

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2007 099076

2007 DEC 19 AM 9:19

620076337

MICHAEL A. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Key No.: 16-27-0039-0010

SURVIVORSHIP AFFIDAVIT

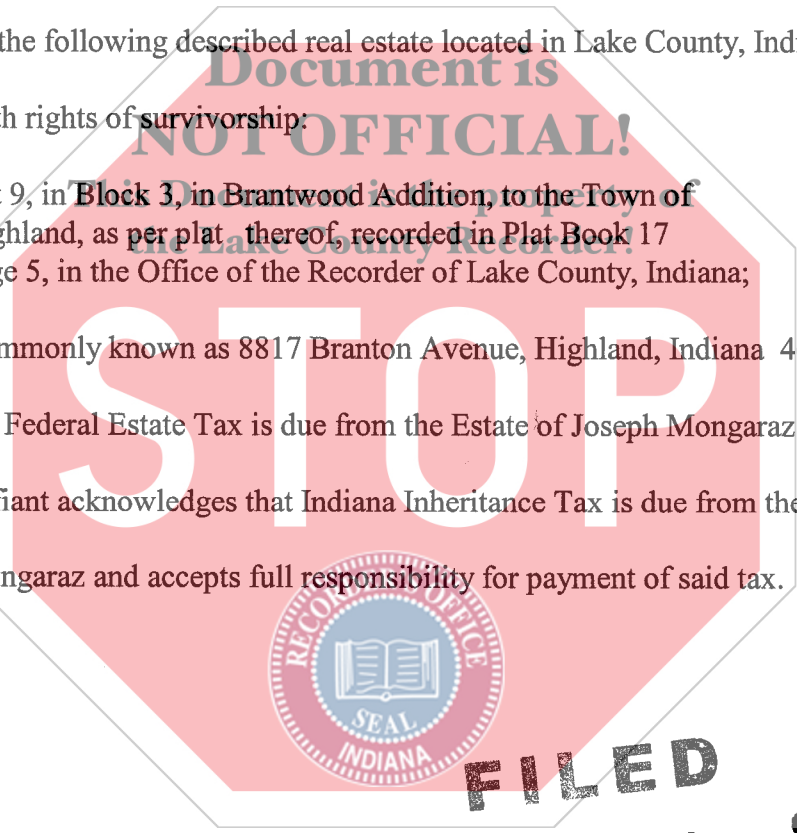
I, PATRICIA MCGINNIS, being first duly sworn, state:

1. Joseph Mongaraz, Jr. died on June 21, 2007 a resident of Lake County, Indiana.
2. At the time of Joseph Mongaraz's death, he and Patricia McGinnis were the owners of the following described real estate located in Lake County, Indiana as joint tenants with rights of survivorship:

Lot 9, in Block 3, in Brantwood Addition, to the Town of Highland, as per plat thereof, recorded in Plat Book 17 page 5, in the Office of the Recorder of Lake County, Indiana;

Commonly known as 8817 Branton Avenue, Highland, Indiana 46322

3. No Federal Estate Tax is due from the Estate of Joseph Mongaraz.
4. Affiant acknowledges that Indiana Inheritance Tax is due from the Estate of Joseph Mongaraz and accepts full responsibility for payment of said tax.



FILED
DEC 18 2007

025350

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Handwritten signature/initials

①

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

Dated this 29 day of November, 2007.

Patricia McGinnis

Patricia McGinnis

Document is

NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

STATE OF INDIANA)

) SS:

COUNTY OF LAKE)

Before me the undersigned, a Notary Public in and for said County and State, personally appeared PATRICIA MCGINNIS and acknowledged the execution of this instrument this 29 day of November, 2007.

