

2

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
COUNTY OF LAKE)

Property number
48-19-25-103-007-000-008

On this 28th day of January, 2013 before me personally appeared Nancy A. Crulcich to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below Affiant's signature:
2. Affiant is the owner of the property below;
3. Said premises described as follows: (legal description)

Lot 1 in Resubdivision of Lot 7 in Block 2 in Forest Hill Addition to Lowell, as per plat thereof, recorded in Plat Book 36, page 97, in the Office of the Recorder of Lake County, Indiana.

4. Said premises were formerly owned as tenants by the entirety, by Gilbert M. Crulcich And Nancy A. Crulcich

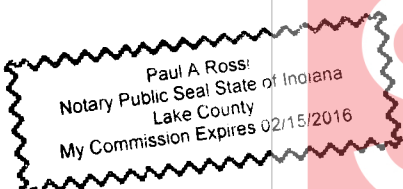
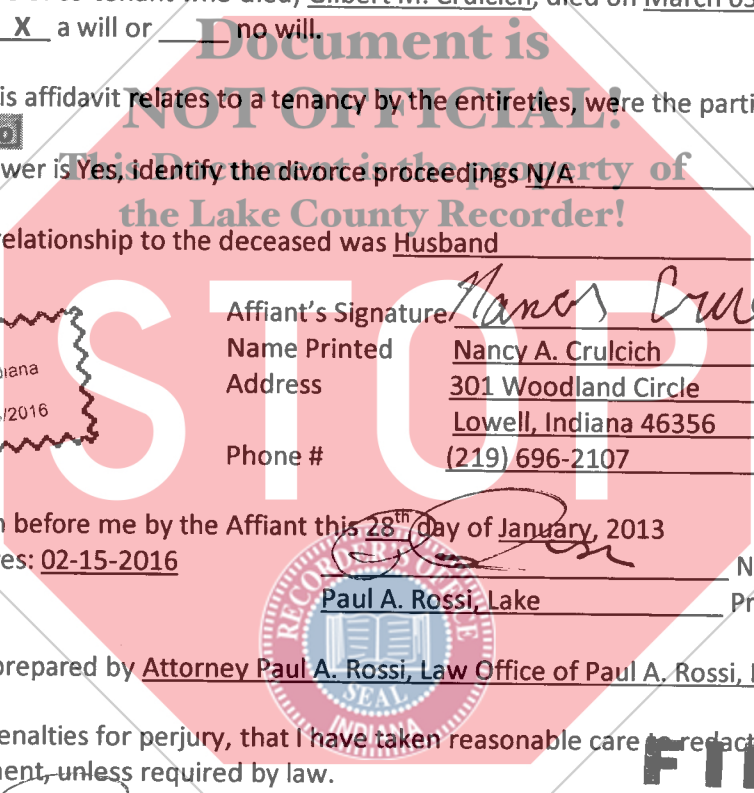
5. Said (name of co-tenant who died) Gilbert M. Crulcich, died on March 03, 2009 died leaving a will or no will.

6. Where this affidavit relates to a tenancy by the entirety, were the parties ever divorced? Yes or No
If the answer is Yes, identify the divorce proceedings N/A

7. Affiant's relationship to the deceased was Husband

2013 020566

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
RECORDER
2013 MAR 19 11:10:35



Affiant's Signature Nancy A. Crulcich
 Name Printed Nancy A. Crulcich
 Address 301 Woodland Circle
Lowell, Indiana 46356
 Phone # (219) 696-2107

Subscribed and sworn before me by the Affiant this 28th day of January, 2013
My Commission expires: 02-15-2016

Paul A. Rossi, Lake Notary Public
Printed name & County

This instrument was prepared by Attorney Paul A. Rossi, Law Office of Paul A. Rossi, LLC

*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.

(Signature) Paul A. Rossi (Name printed) Paul A. Rossi

FILED

MAR 19 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

21854

14
CK# 5315
CA
NON
CONF



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

Local No **000995**

EDR No **00000092542**

State No **037158**

1. Decedent's Legal Name (First, Middle, Last) GILBERT M CRULCICH				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 04:32 AM		4. Date Of Death (Month/Day/Year) 03/03/2009		
5. Social Security Number 335-48-8481		6a. Age - Yrs 55		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) 11/09/1953		8. Birthplace (City and State or Foreign Country) ROSELAND, 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				10a. If Death Occurred Somewhere Other Than A Hospital <input checked="" 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) ST ANTHONY HOSPICE-CROWN POINT												
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307						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 NANCY A CRULCICH				15a. (If Wife) Give Maiden Last Name LAWSON				16. Decedent's Usual Occupation MILLWRIGHT		17. Kind Of Business/Industry STEEL INDUSTRY		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LOWELL			18d. Apt. No.		18e. Zip Code 46356	
18c. Street And Number 301 WOODLAND CIRCLE			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ALBERT CRULCICH				23. Mother's Name (First, Middle, Last) HELEN JOHNSON				23a. Mother's Maiden Last Name JENSEN				
24. Informant's Name NANCY CRULCICH			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 301 WOODLAND CIRCLE, LOWELL, IN 46356						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) MEMORY LANE MEMORIAL PARK			25c. Location - City, Town, And State SCHERERVILLE, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SHEETS FUNERAL HOME, 604 E. COMMERCIAL DRIVE, LOWELL, IN 46356						27a. Funeral Home License Number. FH83004277				
27b. Signature Of Indiana Funeral Service Licensee: MOLLY E. TUCKER, SIGNATURE ON FILE						27c. License Number (Of Licensee): FD09200061						
28. 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 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. END STAGE CEREBROVASCULAR ACCIDENT Due to (Or As A Consequence Of) _____ MONTHS 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. _____ Due to (Or As A Consequence Of) JAN 03 2013 C. _____ Due to (Or As A Consequence Of) _____ D. _____ Approximate Interval: Onset To Death _____												
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						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"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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: GEORGE BABCHUK, SIGNATURE ON FILE						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: GEORGE BABCHUK, 12800 MISSISSIPPI PL, CROWN POINT, IN 46307						44. License Number 01031717A		45. Date Certified 03/04/2009				
46. Additional Funeral Service Provider:						47. *Akas:						
48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE						49. For Registrar Only - Date Filed (Month/Day/Year): MAR 05 2009						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.