2014 011590

STATE OF INDIA FILED FOR RECORD

2014 FEB 27 AM 10: 44

MICHAEL B. BROWN RECORDER

STATE OF INDIANA ) SS: COUNTY OF LAKE

## CORRECTED SURVIVORSHIP AFFIDAVIT Doc # 2014 004962

On this 19th day of February, 2014, before me personally appeared CAROLYN LUNA, who being duly sworn upon her oath states:

- 1. Affiant resides at the address given below the affiant's signature;
- Affiant is the surviving joint owner of the real estate described below; 2.
- Said premises are described below as follows: 3.

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 the Lake County Recorder

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

- Said premises was formerly owned as tenants by the entireties by Benjamin Luna and Carolyn Luna, husband and wife;
- Said Benjamin Luna a/k/a/Benjamin T. Luna died on November 13, 2013, leaving a Will;
- 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. 00678

Affiant's Signature Corole Name Printed Carolyn Luna ()
Address 6280 Waxwing Circle

Hobart, IN 46342

FILED

FEB 2 5 2014

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

Subscribed and sworn to before me, a Notary Public, this 19th day of February, 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.

This instrument prepared by:

Bonnie C. Coleman, Attorney at Law 8700 Broadway, Merrillville, Indiana 46410

219744.1 16,519

## INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 01023

Local N	. nn:	2716		٠.	EDR No	0000	003532	242	•	s	tate No	0521	41		
1. Decedent's Legal Name (First, I						Maiden Name			2. S		3. Time (		4. Date	Of Death (Mo	nth/Day/Year)
BENJAMIN T LUŃA		,					•	•	١.	1ALE	01:	15 AM		11/13/20	113
Social Security Number L 6a. A	Age - Yrs.	6b. Under 1 Y	rear 6	ic. Under 1 M	lonth 6d. Und	der 1 Day	6e. Under 1 Ho	ir 7. C	Date of Birth (		Year) 8.	Birthplace (Ci	ty and State	or Foreign Co	untry)
	76	Months		Days	Hours		Minutes	7	09/04	/1937	G	ARY, IN			
Ever in U.S. Armed Forces?		th Occurred In A	Hospita	d:	<u>l</u>		10a. If Death O	_		_		iome/Long-te	m Care Far	ility	
] Yes ⊠ No □ Unknown	☐ Inpatie	ent 🔲 Emerge	ncy Depa	artment Outpa	atient 🗌 Dea	d on Arrival	☐ Hospice Fac		Decedent's	FTOINE [		iomercong to	02.0 . 2.	<b></b> ,	
Facility Name (If Not Institution	n, Give Stree	et and Number)					L								
280 WAXWING CIRC 2. City Or Town, State, And Zip C							13. Coun	y Of Dea	ath			14. Marital S	atus At Tim	e Of Death	
											Married				
OBART, IN, 46342					15a. (If Wife)	Give Maiden	LAKE Last Name		16. De	cedent's Us	ual Occupati		_	d Of Business/	
5. Surviving Spouse's Name					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			-						
AROLYN LUNA			10. 0.		LOPEZ		18b. City Or	Town	PRIN	CIPAL			1FD0C	ATION	
8. Residence - State			18a. Co	ounty			, , , , , , , , , , , ,	,	•						
NDIANA		<u> </u> 1	AKE				HOBART			18d. /	Apt. No.	18e. Zi	Code	18f. Insid	e City Limits?
8c. Street And Number											•			⊠ Ye	s 🗆 No
280 WAXWING CIRC	CLE						·	D(	lent's Race			46	342		
19. Decedents Education MASTER'S DEGREE (	MA MS	MENG	.20. C	Decedent Of F	Hispanic Origin		1	. Deced	ient's Nace						
/IED, MSW, MBA)		, 1112,10,	HIS	PANIC			W 23. Mother's Nar	nite	Middle I ast)			23a	Mother's M	laiden Last Nar	ne
22. Father's Name (First, Middle, L	_ast)						25. Mouter 5 14an	10 (1 a.s.,	Middle, 2001)						
NES LUNA							FLAVIA LU	NA		Cit. C	ara Zin Cad		KINEL		
24. Informant's Name							24b. Mailing Address (Street And Number, City, State, Zip Code)								
ROLYN LUNA WIFE							6280 WAXWING CIRCLE, HOBART, IN 46342								
25a. Method Of Disposition		2:	5b. Place	Of Disposition	n (Name Of C	25. Plac emetery, Cre	ce Of Disposition ematory, Other Pla	ce) 2	5c. Location -	City, Town,	And State				
Burial 🗵 Cremation 🔲 Do	nation 🗌 E														
Removal From State		k	FLLY	CARRO	LL CREM	IATION:	SERVICES	lto	BARY, IN						
Other (Specify): 26, Was Coroner Contacted?	27	. Name And Co	mplete A	Address Of Fu	meral Facility								27a. F	uneral Home L	cense Numbe
☐ Yes ☑ No		EEC ELINE	=DAV	HOME	HOBART	CHAPE	L, 600 W OI	D RII	DGE RD.	HOBAF	RT, IN 4	634 <b>2</b>	FH83	3003069	
27h Signatura Of Indiana Funera	al Service Lie	censee.		4		011111				2/c. Lice	06463	r (Of License	1):		
JAMES JKRAUSE , J	BY ELE	CTRONIC			Cause Of	Death (Sec	t 15 the	nd Exar	mples)	<del>Ly U</del>	00-100	\~~~~~~~			roximate
28. Part I. Enter The Chain C Such As Cardiac Arrest, Res	of Events -	Diseases, Inju	ries, Or	Complication	ns - That Dire	ctly Caused The Etiology	The Death, Do	lot Ente	er Termina E er Only One	vents Cause Qn	THIS IS	TRUEC	OPY OF	Tal	rval: Onset Death
A Line. Add Additinal Lines I	t Necessar	у.			MALIG	NANT NEO	Do Not Abbrev	CREAS	WITH DIABE	TES MEN	THE ME	देखि Yozis.	AND'ITH	THE FIE	EN MONTH
Immediate Cause (Final Dise	ease Or Cor	ndition Resul <mark>ti</mark> r	ng In De	ath)	A. SARCO	PENIA		Due	to (Or As A Conse	quence Of):		TICAL IA	o <del>en√k</del> .	ı	
Sequentially List Conditions,	If Any Los	nding To The C	'ausa Lie	sted On	B. PARKI	NSONS DIS	EASE WITH DY	SPHAG	LA AND DEN	ENTIA	NOV	1 5 2	742	six	EARS
Line A. Enter The Underlying	g Cause (D	isease Or Injur	y That li	nitiated				Due	I I I I I I I I I I I I I I I I I I I	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 3 2	113	1	
The Events Resulting In Dea	ith) Last				C			Due	to (Or As A Conse	equence Of):	•				
					D					<u></u>	recon u		<del>1</del>		
Part II, Enter Other Significant Co	onditions Cor	ntributing to Dea	th But N	ot Resulting I	n The Underlyi	ng Cause Giv	vin In Part I	29	). Was An Au ). Were Autop	topsy Reffor	COUNTY	∠ ⊢ C Ye	Cause Of	Onesth?	Yes 🗌 No
SIGMOID VOLVULUS SURGI	CALLY CO	RRECTED YE	ARS AG	0					zvere Actor	1 33	Manner Of	Death:			
31. Did Tobacoo Use Contribute				ni Vythin Past Yea			Not Pregnant, Bu	Pregnant V	Mithin 42 Days Of C					Pending	Investigation
Yes Probably No		(	Not Pregnat		3 Days To 1 year Be	tore Death	Unknown If Pregace Of Injury (E.G.	Decede	nt's Home, Co	nstruction S	Suicide Li Site, Restaur	Could Not Boant, Wooded	Area)	37. Injury At	Work?
34. Date Of Injury (Month/Day/Y	earj	35.	Time O	i ingury	·									☐ Yes	□ No
38. Location Of Injury - State		38a.	City Or	Town		38b. S	Street & Number					38c. Ap	t. No.	38d. Zip Cod	e
							إلكيكا								
39. Describe How Injury Occurre	ed					E	SEAV	3		40	. If Transpo	rtation Injury	Specify:	Other (Specify)	
						(dille)	WDIANA	337				NC.	AV TO	ID UN	LESS
41. Signature, Of Person Certif	ying Cause (	Of Death:	ONIC	SIGNAT	LIBE				4	<ol> <li>Certifier</li> <li>Certifying</li> </ol>	(Check Only	r ⊜ne) ☐ Con	oner ,	☐ Heath Offic	
MICHAEL CARL WEI	de Of Persor	Certifying Cau	se Of De	ath:	UIL					, ,		nse Number		45. Date Cer	tified
					FT \/AIC	ARAISC	) IN 46383				01030	965A		11/1	4/2013
MICHAEL CARL WE	Provider:	104 VALPA	CIMA	OSIRE	<u>. , valr</u>	MAIOC	J, 111 70000				47. *Ak				
		<del></del>		<del></del> .			<del></del>		49.	For Registr	ar Only - Q	ate Filed (Mo	nth/Day/Ye	ar):	
48. Signature of Local Health O SUSAN W. BEST, VI.	A ELEC	TRONIC S	SIGNA	TÜRE								NOV 1	5 2013		
5507 (17 TV. DEGT, VI				AME	NDMENT TO	CERTIFIC	ATE OF DEATH	(ENTRY	OR ORIGIN	NAL)	1	<u> </u>	<del></del>	<del>-'</del>	*****
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											i	. , ,			
1															

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary ar RAPELY COLOR APPLICATION CONTRACTOR APPLICATION