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Case # 920140954

SURVIVORSHIP AFFIDAVIT

Comes now Christine M. Metros, who being duly sworn upon his/her oath, deposes and says:

That, Christine M. Metros is the surviving spouse of Garry L. Metros, deceased who died domiciled in Lake County, Indiana, on September 24, 2010.

That Garry L. Metros and Christine M. Metros acquired title to certain real estate as tenants by entireties, said real estate being described as follows:

Lot 27 in Oakwood Hills, as per plat thereof, recorded in Plat Book 34 page 1, in the Office of Recorder of Lake County, Indiana.

Property Address: 11119 Durbin Pl. Crown Point, IN 46307
Tax ID # 45-15-12-253-002.000-041

Affiant states that Garry L. Metros and Christine M. Metros continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Garry L. Metros's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Christine M. Metros.

Executed: 5/8/14

Signature Christine M. Metros
Christine M. Metros
FILED
MAY 15 2014

STATE OF INDIANA
COUNTY OF PORTER

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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

Witness my hand and Notarial Seal on this 8th day of May, 2014.

Deanna R. Gonzalez
Notary Public Deanna Gonzalez
Resident of Lake County
My Commission expires: 7/12/2014

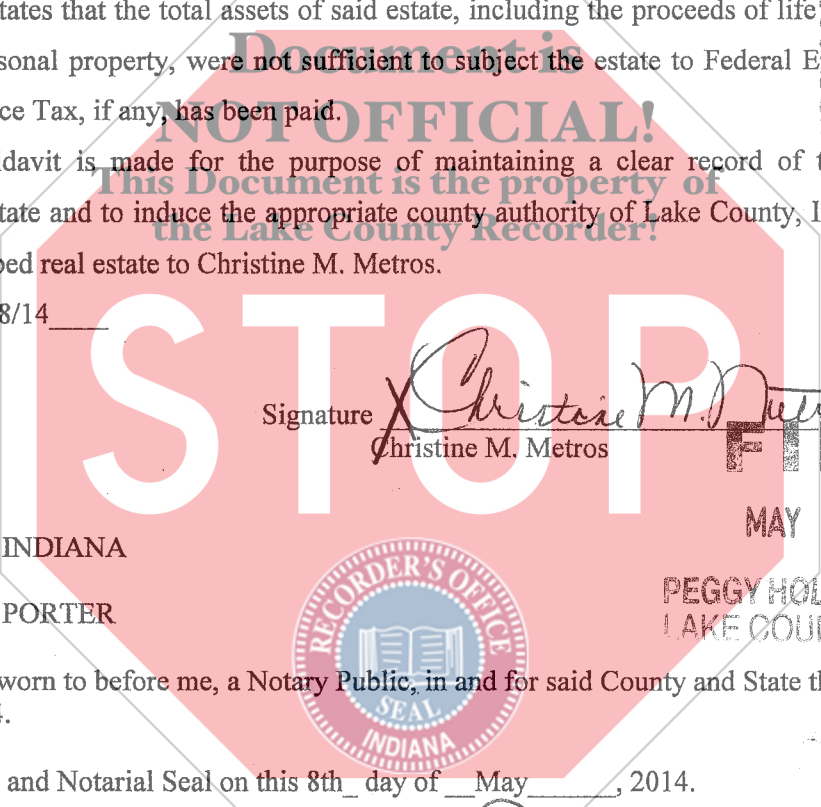
Prepared by:
Christine M. Metros- 10378 Player St. Crown Point, IN 46307

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Deanna Gonzalez.

