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2013 DEC 16 PM 12:47

MICHAEL D. BROWN
RECORDER

Survivorship Affidavit

State of Indiana)
) ss:
County of Lake)

On this **November 21, 2013** before me personally appeared **Richard J. Perino** 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 **Richard J. Perino, owner**
(state interest of affiant in the above premises as owner)
- 3. Said premises described as follows:
2150 Timberidge Court, Highland, IN 46322

Legal description:

The West 37.93 feet of the East 106.74 feet of Lot 1 in Whispering Oaks Addition, Phase 2, as recorded on August 20, 1996 in Plat Book 82, Page 59, Document Number 97028942, in the Office of the Recorder of Lake County, Indiana.

Parcel ID: **45-07-32-453-034.000-026**

- 4. Said premises were formerly owned as joint tenants or as tenants by entireties by **Richard J. Perino and Irene R. Perino, joint tenants.**
- 5. Said **Irene R. Perino passed away on November 10, 2013**
(Fill in name of co-tenant who died)
- 6. The total value of the taxable estate of said deceased including joint tenancies, tenancies by the entireties, individual ownership of both real and personal property, and insurance does not exceed the sum of \$ N/A and to the best of affiant's knowledge there is no estate or inheritance tax liability by reason of the death of the said decedent:
- 7. Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? No
(If answer is Yes, identify the dissolution proceedings.)
- 8. Affiants relationship to the deceased was **Brother and Sister**

Signature:

Richard J. Perino
Richard J. Perino

State of Indiana)
) ss:
County of Lake)

006957

Before me, a Notary Public in and for said County and State, personally appeared **Richard J. Perino** who acknowledged the execution of the foregoing instrument, and who, having been sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 21th day of November, 2013.

SHIRLEY R. KASPER
NOTARY PUBLIC - OFFICIAL SEAL
State of Indiana, Porter County
My Commission Expires July 31, 2016

Notary Public: _____

Resident of _____ County

My Commission expires: _____

\$ 13

Prepared by: **Richard J. Perino**

FILED

DEC 12 2013

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 00773

Local No 003689

EDR No 00000353020

State No

| | | | | | | | |
|--|---------------------------|---|--------------------------|--|------------------------------------|---|---|
| 1 Decedent's Legal Name (First, Middle, Last) IRENE R PERINO | | 1a Maiden Name (if female) PERINO | | 2 Sex FEMALE | 3 Time Of Death 05:10 AM | 4 Date Of Death (Month/Day/Year) 11/10/2013 | |
| 5 Social Security Number [REDACTED] | 6a Age - Yrs 87 | 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) 04/19/1926 | 8 Birthplace (City and State or Foreign Country) GARY, IN |
| 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 checked="" 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 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 MARGARET MERCY HEALTHCARE CENTERS-DYER | | | | 12 City Or Town, State, And Zip Code DYER, IN, 46311 | | 13 County Of Death LAKE | |
| 14 Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown | | 15 Surviving Spouse's Name | | 16 Decedent's Usual Occupation TEACHER | | 17 Kind Of Business/Industry ELEMENTARY EDUCATION | |
| 18 Residence - State INDIANA | | 18a County LAKE | | 18b City Or Town HIGHLAND | | 18c Street And Number 2150 TIMBERIDGE COURT | |
| 18d Apt. No. | | 18e Zip Code 46322 | | 18f Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 19 Decedent's Education BACHELOR'S DEGREE (BA, AB, BS) | | 20 Decedent Of Hispanic Origin NOT HISPANIC | | 21 Decedent's Race White | | | |
| 22 Father's Name (First, Middle, Last) JOHN F PERINO | | 23 Mother's Name (First, Middle, Last) MARY A PERINO | | 23a Mother's Maiden Last Name KOVAC | | | |
| 24 Informant's Name RICHARD J PERINO | | 24a Relationship To Decedent BROTHER | | 24b Mailing Address (Street And Number, City, State Zip Code) 2150 TIMBERIDGE COURT, HIGHLAND, IN 46322 | | | |
| 25a Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify) | | 25b Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY | | 25c Location - City, Town, And State MERRILLVILLE, IN | | | |
| 26 Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27 Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410 | | 27a Funeral Home License Number FH10400032 | | 27b Signature Of Indiana Funeral Service Licensee SHERRY L WILLIAMS, BY ELECTRONIC SIGNATURE | |
| 27c License Number (Of Licensee) FD20700074 | | 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 A Line. Add Additional Lines if Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A ESOPHAGEAL CANCER 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 PLEURAL EFFUSION C CHRONIC KIDNEY DISEASE D | | | | 29 This IS A TRUE COPY OF RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT NOV 13 2013 <i>Susan W Best, MD</i> LAKE COUNTY HEALTH OFFICER | |
| 29 Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 30 Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I | | 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 checked="" 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 | | 41 Signature, Of Person Certifying Cause Of Death STUART MARSHALL KLEIN, 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 STUART MARSHALL KLEIN, 7400 COLUMBIA AVE, HAMMOND, IN 46324 | | 44 License Number 01031791A | | 45 Date Certified 11/13/2013 | |
| 46 Additional Funeral Service Provider | | 47 Address | | 48 Signature of Local Health Officer SUSAN W BEST, VIA ELECTRONIC SIGNATURE | | | |
| 49 For Registrar Only - Date Filed (Month/Day/Year) NOV 13 2013 | | AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | |

State Form 53385 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

RAISED SEAL AFFIXED