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LAKE COUNTY ASSESSOR
HANK ADAMS

STATE OF INDIANA
LAKE COUNTY
RECORDER

Return Recorded Document to:

Attorney Lisa A. Kmak
1022 - 119th Street
Whiting, IN 46394



AFFIDAVIT OF SURVIVORSHIP, TO TRANSFER REAL ESTATE, SMALL ESTATE AND OF NO TAX DUE

I, **David J. Evanoff**, being duly sworn upon his oath, says:

1. That George C. Evanoff and Lorraine M. Evanoff were the owners in fee simple of the real estate located in Lake County, State of Indiana, commonly known as **4331 Baltimore Avenue, Hammond, Lake County Indiana 46327**, and more particularly described as follows:

Lots Numbered Fifteen (15) and Sixteen (16), in Block No. Five (5), as marked and laid down on the recorded plat of Rolling Mill Addition to Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 1, page 105 in the Recorder's Office of Lake County, Indiana.

Parcel Number: **45-02-25-279-009-000.023**

25702
FILED
AUG 27 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

2. That George C. Evanoff and Lorraine M. Evanoff were married on the 19th day of April, 1947. That as husband and wife they acquired title to said real estate by a Quit-Claim Deed of conveyance dated the 24th day of April, 1949, and recorded on the 24th day of May, 1949, as Document No. 403274 and placed in Book 838 page 94. That title to said real estate was held as tenants by the entirety until the death of George C. Evanoff on the 15th day of May, 2000. Thereafter, Lorraine M. Evanoff remained a widow until her death on the 8th day of February, 2012.
3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated for either the estate of George C. Evanoff or Lorraine M. Evanoff.
4. That the gross probate estate of George C. Evanoff and that of Lorraine M. Evanoff, less liens and encumbrances, did not exceed the amount allotted under 29-1-8-1 and that no Federal Estate Tax and no Indiana Inheritance Tax regarding either estate is due or payable.
5. That the Lorraine Evanoff a/k/a Lorraine M. Evanoff, died on the 8th day of February, 2012, testate, while domiciled in Lake County, Indiana, and that more than 45 days have elapsed since her death and that her Last Will and Testament dated the 24th day of April, 2008, was Spread of Record in Lake County, Indiana under Cause No. 45D02-1208-EM- 48

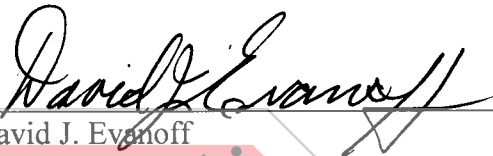
20-
1770
SS
VNONC.

6. That under the Last Will and Testament of Lorraine M. Evanoff, her estate was to be divided between her descendants, per stirpes. One of her children, Daniel Paul Evanoff, predeceased her and had no descendants. Therefore her surviving three (3) children, equally divide her estate, namely:

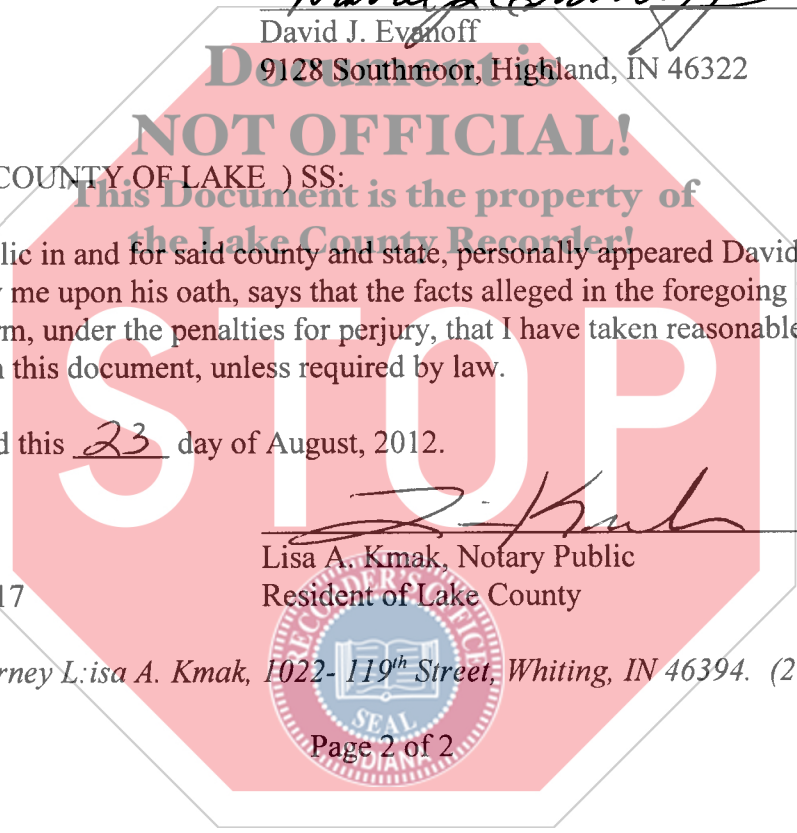
David J. Evanoff 9128 Southmoor, Highland, IN 46322
Patricia Amenta 11388 Willow, Grant, MI 49327
George C. Evanoff, Jr. 670 Blossom Dr., Avon, IN 46123

7. The statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **David J. Evanoff, Patricia Amenta and George C. Evanoff, Jr., as tenants in common**, whose mailing address for real estate tax purposes is 9128 Southmoor, Highland, Indiana 46322.

Further your affiant sayeth not.



David J. Evanoff
9128 Southmoor, Highland, IN 46322



STATE OF INDIANA, COUNTY OF LAKE) SS:

Before me, a Notary Public in and for said county and state, personally appeared David J. Evanoff, and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing Survivorship Affidavit are true. 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.

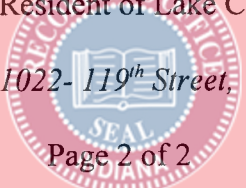
Signed and sealed this 23 day of August, 2012.

My Commission
Expires: 11/7/2017



Lisa A. Kmak, Notary Public
Resident of Lake County

Prepared by: Attorney Lisa A. Kmak, 1022-119th Street, Whiting, IN 46394. (219) 659-1355.



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to assure its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

COMPLETE COPY OF DEATH ON FILE WITH INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Local No. 403

Date Issued May 16, 2000 Franklin J. Premeau, Jr. Hammond Health Commissioner

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

PE/PRINT IN PERMANENT INK

Form with fields for DECEASED NAME (GEORGE C. EVANOFF), SEX (MALE), TIME OF DEATH (10:28 A.M.), DATE OF DEATH (MAY 15, 2000), SOCIAL SECURITY NUMBER, AGE (85), DATE OF BIRTH (JANUARY 30, 1915), BIRTHPLACE (HAMMOND, INDIANA), MARITAL STATUS (MARRIED), SURVIVING SPOUSE (LORRAINE DYMORA), DECEASED'S USUAL OCCUPATION (MILLWRIGHT), RESIDENCE (4331 BALTIMORE AVENUE, HAMMOND, INDIANA), FATHER'S NAME (MICHAEL EVANOFF), MOTHER'S NAME (KATE FEDEROFF), INFORMANT'S NAME (LORRAINE M. EVANOFF), MAILING ADDRESS (4331 BALTIMORE AVE., HAMMOND, INDIANA 46327), METHOD OF DISPOSITION (Burial), DATE AND PLACE OF DISPOSITION (MAY 18, 2000, HOLY CROSS CEMETERY), CALUMET CITY, ILLINOIS, EMBALMER'S NAME (KEITH D. ANTHONY), LICENSE NUMBER (01011911), FUNERAL HOME (ANTHONY & DZIADOWICZ), IMMEDIATE CAUSE OF DEATH (ACUTE MYOCARDIAL INFARCTION), UNDERLYING CAUSE (CHRONIC OBSTRUCTIVE PULMONARY DISEASE), CERTIFIER (C.A. FOREIT, D.O.), HEALTH OFFICER'S SIGNATURE (Franklin J. Premeau, M.D.), DATE FILED (May 16, 2000).