My Commission Expires: 2/26/09

Resident of Porter County

Alissa Kohlhoff

Alissa Kohlhoff, Notary Public
(printed name)



This instrument prepared by:

Alissa Kohlhoff of Hinshaw & Culbertson LLP
322 Indianapolis Blvd., Suite 201
Scherville, IN 46375

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. Vaun Federoff

TO: Chicago Title Insurance Company

PATRICIA McGINNIS, Executrix of the Estate of Joseph Mongaraz, deceased acknowledges responsibility for the payment of Indiana Inheritance Tax due and any related interest and/or penalties owed by the Estate on the property commonly known as 8817 Branton Avenue, Highland, Indiana 46322. The amount of inheritance tax due on said property transfer is \$2,820.00. The Estate has sufficient funds to pay said inheritance tax. PATRICIA McGINNIS, Executrix of the Estate of Joseph Mongaraz, deceased hereby agrees to INDEMNIFY AND HOLD HARMLESS Chicago Title Insurance Company from and against any and all claims or causes of action and related expenses, including reasonable attorney's fees asserted against Chicago Title Insurance Company that are attributable to Indiana Inheritance Tax and related interest and penalties owed by the Estate and further acknowledge that Chicago Title Insurance Company has agreed to issue a title policy upon reliance of the statements contained therein.

Patricia McGinnis
Patricia McGinnis

Dated: November 29, 2007

STATE OF INDIANA

COUNTY OF LAKE

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared PATRICIA McGINNIS and acknowledged the execution of this instrument this 29th day of November, 2007.

My Commission Expires: 2/26/09
Resident of Porter County

Alissa Kohlhoff
Alissa Kohlhoff
(printed name)
Notary Public



* 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. 1564-07

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) Joseph Mongaraz				2. SEX Male		3a. TIME OF DEATH 9:40 PM		3b. DATE OF DEATH (Month, Day, Yr.) June 21, 2007	
4. SOCIAL SECURITY NUMBER ██████-██-4626		5a. AGE-Last Birthday (Years) 79	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) May 12, 1928		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN		
8a. WAS DECEDENT A U.S. VETERAN? No		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		9a. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input checked="" type="checkbox"/> 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) 8817 Branton Ave.				9c. CITY, TOWN, OR LOCATION OF DEATH Highland			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Widowed		11. SURVIVING SPOUSE (If wife, give maiden name) N/A		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Supervisor			12b. KIND OF BUSINESS/INDUSTRY Steel		
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland			13d. STREET AND NUMBER 8817 Branton Ave.		
13a. ZIP CODE 46322	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? USA	15. AS 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) Jose Mongaraz				19. MOTHER'S NAME (First, Middle, Maiden Surname) Margaret Cortez					
20a. INFORMANT'S NAME (Type/Print) Patricia McGinnis				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4240 Courageous Wake, Alpharetta, GA 30005				20c. Relationship Daughter	
21a. METHOD OF DISPOSITION <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) June 26, 2007 Elmwood Cemetery			21c. LOCATION-City or Town, State Hammond, Indiana			
22a. EMBALMER'S NAME Not Done			22b. EMBALMER'S LICENSE NO. N/A			23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tara J. Waight</i>			24b. LICENSE NUMBER (of Licensee) FD20400058		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322 FH10300021				
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. Vascular collapse IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): a. Due to (OR AS A CONSEQUENCE OF): b. Due to (OR AS A CONSEQUENCE OF): c. Due to (OR AS A CONSEQUENCE OF): d.								Approximate Interval Between Onset and Death Unknown	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.					27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No		28a. WAS AN AUTOPSY PERFORMED? No	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 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 checked="" type="checkbox"/> CHIEF DEPUTY 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>[Signature]</i> Chief Deputy						29c. MEDICAL LICENSE NO. N/A		29d. DATE SIGNED (Month, Day, Year) June 25, 2007	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Jeffrey R. Wells, Chief Deputy, 2900 West 93rd Avenue, Crown Point, Indiana 46307									
31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Best, D.O.</i>						32. THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH DATED AND FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT. June 25, 2007			
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"/> 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. DESCRIBE HOW INJURY OCCURRED JUN 20 2007				
34a. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)			34e. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
34g. DATE PRONOUNCED DEAD (Month, Day, Year) June 21, 2007				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					