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STATE OF INDIANA )  
COUNTY OF LAKE )

SS: 2010 011861

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2010 MAR -4 AM 9:38

MICHELLE R. FAJMAN  
RECORDER

### AFFIDAVIT OF SURVIVORSHIP

Carmen Geraitis, being first duly sworn, under penalty of perjury, states as follows:

1. Carmen Geraitis, is an adult, with personal knowledge of all facts stated herein. She is a resident of Lake County, Indiana, and currently resides at 3718 Grand Blvd., East Chicago, Indiana.

2. She is the spouse of Anthony J. Geraitis who is deceased and resided in Lake County, Indiana, at the time of his death.

3. During his life, Anthony J. Geraitis owned the property commonly known as 3718 Grand Blvd., East Chicago, Indiana (the "Real Estate"), which is legally described as follows:

Lot Thirty-three (33) in Block Seven (7), in the First Addition to Indiana Harbor, in the city of East Chicago, as per plat thereof, recorded in Plat Book 5, page 14, in the office of the Recorder of Lake County, Indiana, together with all improvements and appurtenances thereto.

Tax Key No. 45-03-22-302-020.000-024

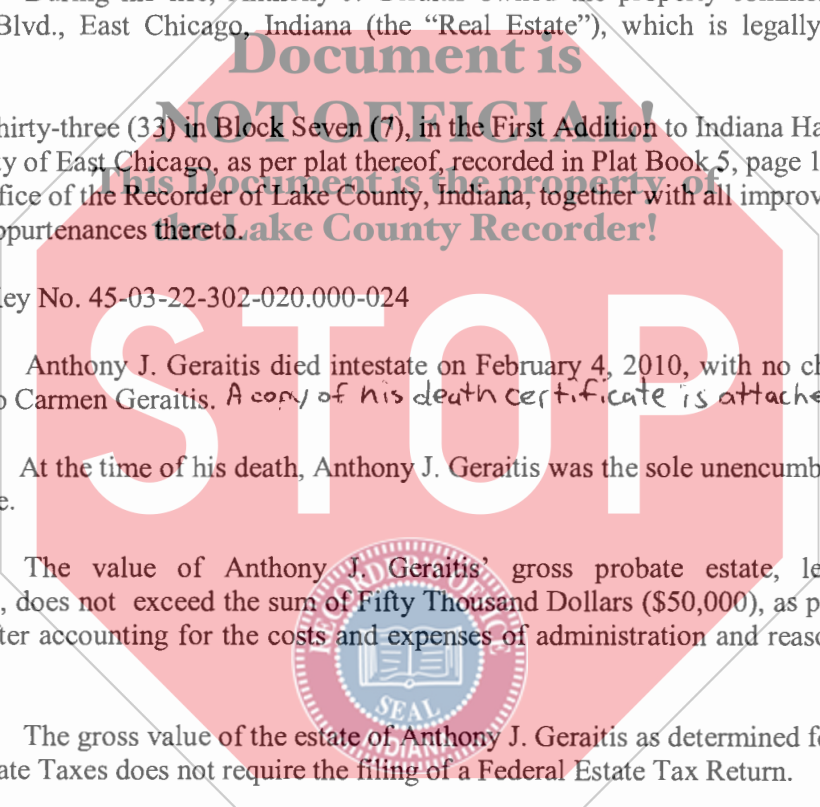
4. Anthony J. Geraitis died intestate on February 4, 2010, with no children and he was married to Carmen Geraitis. A copy of his death certificate is attached hereto.

5. At the time of his death, Anthony J. Geraitis was the sole unencumbered owner of the Real Estate.

6. The value of Anthony J. Geraitis' gross probate estate, less liens and encumbrances, does not exceed the sum of Fifty Thousand Dollars (\$50,000), as provided by IC § 29-1-8-1, after accounting for the costs and expenses of administration and reasonable funeral expenses.

7. The gross value of the estate of Anthony J. Geraitis as determined for the purpose of Federal Estate Taxes does not require the filing of a Federal Estate Tax Return.

8. The estate of Anthony J. Geraitis is not subject to Indiana Inheritance Tax.



**FILED**

MAR 04 2010

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

025665

15<sup>th</sup>  
CS  
RM





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 000028

State No. ....

1. Decedent's Legal Name (First, Middle, Last) Anthony J. Geraitis				1a. Maiden Last Name (if Female) N/A		2. Sex Male	3. Time Of Death 1:35 A.M.	4. Date Of Death (Month/Day/Year) February 4, 2010		
5. Social Security Number [REDACTED]	6a. Age Yrs 80	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) January 8, 1930		8. Birthplace (City And State Or Foreign Country) East Chicago, Indiana		
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)					
11. Facility Name (If Not Institution, Give Street And Number) Saint Catherine Hospital										
12. City Or Town, State, And Zip Code East Chicago, Indiana 46312					13. County Of Death Lake		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name Carmen A. Geraitis			15a. (If Wife) Give Maiden Last Name Marin			16. Decedent's Usual Occupation Crane Man		17. Kind Of Business/Industry Inland Steel		
18. Residence - State Indiana		18a. County Lake			18b. City Or Town East Chicago					
18c. Street And Number 3718 Grand Blvd.					18d. Apt. No.	18e. Zip Code 46312		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education 12th		20. Decedent Of Hispanic Origin No			21. Decedent's Race Caucasin					
22. Father's Name (First, Middle, Last) Joe Geraitis				23. Mother's Name (First, Middle, Last) Cazimira Geraitis			23a. Mother's Maiden Last Name Unknown			
24. Informant's Name Carmen A. Geraitis			24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 3718 Grand Blvd, East Chicago, Indiana 46312					
25. Place Of Disposition 25a. Method Of Disposition: <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) Heights Crematory 25c. Location - City, Town, And State Chicago Heights, Illinois										
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Divinity Funeral Home, 3831 Main Street, East Chicago, Indiana 46312					27a. Funeral Home License Number: FH10700039			
27b. Signature Of Indiana Funeral Service Licensee: <i>Samuel Smith</i>						27c. License Number (Of Licensee) FD01019692				
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 A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>cardiac dysrhythmia</u> Due To (Or As A Consequence Of): B. _____ Due To (Or As A Consequence Of): C. _____ Due To (Or As A Consequence Of): D. _____ 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 Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. 29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No										
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within Two Past Year			33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined			34. Date Of Injury (Month/Day/Year)		35. Time Of Injury
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury			36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town			38b. Street & Number		38c. Apt. No.	38d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)				
41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>					42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Jaime Ruiz-Montero 4320 Fir St. East Chicago, IN 46312						44. License Number 01058348		45. Date Certified 2/04/2010		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): 2/4/10				

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. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-3-1-10

IVRA-20  
(7/05)

VOID IF REPRODUCED OR FORGED. NOT VALID UNLESS SIGNED BY THE REGISTRAR.