STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 005544

2010 JAN 29 PM 2: 40

CAROLYN J. POLLARD ACTING RECORDER

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA	) )SS
COUNTY OF LAKE	)

On this day of January, 2010, before me personally appeared, LINDA TORIE, to me personally known, who being duly sworn on oath did say that:

- 1. Affiants reside at the addresses given below the affiant's signature;
- 2. Affiant is the surviving joint owner of the real estate described below;
- Said premises are described as follows: 3. Parcel 21-3 being a part of Phases "B" and "O" of Lot 1, Old Airport Addition Lake County, Indiana, as the same appears of record in the Office of the Lake County Recorder in Plat Book 38, page 99, more particularly described as commencing at the Southwest corner of said Lot 1; thence South Eighty-nine degrees Forty-four minutes Fifty seconds East along the South Line of Lot 1, a distance of One Hundred Thirty-four and Sixty-seven One-hundredths feet; thence North Thirty-six degrees Fifteen minutes Ten seconds East a distance of Five Hundred Fifty-one and Fifteen One-hundredths feet; thence South Fifty-three degrees Forty-four minutes Fifty seconds East a distance of Fortyone and Thirty-six One hundredths feet to the point of beginning; thence continuing South Fifty-three degrees Forty-four minutes Fifty seconds East, Forty-five and No one-hundredths feet; thence South Thirty-six degrees Fifteen minutes Ten Seconds West Twenty-four and Eighty-seven Onehundredths feet; thence North Thirty-six degrees Fifteen minutes Ten seconds West Forty-five feet; thence North Thirty-six degrees Fifteen minutes Ten seconds East, Twenty-four and Eighty-seven One-hundredths feet to the point of beginning, in Lake County, Indiana.

Commonly known as 6055 Delaware Drive, Merrillville, Indiana 46410.

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

- 4. Said premises were formerly owned as joint tenants with rights of survivorship and not as tenants in common by MARY JO SCHWINN and LINDA TORIE;
- 5. Said MARY JO SCHWINN died on January 2, 2010, leaving no will;
- 6. Affiant is the natural daughter of the deceased.

Affiant's Signature Vinda Tovie								
Name Printed	Linda Torie							
Address	302 South Broad, Unit 11							

Griffith, IN 46319

Document is

Subscribed and sworn to before me, a Notary Public, this 22 day of January, 2010.

This Document the Property of the LaBenjamin T. Ballou, Notary Public

My Commission Expires: November 21, 2015

Resident of Lake County

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.

Benjamin T Ballou

 $65460.1 \\ 17,708$ 

This instrument prepared by:

