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STATE OF INDIANA)
COUNTY OF LAKE)

SS 2014 026883

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY 13 AM 10:39

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

1302808

Comes now BERT BACCINO, being duly sworn upon his oath, and states as follows:

That he is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

THE WEST 120 FEET OF THE EAST 670 FEET OF THE NORTH 25.15 ACRES OF THE NORTHWEST QUARTER OF THE SOUTHWEST QUARTER OF SECTION 36, TOWNSHIP 36 NORTH, RANGE 9 WEST OF THE SECOND PRINCIPAL MERIDIAN, EXCEPT THE SOUTH 417 FEET THEREOF, CONTAINING 1.1 ACRES, IN CALUMET TOWNSHIP, LAKE COUNTY, INDIANA.

Parcel No. 45-07-36-301-071.000-001

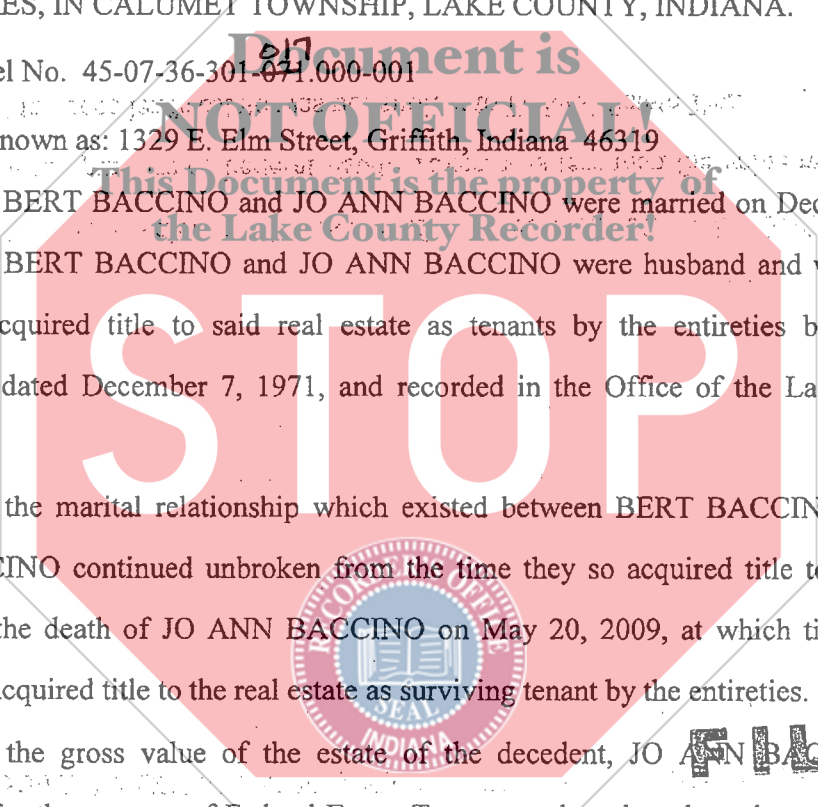
commonly known as: 1329 E. Elm Street, Griffith, Indiana 46319

That BERT BACCINO and JO ANN BACCINO were married on December 13, 1953. That BERT BACCINO and JO ANN BACCINO were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance dated December 7, 1971, and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between BERT BACCINO and JO ANN BACCINO continued unbroken from the time they so acquired title to said real estate until the death of JO ANN BACCINO on May 20, 2009, at which time BERT BACCINO acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent, JO ANN BACCINO, determined for the purpose of Federal Estate Taxes, was less than the value required for the filing, and the decedent's estate was not subject to Federal Estate Tax.

CHICAGO TITLE INSURANCE COMPANY



FILED

MAY 08 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

22814

15-
CT
RM

FILED



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 193009

State No. _____

1. Decedent's Legal Name (First, Middle, Last) JO ANN BACCINO				1a. Maiden Last Name (If Female) COOK		2. Sex F	3. Time Of Death 9:30 PM	4. Date Of Death (Month/Day/Year) MAY 20, 2009
5. Social Security Number [REDACTED]	6a. Age Yrs 77	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) April 18, 1932	8. Birthplace (City And State Or Foreign Country) EAST CHICAGO, INDIANA	
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 type="checkbox"/> Hospice Facility <input checked="" 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) 541 JAY STREET								
12. City Or Town, State, And Zip Code GRIFFITH, INDIANA 46319					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 BERT BACCINO			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH		18c. Street And Number 541 JAY STREET		18d. Apt. No.
18e. Zip Code 46319		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education Some college credit, but no degree		20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino		21. Decedent's Race White
22. Father's Name (First, Middle, Last) PAUL COOK			23. Mother's Name (First, Middle, Last) WILMA COOK			23a. Mother's Maiden Last Name DUFLINGER		
24. Informant's Name BERT BACCINO		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 541 JAY STREET GRIFFITH, INDIANA 46319				
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) OAKLAND MEMORY LANES		25c. Location - City, Town, And State DOLTON, ILLINOIS				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KUIPER FUNERAL HOME 9039 KLEINMAN RD. HIGHLAND, INDIANA 46322					27a. Funeral Home License Number: FH10300021	
27b. Signature Of Indiana Funeral Service Licensee: <i>Leann [Signature]</i>						27c. License Number (Of Licensee) FD08800305		
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. Chronic bronchitis				Approximate Interval: Onset To Death
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. Chronic oxygen dependent				
				C. _____				
				D. _____				
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 Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
31. Did Tobacco Use Contribute To Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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 541 JAY STREET		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: <i>May Lee</i>						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: MAY LEE 7905 CAWMET AVE MUNSIE IN 46321						44. License Number 01058230A		45. Date Certified 05-21-2009
46. Additional Funeral Service Provider:						47. *Akas:		
48. Signature of Local Health Officer: <i>Susan W. Best D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year): May 22, 2009		

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.