest grade completed)					
	1.6.2.0.7 13g. ON A FA	RM? IICA	Mexican, Puerto	Rican, etc.)	(Specify) White		Elementary/Secondary (0-12) Coilege (1-4 or 5 +)					
	46307 130 NA 74	USA USA			MILLE	12	1					
RENTS	18. FATHER'S NAME (First Midd	le. Lasti		19. MOTHERS NAME (First Middle, Me								
		ouis Baron			Lorence	Jenski						
FORMANT	20s. INFORMANT'S NAME (Type			GACORESS (Street and Number W. 91st Ave.	=		20c. Relationship Wife					
	Pamela Baro					21c LOCATION—City						
	Buriel Cremation	Removal from State		1 1 0 1007								
	Donation Other (Spe			et Park Crema	tory	Merrillvill						
SPOSITION	22a. EMBALMER'S NAME			22b. EMBALMER'S LICENSE NO. 23. WAS DEATH REPORTED TO CORONER								
31 00111014	none Document is No 1 Yes											
	246. SICNATURE OF FUNERAL DIRECTOR 246. LICENSE NUMBER 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME											
	Cof Licenson PRUZIN & LITTLE FUNERAL SERVICE #830012											
	FD# 1007231 811 E. Franciscan Dr., Crown Pont, IN 463											
	26 PART I Enter the drise	eses, injuries, or complication	s that caused the death. Do not	enter nonspecific terms such as c	ardiac or respiratory	,	Approximate					
	arrest, shock,	or heart failure. List only one	ake Count	v Recorder	! ,		Interval Between Onset and Death					
	IMMEDIATE CAUSE (Final disease or condition	·	Palignan	f Ashoc	- tana		1988					
LUSE OF	resulting in death)		UE TO OR AS A CONSEQUE	NCE OF	<i>'</i>		•					
EATH	Conditions, if any, which gave	b	UE TO (OR AS A CONSEQUE	NCE OF								
	rise to the immediate cause, stating the underlying	. c	UE TO COD AS A CONCECUE	VOT OF								
	cause last	d.	UE TO (OR AS A CONSEQUE	ACE OF S								
					-	1						
	PART II. Other significant condition			All Time occu	T OR 90 DAYS PERFOR		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO					
	O Stero	of indu	Azurdent	POSTPAR' (Yes or no			COMPLETION OF CAUSE OF DEATH? (Yes or no)					
	(2) Cerebro	vasculas	Accident	no no		1						
	29s. CERTIFIER CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the causa(s) as stated.											
	(Check only one) 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.											
		CORONER On the basis of	of examination and/or investigation	on, in my opinion, death occurred a	at the time, date, and place, and d	ue to the cause(s) and m	anner as stated.					
ERTIFIER	296. SIGNATURE AND JITLE O	F CERTIFIER				29c. MEDICAL LICENSE NO. 29d. DATE SIGNED (Month. Da						
interen	· () A · (Carne	E . SEAL		1010270	5 4	18194					
	30. NAME AND ADDRESS OF		TO THE REAL PROPERTY.	MCO.	/ Defeat To	1.:						
			M.D. 123 N.	Court St., Cro								
ALTH FICER	31. HEALTH OFFICER'S SIGNA	TURE O 1	Jack (K. M.	1 4000	CPV CF THE CERT	ATE FILED (Month Day, Year)					
FICER	33. MANNER OF DEATH	- Ula	THE TIME	OF 34c NJAN AT WO		DW INJURY OCCURRE						
	33. MAINNER OF DEATH	(Month.	Day, Year) INJUF		SAG DESCRIBE R	DW INSURT OCCURNE	1					
	☐ Natural ☐ Pending					111 2 8 200	2.8 2003					
	Accident Investigs	34e PLACE	OF INJURY—At home, farm, s	reet, factory, office	34f. LOCATION (Street and No							
a.	Suicide Could no	ot be building	, etc. (Specify)		And the last of th							
	Homicide											
	34g. DATÉ PRONOUNCED DE	AD (Month, Day, Year) 34	h. MOTOR VEHICLE ACCIDE	NT? (Yes or no) If yes, specify o	driver, passenger, pedestnen, etc							

LEGAL DESCRIPTION Tax ID# 09-11-0203-0006

LOT 6, WOODHAVEN ESTATES ADDITION, AS SHOWN IN PLAT BOOK 45, PAGE 62, IN LAKE COUNTY, INDIANA.

