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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 057299

2012 AUG 23 AM 11:44

MICHAEL J. MAN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Steven T Pondo of adult age, being first duly sworn, upon deposes and says

That Steven T Pondo, is the son of Benjamin Pondo, deceased, who died on October 11, 2004 a resident of Lake County, Indiana

That affiant and said decedent, as acquired title to the following described real estate located in Lake County, IN to wit

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Steven Pondo and Benjamin Pondo recorded MAY 23 2001 as Document No 2001-039429 in the Office of the Office of the Recorder of Lake County, Indiana

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied That the gross value of he estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of, surviving spouse of the decedent

And further affiant sayeth not this 31ST day of July, 2012
STEVEN T. PONDO

State of Indiana, County of Lake ss

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 31ST day of July, 2012

WITNESS my hand and Notarial Seal

My Commission Expires



[Signature]
Signature of Notary Public

Printed Name of Notary Public

Notary Public County and State of Residence

This instrument was prepared by Debra A. Cuy Attorney at Law IN #244271
202 S Michigan St Ste 300
South Bend, IN 46601

Property Address
8510 East 173rd Avenue, Hebron, IN 46341

File No 12-21405

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 Kim Simpson (Type or Print Name)

FILED
AUG 21 2012

HOLD FOR MERIDIAN TITLE

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

003434

16:00
1026#
410 MT

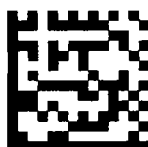


1868657-1005

LEGAL DESCRIPTION

PARCEL 1 25 acres more or less off the West side of the Northeast Quarter of the Southwest Quarter of Section 16, Township 33 North, Range 7 West of the 2nd P M , the same being all the remainder of said Northeast Quarter of the Southwest Quarter of said Section not conveyed to Frank Richard by deed dated April 20, 1910, and recorded in Deed Record 200, Page 242, in Lake County, Indiana

PARCEL 2 A strip of land 18 feet wide on the East side of the Southeast Quarter of the Southwest Quarter of Section 16, Township 33 North, Range 7 West of the 2nd P M , for the purpose of a road, more particularly described as follows Commencing at the Southeast corner of the Southwest Quarter of said Section 16, and running thence North 80 rods, thence West 18 feet, thence South 80 rods, thence East 18 feet to the place of beginning, in Lake County, Indiana



1868657-1005

ESTATE: The Social Security # is stated by this state agency in order to assume statutory responsibility. Disclosure is required and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

State No.

Local No. 2466-04
86825

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1 DECEASED - NAME (First, Middle, Last) Benjamin Pondo				2. SEX Male		3a TIME OF DEATH 5:46 AM		3b DATE OF DEATH (Month, Day, Yr) October 11, 2004	
4 SOCIAL SECURITY NUMBER 315-28-5460		5a. AGE - Last Birthday (Years) 73		5b UNDER 1 YEAR Months Days		5c UNDER 1 DAY Hours Minutes		6 DATE OF BIRTH (Mo., Day, Yr) October 19, 1930	
7a. WAS DECEDENT A U.S. VETERAN? No		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Residence				7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	
8a FACILITY NAME (If not institution, give street and number) 8510 East 173rd Ave.				8c. CITY, TOWN, OR LOCATION OF DEATH Hebron			8d. COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Widowed		11 SURVIVING SPOUSE (If wife, give maiden name)		12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Welder			12b. KIND OF BUSINESS/INDUSTRY Auto Manufacturing		
13a. RESIDENCE - STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Hebron			13d STREET AND NUMBER 8510 East 173rd Ave		
13e ZIP CODE 46341-		13f INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14 CITIZEN OF WHAT COUNTRY? USA		15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16 RACE— American Indian, Black, White, etc. (Specify) White	
17 DECEASED'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 College (1-4 or 5+)		18 FATHER'S NAME (First, Middle, Last) Joseph Pondo				19 MOTHER'S NAME (First, Middle, Maiden Surname) Not Available			
20a. INFORMANT'S NAME (Type/Print) Steve Pondo				20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8510 East 173rd Ave. Hebron IN 46341-				20c. Relationship Son	
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify) Burial			21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 14, 2004 Hebron Cemetery			21c. LOCATION - City or Town, State Hebron, Indiana			
22a. EMBALMER'S NAME Kevin Kneiga			22b. EMBALMER'S LICENSE NO. FD20400005			22. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>			24b. LICENSE NUMBER (of Licensee) FD09000013			25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home FHI9900060 624 N. Main St, Hebron, Indiana 46341-			
26 PART I <input checked="" type="checkbox"/> Enter all diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. myocardial fibrillation		27. WAS DECEASED PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No						28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No	
IMMEDIATE CAUSE (Final disease or condition resulting in death) cardiomyopathy		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No						Approximate Interval Between Onset and Death 1991	
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last prior myocardial infarction								1991	
PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I CVA								 yrs.	
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated		29b. SIGNATURE AND TITLE OF CERTIFIER <i>[Signature]</i>				29c. MEDICAL LICENSE NO. 401041362		29d. DATE SIGNED (Month, Day, Year) 10/12/04	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Gary R. Bringham M.D. 1201 S. Main St., Crown Point, IN 46307									
31 HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>							32. DATE FILED (Month, Day, Year) October 13, 2004		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED	
		34e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)			34h. MOTOR VEHICLE ACCIDENT? (Yes or No) If yes, specify driver, passenger, pedestrian, etc.						

