

3

STATE OF INDIANA  
COUNTY OF LAKE

2011 073369

STATE OF INDIANA  
LAKE COUNTY  
FILED FROM RECORD

2011 DEC 20 PM 12:08

MIC  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, Eleanor A. Barsich (formerly known as Eleanor A. Hargis), 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 owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT 82, IN SOUTHWOOD ESTATES 3<sup>RD</sup> ADDITION, TO THE TOWN OF GRIFFITH, AS PER PLAT THEROF, RECORDED JUNE 12, 1980, IN PLAT BOOK 52 PAGE 23, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

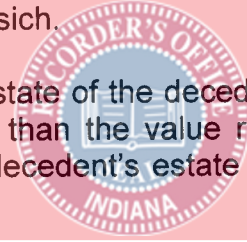
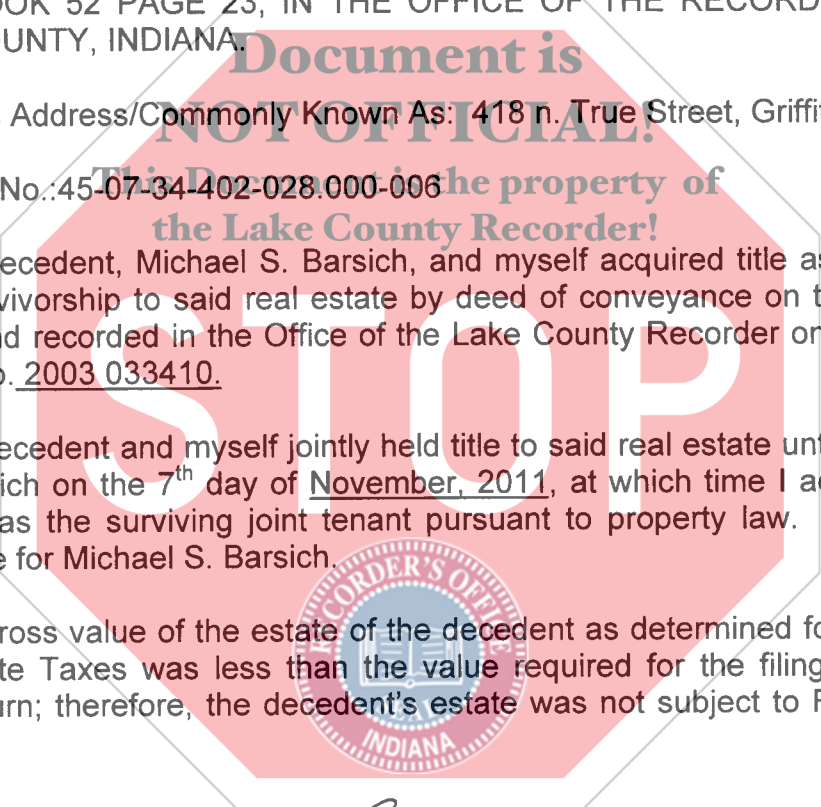
Grantee's Address/Commonly Known As: 418 n. True Street, Griffith, IN

Tax Key No.: 45-07-34-402-028.000-006

3. The decedent, Michael S. Barsich, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 27<sup>th</sup> day of March, 2003, and recorded in the Office of the Lake County Recorder on April 1, 2003 as Document No. 2003 033410.

4. The decedent and myself jointly held title to said real estate until the death of Michael S. Barsich on the 7<sup>th</sup> day of November, 2011, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Michael S. Barsich.

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 the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



AMOUNT \$ 16<sup>00</sup>  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 5911  
OVERAGE \_\_\_\_\_  
COPY \_\_\_\_\_  
NON-COM \_\_\_\_\_  
CLERK 135

**FILED** Eleanor A. Barsich  
Eleanor A. Barsich, Affiant  
(Formerly Known as Eleanor A. Hargis)

DEC 20 2011

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

057707

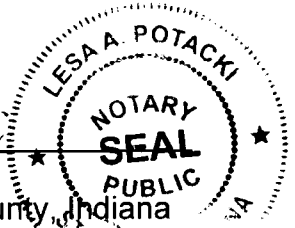
STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Eleanor A. Barsich, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 9 day of December, 2011.

My commission expires: 02/13/2018

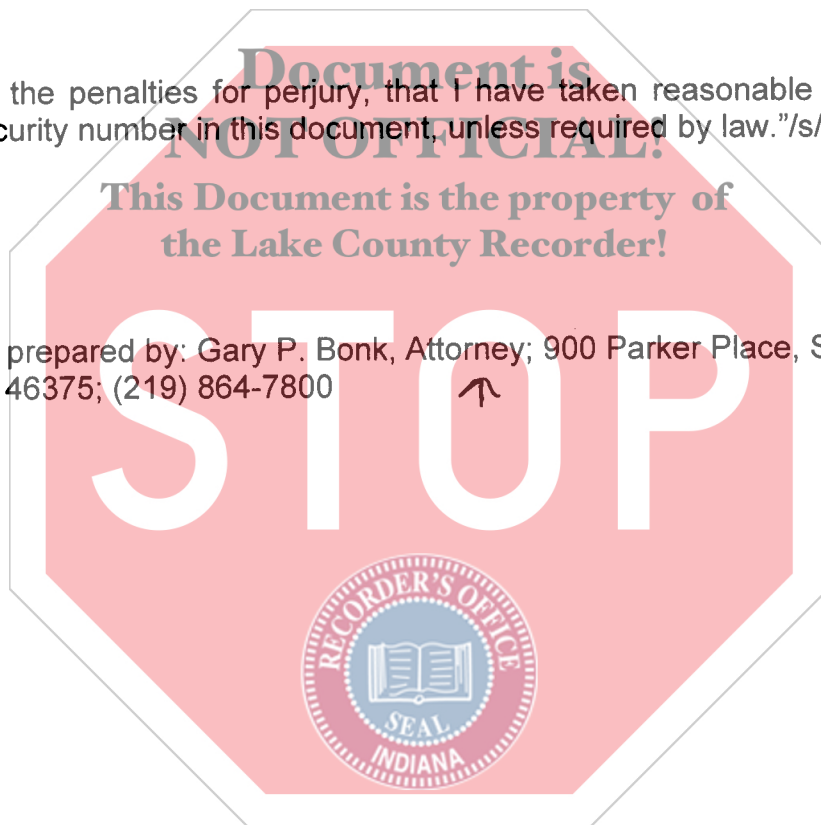
Signature: *Lesa A. Potacki*  
LesA A. Potacki  
Resident of: Lake County, Indiana



"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."/s/Gary P. Bonk

**This Document is the property of  
the Lake County Recorder!**

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





**INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

Local No **003450**

EDR No **00000228164**

State No

1. Decedent's Legal Name (First, Middle, Last) <b>MICHAEL S BARSICH</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>07:50 PM</b>		4. Date Of Death (Month/Day/Year) <b>11/07/2011</b>			
5. Social Security Number <b>309-46-3279</b>		6a. Age - Yrs <b>67</b>		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) <b>05/27/1944</b>				8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>									
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival <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) <b>MUNSTER COMMUNITY HOSPITAL</b>													
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46320</b>						13. County Of Death <b>LAKE</b>			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 <b>ELEANOR A BARSICH</b>				15a. (If Wife) Give Maiden Last Name <b>KUREK</b>				16. Decedent's Usual Occupation <b>INDIANA SUGAR</b>		17. Kind Of Business/Industry <b>SALES</b>			
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>			18b. City Or Town <b>GRIFFITH</b>			18c. Street And Number <b>418 NORTH TRUE STREET</b>		18d. Apt. No.	18e. Zip Code <b>46319</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education <b>BACHELOR'S DEGREE (BA, AB, BS)</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>							
22. Father's Name (First, Middle, Last) <b>JOHN BARSICH</b>				23. Mother's Name (First, Middle, Last) <b>JULIA BARSICH</b>				23a. Mother's Maiden Last Name <b>STEWART</b>					
24. Informant's Name <b>ELEANOR A BARSICH</b>			24a. Relationship To Decedent <b>WIFE</b>			24b. Mailing Address (Street And Number, City, State, Zip Code) <b>418 NORTH TRUE STREET, GRIFFITH, IN 46319</b>							
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) <b>SOLAN PRUZIN FUNERAL HOME CREMATORY</b>				25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>						27a. Funeral Home License Number: <b>FH10200037</b>					
27b. Signature Of Indiana Funeral Service Licensee: <b>DEAN G WAGNER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD08800057</b>							
28. Part I. Enter The <u>Chain Of Events</u> - 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. <b>Immediate Cause (Final Disease Or Condition Resulting In Death)</b> A. <u>RESTRICTIVE CARDIOMYOPATHY, CARDIAC AMYLOIDOSIS, HODGKINS DISEASE</u> <span style="float:right">Approximate Interval: Onset To Death <b>UNKNOWN</b></span> <small>Due to (Or As A Consequence Of)</small> <b>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> B. _____ <small>Due to (Or As A Consequence Of)</small> C. _____ <small>Due to (Or As A Consequence Of)</small> D. _____													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>RENAL FAILURE</b>						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 30. Were Autopsy Finding 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"/>		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 The 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"/> Indeterminate <input type="checkbox"/> Not Determined							
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) <b>LAKE COUNTY HEALTH DEPARTMENT</b>				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 <b>NOV 14 2011</b>													
41. Signature. Of Person Certifying Cause Of Death: <b>MOHAMMAD ASEF RAHMANY, BY ELECTRONIC SIGNATURE</b>						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: <b>MOHAMMAD ASEF RAHMANY, 2914 HIGHWAY AVENUE, HIGHLAND, IN 46322</b>						44. License Number <b>01026043A</b>		45. Date Certified <b>11/11/2011</b>					
46. Additional Funeral Service Provider:						47. *Akas:							
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>NOV 14 2011</b>							
<b>AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)</b>													