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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

2012 061641

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2012 SEP 12 AM 10:34

AFFIDAVIT OF SURVIVORSHIP

MICHELLE P. FAJMAN
RECORDER

Barbara J. Polletta, being first duly sworn upon oath, says:

1. On October 31, 2011, Darrell Patrick Polletta aka Darrell P. Polletta and Barbara J. Polletta owned the subject property as joint tenants with right of survivorship.
2. On October 31, 2011, as shown by the attached death certificate, Darrell Patrick Polletta aka Darrell P. Polletta died in Lake County, Indiana.
3. The address of the property owned as joint tenants with right of survivorship, in Lake County, Indiana, and legally described as follows:

Lot 49 in Amber Creek Estates, Unit 1, an Addition to the City of Hobart, as per plat thereof, recorded in Plat Book 87, page 26, in the Office of the Recorder in Lake County, Indiana.
Parcel No. (27)17-355-49/209-21

More Commonly Known as 2981 Diamond Drive, Hobart, IN 46342.

4. That on said date, the said Darrell Patrick Polletta aka Darrell P. Polletta became deceased in Lake County, Indiana, and that the said Barbara J. Polletta became the owner of said real estate pursuant to operation of law.
5. That no estate was opened for the said Darrell Patrick Polletta aka Darrell P. Polletta, and that no State or Federal Inheritance or Estate Tax is due or owing.
6. That the purpose of the giving of this Affidavit is to establish a survivorship between and joint tenants with right of survivorship.

FURTHER AFFIANT SAYETH NOT.

9/11/12
Date

Barbara J. Polletta
Barabara J. Polletta

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me this 11 day of September, 2012.



[Signature]
NOTARY PUBLIC, RESIDENT
LAKE COUNTY, INDIANA

MY COMMISSION EXPIRES:
2-27-15

FILED
SEP 12 2012

14
INIC
CR-2826
AD

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

014299



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

Local No **003372**

EDR No **00000226990**

State No

1. Decedent's Legal Name (First, Middle, Last) DARRELL PATRICK POLLETTA				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 06:00 PM		4. Date Of Death (Month/Day/Year) 10/31/2011			
5. Social Security Number 353-56-6319		6a. Age - Yrs 52		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) 09/19/1959				8. Birthplace (City and State or Foreign Country) CHICAGO HEIGHTS, IL									
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival									
11. Facility Name (If Not Institution, Give Street and Number) 2981 DIAMOND DRIVE													
12. City Or Town, State, And Zip Code HOBART, IN, 46342						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 BARBARA J POLLETTA				15a. (If Wife) Give Maiden Last Name DRZEWIECKI				16. Decedent's Usual Occupation SALESMAN		17. Kind Of Business/Industry PAPER COMPANY			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HOBART			18c. Street And Number 2981 DIAMOND DRIVE		18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White							
22. Father's Name (First, Middle, Last) FRANK POLLETTA				23. Mother's Name (First, Middle, Last) MILDRED ELAINE POLLETTA				23a. Mother's Maiden Last Name LAUDANSKIS					
24. Informant's Name BARBARA J POLLETTA			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 2981 DIAMOND DRIVE, HOBART, IN 46342							
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) NW INDIANA CREMATION SERVICE				25c. Location - City, Town, And State CROWN POINT, IN						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342							27a. Funeral Home License Number: FH83002380				
27b. Signature Of Indiana Funeral Service Licensee: JAMES F. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01009461							
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.													
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CHRONIC KIDNEY DISEASE UNKNOWN</u> Approximate Interval: Onset To Death OVER 5 YEARS													
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. <u>ENDOCARDITIS</u> OVER 3 YEAR													
C. <u>RENAL FAILURE</u> 10 DAYS													
D. <u>NONE</u> NONE													
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I RENAL FAILURE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input checked="" 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 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"/> Could Not Be 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)			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: BRETT ALAN BRECHNER, BY ELECTRONIC SIGNATURE						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: BRETT ALAN BRECHNER, 9150 E. 109TH AVE. SUITE 2A, CROWN POINT, IN 46307						44. License Number NO 02002495A		45. Date Certified 11/03/2011					
46. Additional Funeral Service Provider:						47. *Akas: 11							
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): NOV 04 2011							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													