Benjamin T. Ballou, Attorney at Law

8700 Broadway, Merrillville, Indiana 46410



## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No.	-10				State No			********
Decedent's Legal Name (First, Middle, Last)  MARY J. SCHWINN		1a. Maiden Last Name (If Female) 2. Sex		2. Sex	3. Time Of Death 5:02 PM	Firme Of Death 4. Date Of Death (Month/Day/Year)		
	Under 1 Year 6c. Under 1		6e. Under 1 Hour	7 Data Of Birth	(Month/Day/Year)			•
5. Social Security Number 6a. Age Yrs 6b. 77 Month		Hours	Minutes	1	7, 1932	Birthplace (City And State Or Foreign Country) GARY,INDIANA		
9. Ever in U.S. Armed Forces? 10. If Death Occu	rred in A Hospital:		10a. If Death Occurre	d Somewhere Oth	er Than A Hospital:	Hospice Facility	Decedent's Ho	ome Nursing Home/Long-
☐ Yes ☑ No Unknown ☐ ☐ Inpatient ☐  11. Facility Name (If Not Institution, Give Street And Num	Emergency Department Outpati	ient 🔲 Dead On Arrival	Term Care Facility	Other (Specify)				
6055 DELAWARE DR.	ueij							
12. City Or Town, State, And Zip Code			13. County C	of Death		14. Marital Statu	s At Time Of	Death
MERRILLVILLE,INDIANA 46410		LAKE			☐ Married ☐ Married, But Separated ☐ Divorced ☑ Widowed ☐ Never Married ☐ Unknown			
15. Surviving Spouse's Name		15a. (If Wife)Give Maider	n Last Name			ation 17. Kind Of Business/Industry  OWN HOME		
N/A		N/A			OMEMAKER		OWN	OWE
18. Residence – State  INDIANA	18a. County		18b. City Or Tow					
18c. Street And Number	Ente		MERRICE		I 18d Apt No.	I 190 7in	Code	18f. Inside City Limits?
6055 DELAWARE DR.				1 '	18e. Zip Code 18 46410			
19. Decedent's Education		Of Hispanic Origin	1	Decedent's Race		l		
High school graduate or GED complete	d No, not Sp	anish/Hispanic/Latin						
22. Father's Name (First, Middle, Last)  MICHAEL SAMIOTAKIS			23. Mother's Name (I NEVA SAMI	First, Middle, Last) OTAKIS			Mother's Ma AVAILABI	iden Last Name E
24. Informant's Name  LINDA TORIE	24a. Relati	onship To Decedent	24b. Mailing Address 302 S. BROAD		er, City, State, Zip Cod	e) DIANA 46319		
EMPA TONIE	- DAGGII		ace Of Disposition		Oran Tirrigit	DIFATA 40010		
25a. Method Of Disposition. ☐ Burial ☑ Cremation	25b. Place Of Disposition (P	Name Of Cemetery, Crematory			City, Town, And State		·	
☐ Donation ☐ Entombrnent ☐ Removal From State ☐ Other (Specify):	OAKLAND MEMOR		RRIC	DOLTON,II	LLINOIS			
· i								
27b. Signature Of Indiana Funeral Service Licensee:	1 +h	Joeument		roper	27c. Lic	ense Number (Of Lice	nsee)	
Sand of Peter the Lake County Recorder! FD08601585								
Cause Of Death (See Instructions And Examples)  28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death, Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology, Do Not Abbreviate. Enter Only One Cause On Interval: Onset								
A Line. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Recognition)	esulting In Death	A. Coron	navy	Herry	disease	2_		To Death
		B. Hypen	ch solem	Due Td (Or As A) Co	onsequence Of):			
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  B. Due To (Or As A Consequence Of):  Due To (Or As A Consequence Of):								
		D.						
Part II. Enter Other Significant Conditions Contributing To	Death But Not Resulting In The	e Underlying Cause Given In F	'art I	1	topsy Performed? osy Findings Available 1	Yes No	e Of Death?	☐ Yes ☐ No
31. Did Tobacco Use Contribute To Death?	32 If Female:	711111	ER'S		33. Manner (	) )		Lites Linu
Yes Probably No Tinknown	Not Pregnant Within Past Year	Pregnant At Time Of Death Days To 1 Year Before Death	Not Pregnant, But Pregnant Unknown If Pregnant Within	Within 42 Days Of De The Past Year	ath Natural	Homicide Accident Could Not Be Determined	Pending Investig	ation
34. Date Of Injury (Month/Day/Year)	35. Time Of Injury	36. Pk	ace Of Injury (E.G., Dece	dent's Home, Con	struction Site, Restaura	nt, Wooded Area)	37	. Injury At Work?
38. Location Of Injury - State	38a. City Or Town	38b. S	treet & Number			38c. Apt. No	D. 38d.	Zip Code
		String!	DIANA					
39 Describe How Injury Occurred					20 A 20 BB A 1964 A	insportation Inju		
41. Signature, Of Person Certifying Cause Of Death:    Driver/Operator   Passenger   Pedestrian   Other (Specify)								
Inche Litts Certifying Physician - Coroner - Health Officer								
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:  44. License Number  45. Date Certified								
ANDRE K ARTIS MD 5800 Broadway, MERRILLUTLLE 1037773 1/5/10  46. Additional Funeral Service Provider:  47. *Akes:								
48. Signature of Local Health Officer:	x1+. D.O.		49. For Registrar	Only - Date Filed (	MontivDay/Year):	1		

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility.