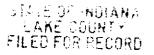
RECORD.



## 2011 042502

2011 AUG -8 PM 1: 24

	<del></del>	• • • • • • • • • • • • • • • • • • • •
M.I.S. FILE NO	AFFIDAVIT OF SURVIVORSHI	P AJMAN RECORDER
STATE OF INDIANA	) ) SS:	
COUNTY OF Lake	)	
Charles E. Croach, Jr and deposes and states as follows:	Dawn D. Croach, after being first duly swoows:	orn upon oath, hereby
1. That <u>Carol A. Cro</u>	oach died on 11/4/09, at Dyer	(name of city).
time they acquired	roach, Jr. and Carol A. Croach were duly a ititle to the following described real estate at the time of acquisition a single woman, r	and their daughter Dawn D.
THEREOF, RECORD	LE CREEK SUBDIVISION - PHASE 1, DED IN PLAT BOOK 97, PAGE 76, IN CE COUNTY, INDIANA.	AS PER PLAT THE OFFICE OF THE

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of her death and the joint tenancy between the parties remains in effect and unbroken to present.

SUBJECT TO ANY AND ALL EASEMENTS, AGREEMENTS AND RESTRICTIONS OF

the Lake County Recorder!

PROPERTY ADDRESS: 10164 SUNSET AVENUE, DYER, INDIANA 46311.

4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

FILED

054672

AUG 0 8 2011

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

# 15 CK# 10 CK# CK#

## FURTHER AFFIANT SAYETH NOT.

Subscribed and sworn to before me, a Notary Public this <u>18</u> day of <u>fully</u> 2011.

My Comission Expires:

County of Residence:

ANGELA MANFRE Notary Public - Seal State Of Indiana My Commission Expires Sep 27, 2012

This Instrument prepared by: Charles E. Croach, Jr.

Mortgage Information Services Ocument is

4877 Galaxy Parkway, Ste

Cleveland, OH 44128

This Document is the property of the Lake County Recorder!





## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	21	44-6	9							State No			••••		
Local No  1. Decedent's Legal Name (First			******		1a. N	daiden Last Na	me (If Female)		2. Sex		3. Time Of D	eath	4. Date Of De	ath (Month/Day/Year)	
CAROL ANN CROACH					НА	USENFLE	CK		F	1	5:35 AM		NOVEM	BER 4, 2009	
5. Social Security Number	6a. Age Yrs	6b. Under 1	(ear	6c. Under 1 M	Month 6d.	Under 1 Day	6e. Under 1 Hour	1	-	th/Day/Year)	1		State Or Foreig	in Country)	
310-38-5688	71	Months		Days	Нос	urs	Minutes	March 22, 1938 HAMMOND, INDIANA							
9. Ever in U.S. Armed Forces?	10. If De	eath Occurred In A	Hospital:	·			10a. If Death Occu	rred Somewher	e Other Tha	n A Hospital:	☐ Hospice Fac	ility 🔲 D	ecedent's Home	☐ Nursing Home/Long-	
☐ Yes 🖾 No Unknown I	□   □ Inpa	atient 🛛 Emergen	cy Departn	nent Outpatier	nt 🔲 Dead O	n Arrival	Term Care Facility	☐ Other (Spe	cify)						
11. Facility Name (If Not Institut	ion, Give Street	And Number)													
ST. MARGARET MER	CY HEALT	HCARE CEN	TER S	DUTH CA	MPUS										
12. City Or Town, State, And Zi	p Code							y Of Death					At Time Of Dea		
DYER, INDIANA 46311							LAKE								
15. Surviving Spouse's Name					15a. (If Wi	th thiological made and the second				cedent's Usual Occupation			17 Kind Of Business/Industry		
CHARLES E. CROACH N/A							HOMEMA				AKER OWN HOME				
18. Residence - State	<del></del>		18a. C	ounty	L		18b. City Or	own							
INDIANA			LAKE	Ē			DYER								
18c. Street And Number	-									18d. Apt. No		18e. Zip 46311		181, Inside City ⊔mits?	
10164 SUNSET AV	E.									N/A		40311			
19. Decedent's Education					f Hispanic Orig			1. Decedent's f Vhite	часе						
High school graduate		mpleted	NC.	o, not Spa	inism/Hisp	oanic/Latin	23. Mother's Nan		Loot			1 23a	Mother's Maide	en Last Name	
22. Father's Name (First, Middl							CLARA HAU	•	•			SC	отт		
ROBERT HAUSENFL				74a Relatio	anship To Dece	eden!	24b. Marking Add			ity, State, Zip C	xde}	J			
24. Informant's Name  CHARLES E. CROACH HUSBAND					•		10164 SUNS								
<u> </u>						25. P	lace Of Disposition								
25a. Method Of Disposition.  Donation D Entombrent  Other (Specify):	⊠ Burial ☐ Cr ☐ Removal Fro	remanon			(ame Of Ceme		y Other Place)	11 10	ELL, IND	Town, And Stat	te				
26. Was Coroner Contacted?		. Name And Comp							Vanaa (				27a. Funer FH1030	al Home License Number:	
☐ Yes     No	K	UIPER FUNE	RALH				HIGHLAND,								
27b. Signature Of Indiana Fun	eral Service Lice	A K	.T	his I	Docu		t is the		•		Doense Numbe	or (OT LICE	msee;		
28. Part I. Enter The Cha			7	C	Cause Of	Death (Se	e Instructions	And Exam	nples)	ents.				Approximate	
Such As Cardiac Arrest, F	Respiratory Ar	rrest. Or Ventric	ular Fibri	lation With	out Showing	The Etiolog	y. Do Not Abbre	viate. Enter	Only One (	Cause On				Interval: Onset To Death	
A Line. Add Additional Lin Immediate Cause (Final E			o In Dea	th	A	Acut	E HYP	DIXO	EN	CEPL	1422	P	THEF	MINUTE	
					B	CHICV	NICE		STA	Lience Of):	RION	۸ـــ	FAIL	RE MON	
Sequentially List Conditions, if Any, Leading To TI Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last			The Cause Listed On Or Injury That Initiated		ъ	0	Due To (Or As		Or As A Consequence Of):					V-Apo	
					c —	UITE			Or As A Consec	As A Consequence Of):				V 24 0 S	
Part II. Enter Other Significant	Conditions Con	Heltu Hissa To Death	But Not Re	eulting In The	D. e Underlying C	HUY 72	Part	S107	is An Autops	y Performed?	□Yes	<b>138</b> 0		[6/1423]	
								30. We	ere Autopsy I	Indings AVailab	le 10 Compiete	The Cau	se Of Death?	☐ Yes ☐ No	
PELIPHON  31 Did Tobacco Use Contribu		32	f Female:	<u> </u>	,,,,,	PE	- THE STATE OF THE			33. Mann	er Of Death:				
☐ Yes ☐ Probably ★ No ☐ Uni		74	iot Pregnant	Within Past Year	r Pregnant A	At Time Of Death	□ Not Pregnant, But Pregnant	egnant Within 42 D	ays Of Death	Natural	Homicide	Accident E	Pending Investiga	ation	
34. Date Of Injury (Month/Day	(Year)		Time Of Ir		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	36	Place Of Injury (E.G.,	Decedent's Ho	me, Constru	ction Site, Resta	urant, Wooded	Area)	37.	Injury At Work?	
														☐ Yes ☐ No	
38. Location Of Injury - State		38a.	City Or To	OWN		38b.	Street & Number		·,·		3	8c. Apt. I	No. 38d.	Zip Code	
						E .	SEAL	3							
39 Describe How Injury Occur	red					Adding.	NDIANA	5			,	•	ury, Specify		
41. Signature, Of Person Cert	ifving Cause OL	Death)	_				dimini.		42. Ce	rtifier (Check Or		ssenger 🗆	Pedestrian 🔲 Oth	er (Specity)	
W	MI	V.	D-	D.					<b>≱</b> ,∘	ertifying Physici	an 🗌 Coroner	☐ Heal			
43. Name, Address And Zi	p Code Of Pe	rson Certifying C	ause Of	Death:							License Num	. •	1	te Certified	
CLAUDE A	- FOR	ET, I	٠ مـ(	12	73 N	CUI	NE, GE	IFPI	TH_		0200 il	Pl	1 11	106/2009	
46. Additional Funeral Service		1					<del>, ,</del>	46	319	47	. *Akas:				
48. Signature of Local Health	Officer:			- 1			49. For Regi	strar Only – Da	ate Filed (Mo	nth/Oay/Year)					
E Care	econ in	73	1	. الريادوي	•		14	1000	w	rer	<u></u>	20	$\mathcal{CC}$		
State Form 10110 (R7/9-07	) ATTENTION EST	TATE The Social Secur	ity#is being	requested by this	s state agency in a	order to pursue its	statutory responsibility O	sclosure is volume	ry and there wil	be no penelty for re	fusel. THE RECO	RDS IN THI	S SERIES ARE CO	NFIDENTIAL PERIC 15-3 7-1-10	