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2005 DEC 20 11:3:20

MICHAEL J. BROWN
RECORDER
Tax Key Number: 41-49-0265-0017

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, William Macheta, Sr., being first duly sworn, state:

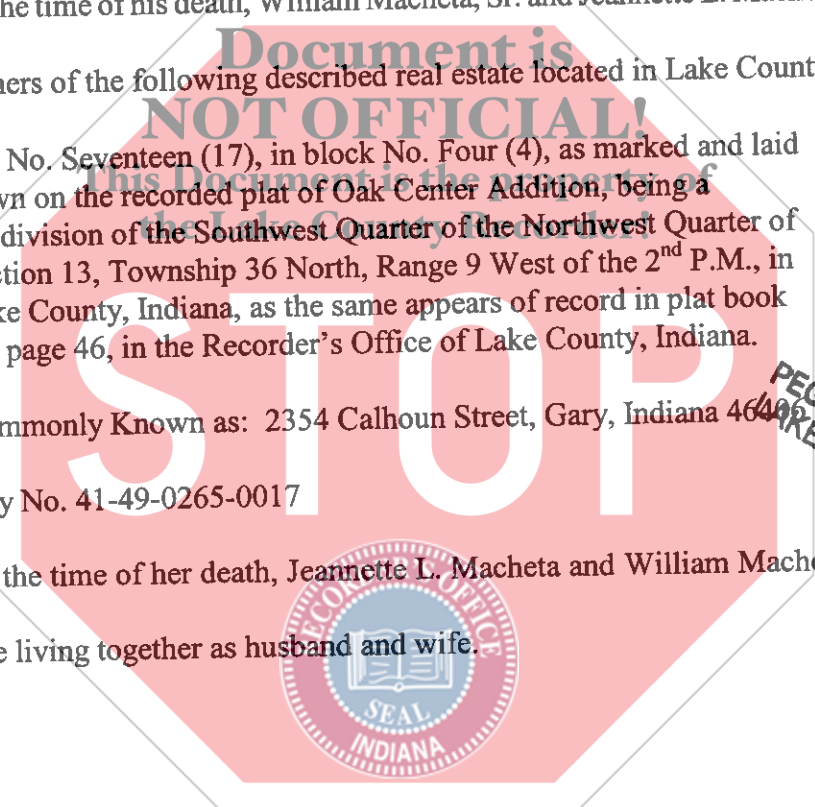
- 1. Affiant is a resident of Lake County, Indiana.
- 2. Affiant states that he is the husband of Jeannette L. Macheta, who died a resident of Lake County, Indiana, on July 22, 2005.

3. At the time of his death, William Macheta, Sr. and Jeannette L. Macheta, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

Lot No. Seventeen (17), in block No. Four (4), as marked and laid down on the recorded plat of Oak Center Addition, being a subdivision of the Southwest Quarter of the Northwest Quarter of Section 13, Township 36 North, Range 9 West of the 2nd P.M., in Lake County, Indiana, as the same appears of record in plat book 23, page 46, in the Recorder's Office of Lake County, Indiana.

Commonly Known as: 2354 Calhoun Street, Gary, Indiana 46409
Key No. 41-49-0265-0017

4. At the time of her death, Jeannette L. Macheta and William Macheta, Sr. were not divorced and were living together as husband and wife.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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5. Affiant further states that no federal estate tax or Indiana inheritance tax is due from the Estate of Jeannette L. Macheta.

6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is now vested in the undersigned, William Macheta, Sr., and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Dated: December 20, 2005

William Macheta
William Macheta, Sr.

Before me the undersigned, a Notary Public in and for said County and State, personally appeared William Macheta, Sr. and he, being first duly sworn by me upon his oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 20th day of December, 2005.

