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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2009 APR 28 PM 1:14

STATE OF INDIANA **2009 027308**
) SS:
COUNTY OF LAKE)

MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Susan J. Misner (Formerly Known as Susan Jean Hrasch), being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the surviving owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 10 in Kennedy Avenue Addition to Highland, as per plat thereof, recorded in Plat Book 25 page 28, in the Office of the Recorder of Lake County, Indiana.

Tax Key No.: 45-07-28-176-018.000-026
Old Key No.: 16-27-0172-0010

3. The decedent, Lewis A. Hrasch, and myself acquired title as joint tenants with rights of survivorship to said real estate by deed of conveyance filed on the 12th day of November, 1980, and recorded in the Office of the Lake County Recorder as Document No. 606972.

4. That the decedent (along with me, Susan J. Misner (Formerly Known as Susan Jean Hrasch)) jointly held title to said real estate until the death of Lewis A. Hrasch on the 8th day of September, 1990, at which time the surviving joint tenants acquired title to said real estate pursuant to property law. See attached Death Certificate for Lewis A. Hrasch.

FILED

APR 28 2009

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

006962

16.00
V# 4639

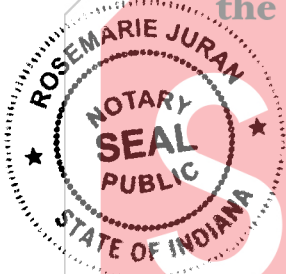
5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Susan J. Misner
Susan J. Misner (Formerly Known as
Susan Jean Hrasch), Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Susan J. Misner (Formerly Known as Susan Jean Hrasch), and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 22 day of April, 2009.

My Commission Expires: 09/06/2014



Signature: _____

Rosemarie Juran
Rosemarie Juran
Resident of Lake County, IN

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, Indiana 46375; (219) 864-7800

"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."

Gary P. Bonk

INDIANA STATE BOARD OF HEALTH

CERTIFICATE OF DEATH

Local No. 1848-90

State No.

TYPE/PRINT IN PERMANENT BLACK INK

1. DECEASED NAME (First, Middle, Last) Lewis A. Hrasch		2. SEX Male	3a. TIME OF DEATH 10:17 AM	3b. DATE OF DEATH (Month, Day, Yr) September 8, 1990
4. SOCIAL SECURITY NUMBER 303-36-3823		5a. AGE - Last Birthday (Years) 53	5b. UNDER 1 YEAR Months: Days: Hours: Minutes	5c. UNDER 1 DAY Hours: Minutes
6. DATE OF BIRTH (Mo, Day, Yr) Jul. 7, 1937		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN.		
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEARS LAST SERVED IN U.S. ARMED FORCES? Unknown		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input 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) Our Lady of Mercy Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Dyer	9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS Married		11. SURVIVING SPOUSE (If wife, give maiden name) Susan Conrad		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Electrical Technician
12b. KIND OF BUSINESS/INDUSTRY Steel Co.				
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland
13d. STREET AND NUMBER 2605 39th Pl.				
13e. ZIP CODE 46322	13f. IN AN UNINCORPORATED AREA? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input 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) 2 College (1-4 or 5+) 2				
18. FATHER'S NAME (First, Middle, Last) Andrew Hrasch		19. MOTHER'S NAME (First, Middle, Maiden Surname) Pauline Simko		
20a. INFORMANT'S NAME (Type/Print) Susan Hrasch		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2605 39th Pl. Highland, Indiana		20c. Relationship Wife
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 12, 1990 Calumet Park Cemetery		21c. LOCATION - City or Town, State Merrillville, IN.
22. FUNERAL HOME NAME Rigar Gleim		22b. FUNERAL HOME'S LICENSE NO. FD0 1016173		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
24. SIGNATURE OF FUNERAL DIRECTOR <i>A. Kuiper</i>		24b. LICENSE NUMBER (of Licensee) FD0 1014511		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500
<p>PART I Prior to the disease, injury, 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.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST</p> <p>APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH</p> <p>a. CEREBRAL ANOXIA MINUTES</p> <p>b. CARDIAC FAILURE MINUTES</p> <p>c. RENAL FAILURE DAYS</p> <p>d. METASTATIC CARCINOMA OF THE LUNG MONTHS</p>				
<p>PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I</p> <p>27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) NO</p> <p>28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO</p> <p>28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)</p>				
<p>29a. CERTIFIER (Check only one)</p> <p><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.</p> <p><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.</p> <p><input type="checkbox"/> PROFESSOR 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.</p>				
29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>		29c. MEDICAL LICENSE NO. E-409		29d. DATE SIGNED (Month, Day, Year) 9/10/90
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Lester J. Daros, D.O. 5100 - 45th Avenue Highland, IN 46322 219-924-9890				
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) SEP 11, 1990
33. MANNER OF DEATH		34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)
<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		34d. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		34e. DESCRIBE HOW INJURY OCCURRED
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

HEALTH OFFICER

CORONER USE ONLY