DECEDENT

RELATIVES

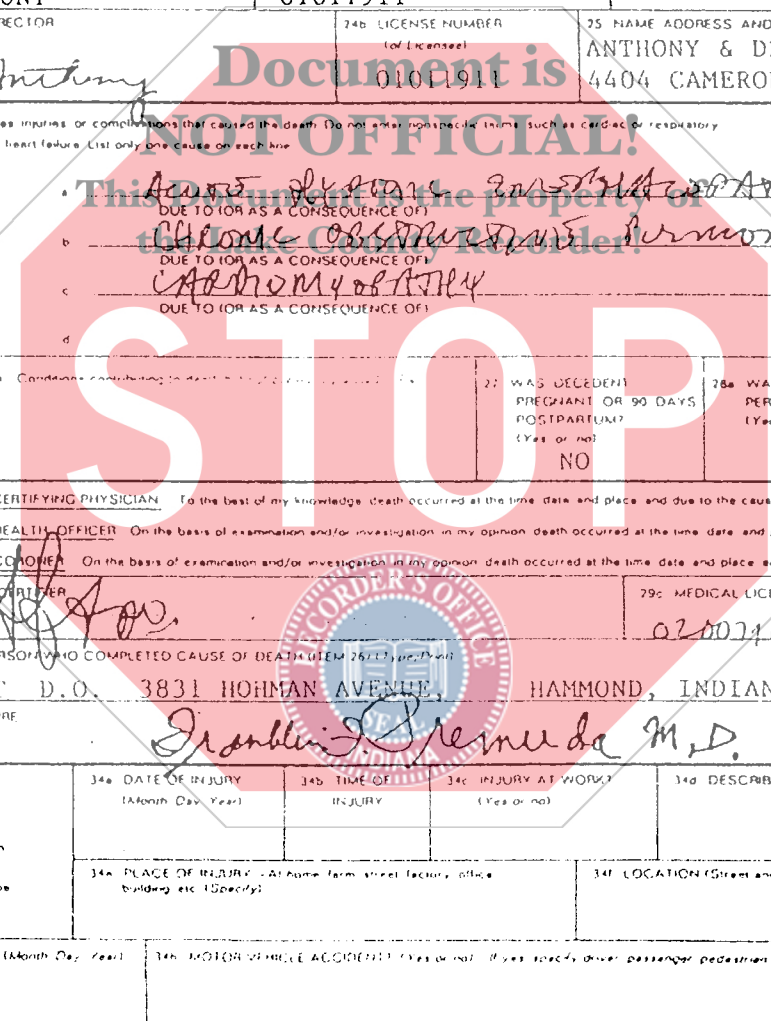
INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER





STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER
202032

1. DECEDENT'S NAME (First, Middle, Last) Lorraine Marie Evanoff		2. DATE OF BIRTH June 28, 1927	3. SEX Female	4. DATE OF DEATH February 08, 2012
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Lorraine Marie Dymora		5a. AGE - Last Birthday (Years) 84	6a. UNDER 1 YEAR MONTHS	6b. UNDER 1 DAY DAYS HOURS MINUTES
7a. LOCATION OF DEATH Transitional Health Services, 4554 West 48th Street, 49412		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Garfield Twp		7c. COUNTY OF DEATH Newaygo
8a. CURRENT RESIDENCE - STATE Michigan	8b. COUNTY Newaygo	8c. LOCALITY Grant Twp	8d. STREET AND NUMBER 11388 Willow Avenue	
8e. ZIP CODE 49327	9. BIRTH PLACE Hammond, Indiana	10. SOCIAL SECURITY NUMBER [REDACTED]	11. DECEDENT'S EDUCATION 8th grade or less	
12. RACE White	13a. ANCESTRY Polish	13b. HISPANIC ORIGIN No	14. EVER IN THE U.S. ARMED FORCES? No	
15. USUAL OCCUPATION Cafeteria Worker	16. KIND OF BUSINESS OR INDUSTRY Schools	17. MARITAL STATUS Widowed	18. NAME OF SURVIVING SPOUSE	
19. FATHER'S NAME (First, Middle, Last) Peter Dymora		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Marie Gerstner		
21a. INFORMANT'S NAME Patricia Amenta	21b. RELATIONSHIP TO DECEDENT Daughter	21c. MAILING ADDRESS 11388 Willow Ave., Grant Michigan 49327		
22. METHOD OF DISPOSITION Burial	23a. PLACE OF DISPOSITION Holy Cross Cemetery	23b. LOCATION - City or Village, State Calumet City, Illinois		
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Alexander J. McKinley II	25. LICENSE NUMBER 4501005278	26. NAME AND ADDRESS OF FUNERAL FACILITY McKinley Funeral Homes, Inc., 45 E. Main Street., Grant, Michigan 49327		
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the (cause) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the (cause) and manner stated. Robert V. Gunnell, MD	27b. DATE SIGNED February 09, 2012	27c. LICENSE NUMBER 036565	28a. ACTUAL OR PRESUMED TIME OF DEATH 09:35 PM	28b. PRONOUNCED DEAD ON February 08, 2012
29. MEDICAL EXAMINER CONTACTED No		30. PLACE OF DEATH Nursing Home	28c. TIME PRONOUNCED DEAD 09:35 PM	
31. IF HOSPITAL		32. MEDICAL EXAMINER'S CASE NUMBER		
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER		34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Robert V. Gunnell, MD, Grant Medical Care, 230 S. Maple St., Grant, Michigan 49327		
35a. REGISTRAR'S SIGNATURE <i>Laurel J. Breuker</i>		35b. DATE FILED February 09, 2012		
36. 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 convulsions without showing the etiology. Enter only one cause on line. If diabetes was an immediate underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF) A-Fib DUE TO (OR AS A CONSEQUENCE OF) Surgically but condition, IF ANY, leading to the cause listed on line 36, under the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST				Approximate Interval Between Onset and Death 13 months Unknown Unknown
PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I				37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable	
41a. DATE OF INJURY	41b. TIME OF INJURY	41c. DESCRIBE HOW INJURY OCCURRED		
41d. INJURY AT WORK	41e. PLACE OF INJURY	41f. IF TRANSPORTATION INJURY	41g. LOCATION	

I, LAUREL J. BREUKER, Clerk of the County of Newaygo and Clerk of the Circuit Court thereof, the same being a Court of Record having a seal, do hereby certify that the above is a true copy of the original on file. In testimony whereof, I have set my hand and affixed the seal of the Circuit Court.

Date Issued: February 9, 2012

Laurel J. Breuker
Laurel J. Breuker
Newaygo County Clerk

SPL1000125315

CERTIFICATION OF VITAL RECORD

CITY AND COUNTY OF SAN FRANCISCO

3052011148894

CERTIFICATE OF DEATH

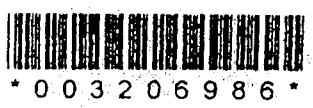
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Form with sections: DECEASED'S PERSONAL DATA, USUAL RESIDENCE, INFIRMARY, SPOUSE/BJRP AND PARENT INFORMATION, FUNERAL DIRECTOR/LOCAL REGISTRAR, PLACE OF DEATH, CAUSE OF DEATH, PHYSICIAN'S CERTIFICATION, CORNER'S USE ONLY, STATE REGISTRAR.



STATE OF CALIFORNIA, CITY AND COUNTY OF SAN FRANCISCO
This is to certify that the image reproduced hereupon is a true copy of the record on file in the SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH as of the date issued.

DATE ISSUED OCT 18 2011



Tomás Aragón, M.D., Dr.P.H. Health Officer and Local Registrar



This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the City and County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE