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STATE OF INDIANA )  
 )  
COUNTY OF LAKE )

SS: 2007 080516

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2007 OCT -9 AM 11:22

MICHAEL A. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Sophia L. Vernich, being first duly sworn upon her oath, deposes and states as follows:

1. That you affiant's husband, namely, John E. Vernich died on the 6<sup>th</sup> day of November, 2007.
2. That your affiant and her deceased husband were legally married at the time they acquired title, as husband and wife, to the following described real estate:

**The East 30 feet of LOT 53 and the West 30 feet of LOT 54 in Bartholdy's Addition to Crown Point, as per plat thereof recorded in Plat Book 11, page 2, in the office of the Recorder of Lake County, Indiana.**

Address: 724 East South Street, Crown Point, Indiana 46307

3. That the marital relationship which existed between you affiant and her deceased husband at the time they acquired title to the real estate described hereinabove, remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all property in which the decedent had an interest, either real, personal, tangible and mixed, was owned jointly with your affiant with rights of survivorship. That as a result of the marital relationship between your affiant and her deceased husband, neither federal estate taxes nor state inheritance taxes would be due and owing.

Further affiant saith not.

**FILED**

*Sophia L. Vernich*  
\_\_\_\_\_  
Sophia L. Vernich

OCT - 9 2007

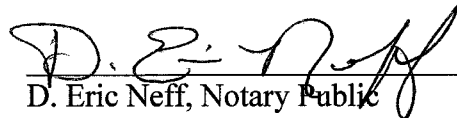
PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

016690

15  
JTG  
CASA G

**STATE OF INDIANA, COUNTY OF LAKE, SS:**

Subscribed and sworn to me, a Notary Public in and for said County and State this 5<sup>th</sup> day of October, 2007.

  
D. Eric Neff, Notary Public

My Commission Expires: 8-17-2014

County of Residence of Notary Public: Lake



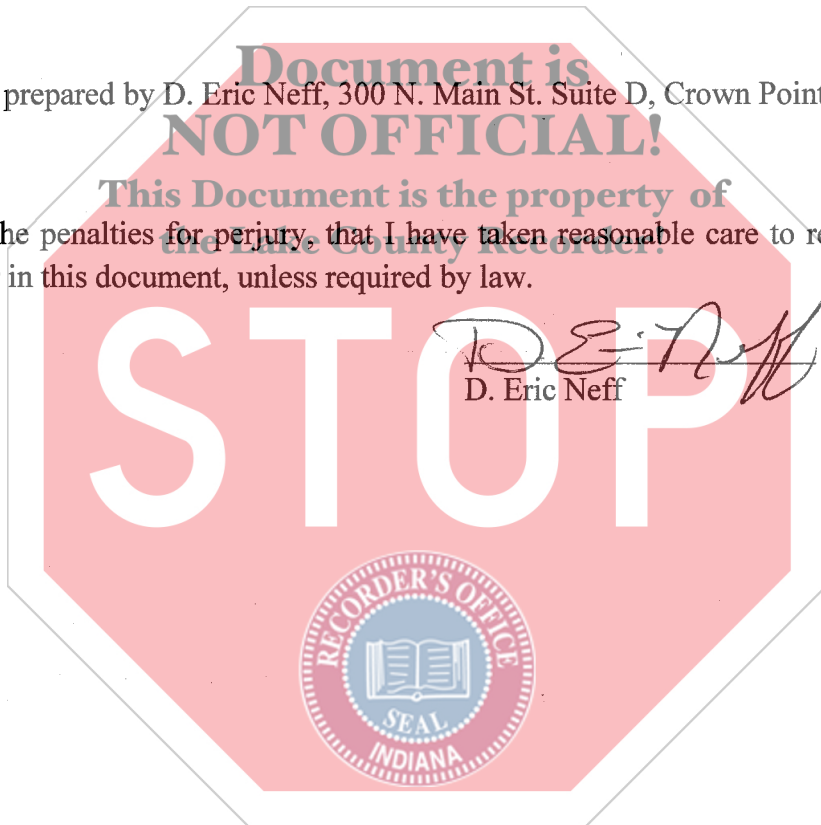
This instrument prepared by D. Eric Neff, 300 N. Main St. Suite D, Crown Point, IN 46307

**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

I affirm under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law.

  
D. Eric Neff



100.C

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. 1014-00

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First, Middle, Last) <b>JOHN E. VERNICH</b>		2. SEX <b>Male</b>	3a. TIME OF DEATH <b>3:35 PM<sub>M</sub></b>	3b. DATE OF DEATH (Month, Day, Yr.) <b>November 06, 2006</b>	
4. SOCIAL SECURITY NUMBER <b>307-01-7354</b>	5a. AGE—Last Birthday (Years) <b>90</b>	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) <b>May 28, 1916</b>	
7. BIRTHPLACE (City and State or Foreign Country) <b>Gary, Indiana</b>	8a. WAS DECEDENT A U.S. VETERAN? <b>No</b>				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? <b>N/A</b>		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) <b>St. Anthony Medical Center</b>		9c. CITY, TOWN, OR LOCATION OF DEATH <b>Crown Point</b>	9d. COUNTY OF DEATH <b>Lake</b>		
10. MARITAL STATUS (Specify) <b>Married</b>	11. SURVIVING SPOUSE (If wife, give maiden name) <b>Sophia L. Smosna</b>	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Bus Driver</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Gary Public Transit Corporation</b>	
13a. RESIDENCE—STATE <b>Indiana</b>	13b. COUNTY <b>Lake</b>	13c. CITY, TOWN, OR LOCATION <b>Crown Point</b>	13d. STREET AND NUMBER <b>724 E. South Street</b>		
13e. ZIP CODE <b>46307</b>	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? <b>USA</b>	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) <b>White</b>	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <b>12</b> College (1-4 or 5+) <b></b>		18. FATHER'S NAME (First, Middle, Last) <b>Michael Vernich</b>			
19. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Fannie Paserich</b>		20. INFORMANT'S NAME (Type/Print) <b>Sophia L. Vernich</b>			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>724 E. South Street, Crown Point, Indiana 46307</b>		20c. Relationship <b>Wife</b>			
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) <b>November 10, 2006 Calumet Park Cemetery</b>		21c. LOCATION—City or Town, State <b>Merrillville, Indiana 46410</b>	
22a. EMBALMER'S NAME <b>Jonathon R. Christiansen</b>		22b. EMBALMER'S LICENSE NO. <b>FD20200095</b>	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR 		24b. LICENSE NUMBER (of Licensee) <b>1009893</b>	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME <b>PRUZIN &amp; LITTLE FUNERAL SERVICE Lic. # FH 83001261 811 East Franciscan Drive, Crown Point, Indiana, 46307</b>		
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. Approximate Interval Between Onset and Death					
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <b>Cardiac arrest</b> <b>minutes</b> DUE TO (OR AS A CONSEQUENCE OF): b. <b>Acute atherosclerotic heart disease</b> <b>years</b> DUE TO (OR AS A CONSEQUENCE OF): c. _____ DUE TO (OR AS A CONSEQUENCE OF): d. _____					
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) <b>NO</b>		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) <b>NO</b>	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) <b>NO</b>		
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 <b>Dr. Joseph Kacmar, M.D.</b>		29c. MEDICAL LICENSE NO. <b>01027088</b>	29d. DATE SIGNED (Month, Day, Year) <b>11/13/06</b>		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) <b>Dr. Joseph Kacmar 123 North Court Street - Crown Point, Indiana 46307 (219)</b>					
31. HEALTH OFFICER'S SIGNATURE <b>Susan W. Butts, D.O.</b>				32. DATE FILED (Month, Day, Year) <b>November 13, 2006</b>	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. THIS CERTIFIED COPY OF THE DEATH RECORD IS ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.
34e. 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.			