2009 080597

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2009 DEC -4, AM 9:25

MICHAEL A. BROWN RECORDER perty Address: 10690 Keystone Lane Crown Point, IN 46307

Property No. 45-17-05-432-015.000-047 Grantees Address for Tax Bills: Virginia A. La Bella 10690 Keystone Lane Crown Point, IN 46307

AFFIDAVIT OF SURVIVORSHIP

Comes now, VIRGINIA A. LA BELLA, as surviving tenant, by the entireties, and being duly sworn upon her oath and states as follows:

That JOSEPH J. LA BELLA, SR. and VIRGINIA A. LA BELLA, were the owners as tenants by the entireties of the following described real estate located in Lake County, Indiana, more particularly described as follows:

THE NORTH 35 FEET OF LOT 15, IN COUNTRY MEADOWS PLANNED UNIT DEVELOPMENT RESIDENTIAL, AN ADDITION TO THE TOWN OF WINFIELD, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 90 PAGE 58, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

PIN: 45-17-05-432-015.000-047 Document is the property of PROPERTY ADDRESS: 10690 KEYSTONE LANE, CROWN POINT, IN 46307

Property Number: 45-17-05-432-015.000-047

Commonly known address: 10690 Keystone Lane, Crown Point, IN 46307

That JOSEPH J. LA BELLA, SR. and VIRGINIA A. LA BELLA were Husband and Wife at the time they acquired title, as tenants by the entireties.

That the relationship, which existed between JOSEPH J. LA BELLA, SR. and VIRGINIA A. LA BELLA, continued unbroken from the time they so acquired title to said real estate until the death of JOSEPH J. LA BELLA, SR., at which time VIRGINIA A. LA BELLA acquired title to the real estate as surviving tenant by the entireties. JOSEPH J. LA BELLA, SR. died on May 5, 2009, as evidenced by the copy of the death certificate attached hereto with the social security number redacted.

ELLED

DEC 0 2 2009

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 1020V

AU E

Or mag

That the gross value of the estate of the decedent, JOSEPH J. LA BELLA, SR, as determined for the purpose of Federal Estate Tax and State Inheritance Tax was less than the value required for the filing of tax returns and the decedent's estate was not subject to tax

Dated: November 18, 2009

State of Illinois

County of Cook

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that VIRGINIA A. LA BELLA personally known to me to be the same person whose name is subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that she signed, sealed and delivered the said instrument as her free and voluntary act, for the uses and purposes therein set forth, including the release and waiver of the right of homestead.

Given under my hand and official seal, November 18, 2009.

This Document is the prop

the Lake County RecoBARRY C. BERGS ₽ROM

Notary Public

OFFICIAL SEAL BARRY C BERGSTROM NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:07/26/12

This Instrument Prepared By:

Barry C. Bergstrom, Atty No. 3521-98

3330 - 181st Place

Lansing, IL 60438

Mail To:

Barry C. Bergstrom & Assoc, Ltd. 3330 - 181st Place

Lansing, IL 60438

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1a. Maiden Last Name (If Female) Joseph J. LaBella, Sr. 10:34PM May 5, 2009 Male 5. Social Security Num 083-20-7. Date Of Birth (Month/Day/Year)
March 12, 8 Birthplace (City And State Or Foreign Country) 6d Linder 1 Day 6e Under 1 Hour New York, NY 81 10. If Death Occurred In A Hospital 5790 9. Ever In U.S. Armed Forces' 1928 10a If Death Occurred Son ☐ Yes ☐ No Unknown ☐ ☐ Inpatient ▼ Emergency Department Outpatient ☐ Dead On Arrival

11. Facility Name (If Not Institution, Give © reet And Number) ☐ Hospice Facility ☐ Decedent's Home ☐ Nursing Home/Long-Term Care Facility ☐ Other (Specify) St. Anthon Medical Center 12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death Married Married, But Separated Divorced Crown Point, IN 46307 Lake ☐ Widowed ☐ Never Married ☐ Unknown

17. Kind Of Business/Industry 15a. (If Wife)Give Maiden Last Name 16. Decedent's Usual Occupation 15. Surviving Spouse's Name Steel Mfgr. Accountant Rafalski Virginia LaBella 18. Residence - State Crown Point Indiana Lake 18e. Zip Code 46307 18f. Inside City Limits? 10690 Keystone Ln. ☐ Yes 😾 No 20. Decedent Of Hispanic Origin 21. Decedent's Race 19 Decedent's Education White 12 No 23a, Mother's Maiden Last Name 22. Father's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last) Barbota Salvatore LaBella Elisa LaBella 24b. Mailing Address (Street And Number, City, State, Zip Code) 10690 Keystone Ln. Crown Point, IN 46307 Wife Virginia LaBella Cross Cemetery Burial Cremation Donation Entombment Removal From State Calumet City, Illinois Ho1y Other (Specify):
26. Was Coroner Contacted? 27. Name And Complete Address Of Funeral Facility

La Hayne Funeral Home Yes XNo 6955 Southeastern Hammond, VIN 46324 FH1940005 27c. License Number (Of Licensee): 020900089 Cause Of Death (See Instructions And Examples) 28. Part I. Enter The <u>Chain Of Events</u>—Diseases, <u>Injuries</u>, <u>Or Complicat</u> Such As Cardiac Arrest, <u>Respiratory Arrest</u>, <u>Or Ventricular Fibrillation Witl</u> A Line. Add Additional Lines If Necessary. ations—That Directly Caused The Death, Do Not Enter Terminal Events Vithout Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On Approximate Interval: Onset To Death currentema Due To Cor As A Conscruence Offi ic Candronyo ratty Immediate Cause (Final Disease Or Condition Resulting In Death Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last D.

Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part II. 29. Was An Autopsy Performed?

Yes No
30. Were Autopsy Findings Available To Complete The Cause Of Death? ☐ Yes ☐ No □ Not Pregnant Within Past Year □ Pregnant Al Time Of Death
□ Not Pregnant, But Pregnant 43 Days To 1 Year Defore Death
□ Not Pregnant, But Pregnant Within The Past Year

35. Time Of Injury □ 36. Place Of Injury (E.G., Decedent's Home, Construction ☐ Yes ☐ Probably ☐ No Winknown 34. Date Of Injury (Month/Day/Year) 37. Injury At Work? ☐ Yes ☐ No 386. SIGNET STATE OF DEATH OF SEX WITH THE 38 Location Of Injury - State 38c. Apt. No. COUNTY HEACTH DEPARTMENT 39 Describe How Injury Occurred ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) MAY 08 2009 42. Certifier (Check Only One) Certifying Physician ☐ Coroner ☐ Health Office 43. Name, Address And Zip Code Of Person Certifying Cause Of Death: V.R. Gandra 1205 S. Main St. Crown Point, In 46307 Schroeder-Lauer Funeral Home son w But Do. 2009

ENTIAL PER IC 16-3 7-1-10