

2005 049147

2005 JUN 15 AM 9:26

MICHAEL A. STEWART
AFFIDAVIT OF SURVIVORSHIP RECORDER

STATE OF INDIANA)
) S.S.
COUNTY OF LAKE)

On this 2nd day of June, 2005 before me personally appeared MARY ELLEN GRANADOS to me personally known, who being duly sworn did, on personal knowledge, say that:

1. Affiant is the owner in fee simple of the following described real estate in Lake County, Indiana, legally described as:

Lot 23, Schererville Heights, Unit No. 3, Section No. 3, as per plat thereof, recorded in Plat Book 48, page 18, in the Office of the Recorder of Lake County, Indiana.

More commonly known as 7144 W. 82nd Ct, Crown Point, IN 46307

Taxing Unit 9. Key No. 11-0233-0023

2. John J. Granados was Mary Ellen Granados' husband at the time they acquired title, as tenants by the entireties, to said real estate by Warranty Deed dated January 19, 1990, which was recorded in the office of the Recorder of Lake County, Indiana as document number 081540.

3. The marital relationship which existed between John J. Granados and Mary Ellen Granados continued unbroken from the time they acquired title to said real estate until the death of John J. Granados on the 22nd day of October, 2002 at which time the Mary Ellen Granados acquired title to said real estate as surviving tenant by the entireties.

4. To the best of the affiant's knowledge, there was no federal, state, estate, or inheritance tax liability by reason of the death of John J. Granados.

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

FILED

JUN 14 2005

STEPHEN D. STEWART
LAKE COUNTY AUD.

Mary Ellen Granados
Mary Ellen Granados

Page 1 of 2

TICOR TITLE INSURANCE
2050-45TH AVE.
HIGHLAND, IN 46322 502024RT

001132

REGION TITLE

13-
ZP
TJ

Subscribed, sworn to, and acknowledged before me, the undersigned notary public in and for said county and state, this 2 day of June, 2005.

Jacqueline Raye Rogers
Notary Public

SACQUELINE RAYE ROGERS
Printed Name of Notary

My commission Expires:
4/08/08

Resident of Lake County,
Indiana

This instrument prepared by:
Robert B. Golding, Jr.
9250 Columbia Avenue
Suite E-2
Munster, Indiana 46321
Attorney No. 10827-45

Return to:



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

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 1945-02

CERTIFICATE OF DEATH

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

1. DECEASED—NAME (First, Middle, Last) JOHN J. GRANADOS				2. SEX Male		3a. TIME OF DEATH 1:00 P.M.		3b. DATE OF DEATH (Month, Day, Yr.) October 22, 2002	
4. *SOCIAL SECURITY NUMBER 318-30-6467		5a. AGE—Last Birthday (Years) 66		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) June 24, 1936	
7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL		8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1955		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) 7144 W. 82nd Ct.				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Mary Ellen Mijares		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Carpenter			12b. KIND OF BUSINESS/INDUSTRY Union Local 1539		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Crown Point			13d. STREET AND NUMBER 7144 W. 82nd Ct.		
13e. ZIP CODE 46307		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		13g. ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) Mexican	
16. RACE—American Indian, Black, White, etc. (Specify) White		17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+) _____			18. FATHER'S NAME (First, Middle, Last) Joseph Granados		19. MOTHER'S NAME (First, Middle, Maiden Surname) Leonore N/A		
20a. INFORMANT'S NAME (Type/Print) Mary Ellen Granados				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7144 W. 82nd Ct. Crown Point, IN 46307				20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input 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) October 25, 2002 Chapel Lawn Memorial Gardens				21c. LOCATION—City or Town, State Schererville, IN		
22a. EMBALMER'S NAME James Betkowski			22b. EMBALMER'S LICENSE NO. FDO9200077		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James F. Betkowski</i>			24b. LICENSE NUMBER (of Licensee) FDO9200077		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Elmwood Chapel FHD# 19900052 11300 W. 97th Ln. St. John, IN 46373				
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. <i>Anaplastic Astrocytoma</i> DUE TO (OR AS A CONSEQUENCE OF):						Approximate Interval Between Onset and Death	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. _____ DUE TO (OR AS A CONSEQUENCE OF):							
		c. _____ DUE TO (OR AS A CONSEQUENCE OF):							
		d. _____ DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions: Conditions contributing to death but not previously stated in Part I.									
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no)			28a. WAS AN AUTOPSY PERFORMED? (Yes or no)			28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)			
			No						
29a. CERTIFIER (Check only one) <input 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>Susan W. Butts, D.O.</i>						29c. MEDICAL LICENSE NO. 01041301		29d. DATE SIGNED (Month, Day, Year) 10/23/02	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Cancer Health Associates P.C. Dr. Morgan-Throg 1630 45th Street									
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Butts, D.O.</i>						THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY CLERK October 23, 2002			
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. 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)			
						OCT 23 2002			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

ALTH OFFICER

