3

2014 004962

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2014 JAN 27 AM 8:51
MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

SURVIVORSHIP AFFIDAVIT

On this 14th day of January, 2014, before me personally appeared CAROLYN S. LUNA, who being duly sworn upon her oath states:

1. Affiant resides at the address given below the affiant's signature;

2. Affiant is the surviving joint owner of the real estate described below;

3. Said premises are described below as follows:

Lot 301 in Unit 17 of Barrington Ridge, a Planned Unit Development in the City of Hobart, as per plat thereof, recorded in Plat Book 85, page 31, in the Office of the Recorder of Lake County, Indiana.

Commonly Known As: 6280 Waxwing Circle, Hobart, IN 46342

Parcel No. 45-13-08-130-008.000-046

4. Said premises was formerly owned as tenants by the entireties by Benjamin T. Luna and Carolyn S. Luna, husband and wife;

5. Said Benjamin T. Luna died on November 13, 2013, leaving a Will;

6. Where this Affidavit relates to a tenancy by the entireties, that the parties were never divorced;

7. Affiant's relationship to the deceased was spouse.

Affiant's Signature Carolyn S. Luna
Name Printed Carolyn S. Luna
Address 6280 Waxwing Circle
Hobart, IN 46342

FILED

20406

JAN 23 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

$15.00
E M-E
19396

Subscribed and sworn to before me, a Notary Public, this 14th day of January, 2014.

Bonnie C. Coleman, Notary Public
A Resident of Porter County

My Commission Expires:
September 19, 2016

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.

Bonnie C. Coleman

This instrument prepared by: Bonnie C. Coleman, Attorney at Law
8700 Broadway, Merrillville, Indiana 46410

219744.1
16,519

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 01023

Local No 003716 EDR No 000000353242 State No 052141

1. Decedent's Legal Name (First, Middle, Last)	1a. Maiden Name (If female)	2. Sex	3. Time Of Death	4. Date Of Death (Month/Day/Year)
BENJAMIN T LUNA		MALE	01:15 AM	11/13/2013

5. Social Security Number	6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date of Birth (Month/Day/Year)	8. Birthplace (City and State or Foreign Country)
[redacted]	76	Months	Days	Hours	Minutes	09/04/1937	GARY, IN

9. Ever in U.S. Armed Forces? ☐ Yes ☒ No ☐ Unknown

10. If Death Occurred In A Hospital: ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead on Arrival

10a. If Death Occurred Somewhere Other Than A Hospital: ☐ Hospice Facility ☒ Decedent's Home ☐ Nursing Home/Long-term Care Facility ☐ Other (Specify)

11. Facility Name (If Not Institution, Give Street and Number): 6280 WAXWING CIRCLE

12. City Or Town, State, And Zip Code	13. County Of Death	14. Marital Status At Time Of Death
HOBART, IN, 46342	LAKE	☒ Married ☐ Married, But Separated ☐ Divorced ☐ Widowed ☐ Never Married ☐ Unknown

15. Surviving Spouse's Name	15a. (If Wife)Give Maiden Last Name	16. Decedent's Usual Occupation	17. Kind Of Business/Industry
CAROLYN LUNA	LOPEZ	PRINCIPAL	EDUCATION

18. Residence - State	18a. County	18b. City Or Town	18d. Apt. No.	18e. Zip Code	18f. Inside City Limits?
INDIANA	LAKE	HOBART		46342	☒ Yes ☐ No

18c. Street And Number: 6280 WAXWING CIRCLE

19. Decedent's Education	20. Decedent Of Hispanic Origin	21. Decedent's Race
MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)	HISPANIC	White

22. Father's Name (First, Middle, Last)	23. Mother's Name (First, Middle, Last)	23a. Mother's Maiden Last Name
INES LUNA	FLAVIA LUNA	ESKINEL

24. Informant's Name	24a. Relationship To Decedent	24b. Mailing Address (Street And Number, City, State, Zip Code)
CAROLYN LUNA	WIFE	6280 WAXWING CIRCLE, HOBART, IN 46342

25. Place Of Disposition

25a. Method Of Disposition	25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)	25c. Location - City, Town, And State
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal From State ☐ Other (Specify):	KELLY CARROLL CREMATION SERVICES	GARY, IN

26. Was Coroner Contacted?	27. Name And Complete Address Of Funeral Facility	27a. Funeral Home License Number:
☐ Yes ☒ No	REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342	FH83003069

27b. Signature Of Indiana Funeral Service Licensee: JAMES J. KRAUSE , BY ELECTRONIC SIGNATURE

27c. License Number (Of Licensee): FD01006463

Cause Of Death (See Instructions And Examples)

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 Additinal Lines If Necessary.

		Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)	A. MALIGNANT NEOPLASM OF PANCREAS WITH DIABETES MELLITUS, WEIGHT LOSS, AND SARCOPENIA	ELEVEN 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. PARKINSONS DISEASE WITH DYSPHAGIA AND DEMENTIA	SIX YEARS
	C.	
	D.	

Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Givin In Part I: SIGMOID VOLVULUS SURGICALLY CORRECTED YEARS AGO

29. Was An Autopsy Performed? ☐ Yes ☒ No

30. Were Autopsy Finding Available To Complete The Cause Of Death? ☐ Yes ☐ No

31. Did Tobacco Use Contribute To Death?	32. If Female:	33. Manner Of Death:
☐ Yes ☐ Probably ☒ No ☐ Unknown	☐ Not Pregnant Within Past Year ☐ Pregnant At Time Of Death ☐ Not Pregnant, But Pregnant Within 42 Days Of Death ☐ Not Pregnant, But Pregnant 43 Days To 1 year Before Death ☐ Unknown If Pregnant Within The Past Year	☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ 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?
			☐ Yes ☐ 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: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: MICHAEL CARL WEISS , BY ELECTRONIC SIGNATURE

42. Certifier (Check Only One): ☒ Certifying Physician ☐ Coroner ☐ Heath Officer

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MICHAEL CARL WEISS , 2404 VALPARAISO STREET, VALPARAISO, IN 46383

44. License Number: 01030965A

45. Date Certified: 11/14/2013

46. Additional Funeral Service Provider:

47. *Akas:

48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE

49. For Registrar Only - Date Filed (Month/Day/Year): NOV 15 2013

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 [illegible] for refusal.

RAISED SEAL AFFIXED