My Commission Expires: 11/29/2012

A resident of Lake County

Jane E. Gelon
Jane E. Gelon, Notary Public

THIS INSTRUMENT PREPARED BY:
Andrew J. Fetsch, Beckman, Kelly & Smith, 5920 Hohman Avenue, Hammond, Indiana 46320

ATTENTION PLEASE: 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. 05 0395

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

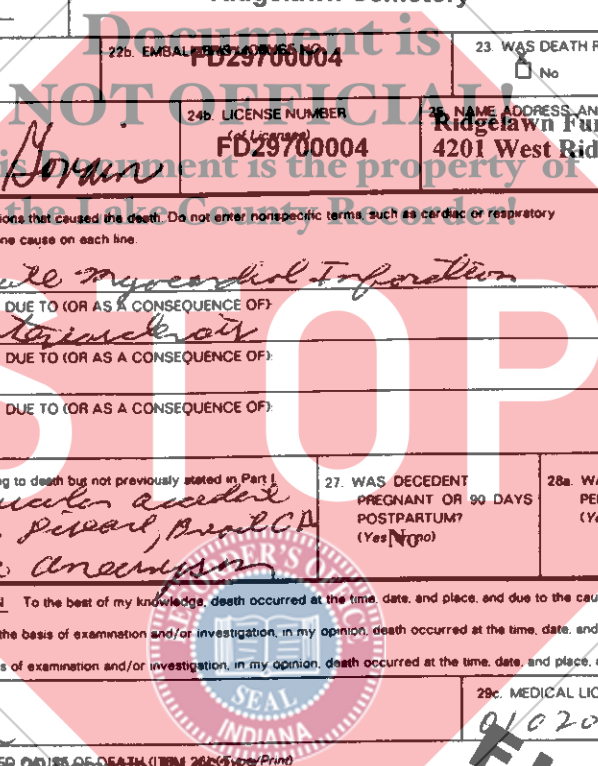
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) Jeannette I. Macheta		2. SEX Female	3a. TIME OF DEATH 11:05 A M	3b. DATE OF DEATH (Month, Day, Yr.) July 22, 2005	
4. *SOCIAL SECURITY # 114-26-8737	5a. AGE—Last birthday (Years) 77	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) August 24, 1927	
7. BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a. WAS DECEDENT A U.S. VETERAN? NO				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES?		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 checked="" type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution) 2354 Calhoun Street		9c. CITY, TOWN, OR LOCATION OF DEATH Gary	9d. COUNTY OF DEATH Lake		
10. MARRIAGE STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give full name) William Macheta	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life or use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Gary	13d. STREET AND NUMBER 2354 Calhoun Street		
13e. ZIP CODE 46406	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHICH COUNTRY? U.S.A.	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. 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) John Rubens			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Josephine Funsic		20a. INFORMANT'S NAME William Macheta			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2354 Calhoun Street Gary, Indiana 46406		20c. Relationship Husband			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <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) July 26, 2005 Ridgelawn Cemetery		21c. LOCATION—City or Town, State Gary, IN	
22a. EMBALMER'S NAME Eddie Bulerin-Govain		22b. EMBALMER'S LICENSE NO. FD29700004		23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Eddie Bulerin Govain</i>		24b. LICENSE NUMBER (of License) FD29700004	24c. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Ridgelawn Funeral Home 4201 West Ridge Road Gary, IN 46408 FH10200007		
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>acute myocardial infarction</i> DUE TO (OR AS A CONSEQUENCE OF) b. <i>arteriosclerosis</i> 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 <i>Previous cerebral vascular accident peripheral vascular disease, breast CA ulcerated aortic aneurysm</i>				Approximate Interval Between Onset and Death <i>minutes</i> <i>years</i>	
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes/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 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>Rex Kenon</i>			29c. MEDICAL LICENSE NO. 01020710	29d. DATE SIGNED (Month, Day, Year) 7-26-05	
30. MAKING OF COPY BY HEALTH OFFICER: P.O. BOX 20560, INDIANAPOLIS, IN 46212					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>			32. DATE FILED (Month, Day, Year) JUL 26 2005		
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY WORK? (Yes/No)	34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)		34f. CITY, TOWN, STREET AND NUMBER OF HOUSE OR PLACE OF INJURY (or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian			



FILED DEC 20 2005 REGGY HOLINGA KATONA LAKE COUNTY AUDITOR