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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

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2014 028421

2014 MAY 19 AM 9:21

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

Peggy Christ, of adult age, being first duly sworn, upon deposes and says:

That Peggy Christ, is the Wife of Ronald Crist, deceased, who died on September 17, 2010 a resident of Lake County, Indiana.

That affiant and said decedent, as joint tenants with full rights of survivorship, and not as tenants in common acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

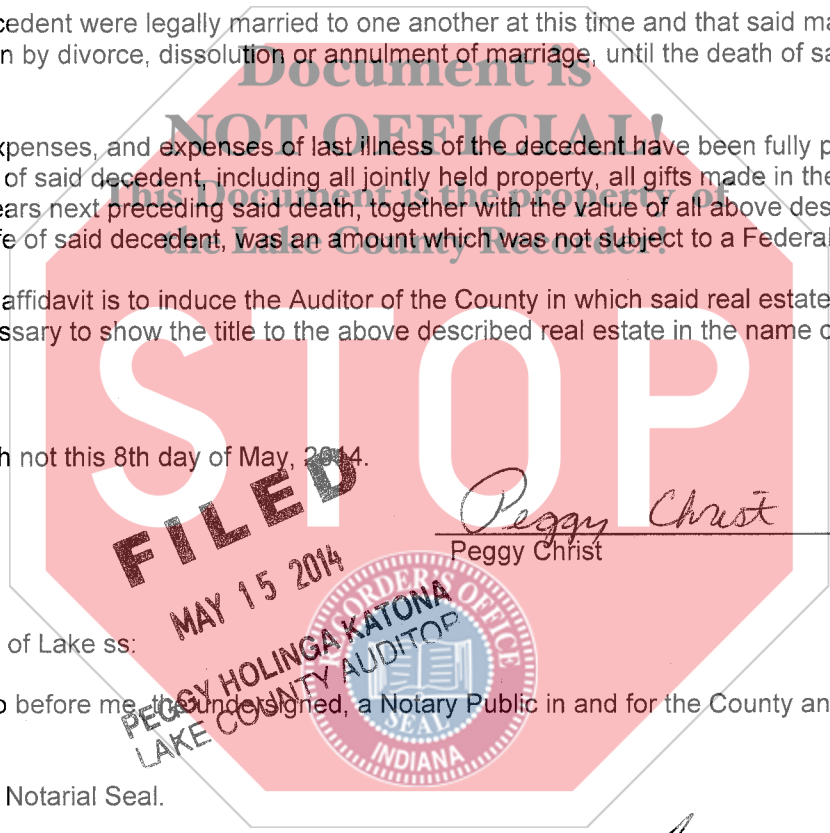
and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Karen G Bronowski, formerly known as Karen G Kmetz and Kenneth Bronowski recorded March 15, 2002 as Document No. 2002-025886 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Peggy Christ, surviving spouse of the decedent.

And further affiant sayeth not this 8th day of May, 2014.



*Peggy Christ*  
Peggy Christ

State of Indiana, County of Lake ss:

Subscribed and sworn to before me this 8th day of May, 2014, a Notary Public in and for the County and State aforesaid, this 8th day of May, 2014.

WITNESS my hand and Notarial Seal.

My Commission Expires: 7-19-14

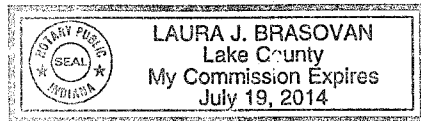
*Laura J. Brasovan*  
Signature of Notary Public

**LAURA J. BRASOVAN**

Printed Name of Notary Public

*Laura J. Brasovan*  
Notary Public County and State of Residence

This instrument was prepared by:  
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602  
202 S. Michigan Street, Ste. 300, South Bend, IN 46601



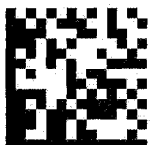
Property Address:  
319 Sherwood Drive, Crown Point, IN 46307

**012646**

File No.: 14-12805

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. *Laura J. Brasovan* (Type or Print Name)

#16  
MT  
C



1960512-1005

HOLD FOR MERIDIAN TITLE CORP

14-12805

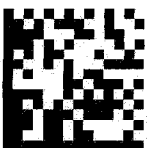
1 REF

**LEGAL DESCRIPTION**

Lot Numbered 18 in Imperial Heights Subdivision, in the City of Crown Point, as per plat thereof recorded in Plat Book 36, page 16 in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):  
23-09-0255-0018

45-16-17-406-012.000-042



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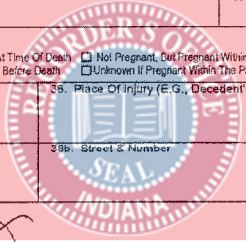
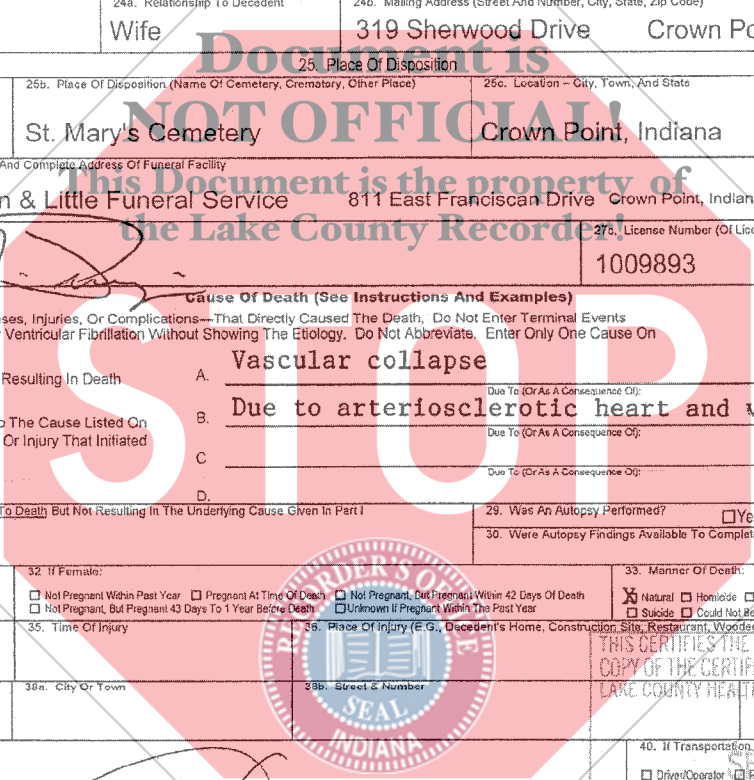


INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No. 3360-10

State No. ....

1. Decedent's Legal Name (First, Middle, Last) Ronald J. Christ				1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time Of Death 12:55 pm	4. Date Of Death (Month/Day/Year) September 17, 2010	
6. Social Security Number [REDACTED]	6a. Age - Yrs 59	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) October 2, 1950		8. Birthplace (City And State Or Foreign Country) Hammond, Indiana	
9. Ever In U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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. Anthony Medical Center									
12. City Or Town, State, And Zip Code Crown Point, Indiana 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 Spous. Name Peggy A. Christ			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation Carpenter		17. Kind Of Business/Industry Construction	
18. Residence - State Indiana		18a. County Lake		18b. City Or Town Crown Point		18d. Apt. No.	18e. Zip Code 46307	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education High School Diploma			20. Decedent Of Hispanic Origin No		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) Joseph T. Christ				23. Mother's Name (First, Middle, Last) Helen Christ		23a. Mother's Maiden Last Name Evano			
24. Informant's Name Peggy A. Christ			24a. Relationship To Decedent Wife	24b. Mailing Address (Street And Number, City, State, Zip Code) 319 Sherwood Drive Crown Point, Indiana 46307					
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) St. Mary's Cemetery			25c. Location - City, Town, And State Crown Point, Indiana				
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility Pruzin & Little Funeral Service 811 East Franciscan Drive Crown Point, Indiana 46307						27a. Funeral Home License Number: FH 83001261		
27b. Signature Of Indiana Funeral Service Licensee: <i>[Signature]</i>						27c. License Number (Of Licensee): 1009893		Thomas G. Pruzin	
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. Cause Of Death (See Instructions And Examples) Immediate Cause (Final Disease Or Condition Resulting In Death) A. Vascular collapse Due To (Or As A Consequence Of): B. Due to arteriosclerotic heart and vascular disease Due To (Or As A Consequence Of): C. Due To (Or As A Consequence Of): 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 type="checkbox"/> No			
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input 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			37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		35. 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. Zip Code	
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: <i>[Signature]</i>						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307						44. License Number N/A		45. Date Certified Sept. 21, 2010	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): September 23, 2010			



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

14-2805 HOLD FOR MERIDIAN TITLE CORP