92014-0954

2014 MAY 20 AM 09:59
028653

STATE OF INDIANA
LAKE COUNTY
FILED OF RECORDER
MICHAEL L. BROWN
RECORDER



FIDELITY NATIONAL
TITLE COMPANY

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FN
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CA
NON
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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

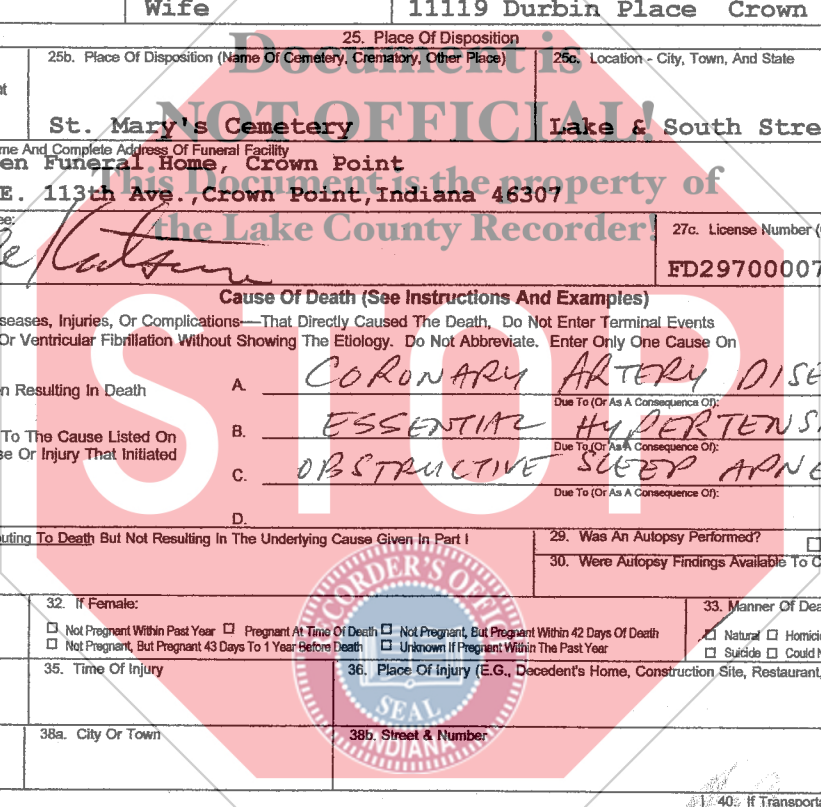
After Recording Return To:

Christine Metros
10378 Player St. Crown Pt, IN
State No. 46307



Local No. 000236

1. Decedent's Legal Name (First, Middle, Last) Garry L. Metros			1a. Maiden Last Name (If Female) N/A		2. Sex Male	3. Time of Death 11:10 AM	4. Date of Death (Month/Day/Year) September 24, 2010	
5. Social Security Number	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) December 4, 1950		8. Birthplace (City And State Or Foreign Country) East Chicago, 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. Catherine Hospital								
12. City Or Town, State, and Zip Code East Chicago, Indiana 46312					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 Christine Metros			15a. (If Wife) Give Maiden Last Name Onda		16. Decedent's Usual Occupation Mechanic		17. Kind Of Business/Industry Factory	
18. Residence - State Indiana			18a. County Lake		18b. City Or Town Crown Point		18d. Apt. No. N/A	18e. Zip Code 46307
18c. Street And Number 11119 Durbin Place			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education 14			20. Decedent Of Hispanic Origin Non-Hispanic		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) Henry Metros				23. Mother's Name (First, Middle, Last) Margaret Metros		23a. Mother's Maiden Last Name West		
24. Informant's Name Christine Metros			24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 11119 Durbin Place 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 Lake & South Streets Crown Point, Indiana			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Geisen Funeral Home, Crown Point 606 E. 113th Ave., Crown Point, Indiana 46307					27a. Funeral Home License Number: FH19900060	
27b. Signature Of Indiana Funeral Service Licensee: <i>Michelle Kutzner</i>					27c. License Number (Of Licensee): FD29700007			
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 Additional Lines If Necessary.								Approximate Interval: Onset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death) A. CORONARY ARTERY DISEASE								
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. ESSENTIAL HYPERTENSION								
C. OBSTRUCTIVE SLEEP APNEA								
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 checked="" 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 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		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>Joseph E. Legaspi</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: Dr. Joseph Legaspi, 9307 Calumet Ave., Munster, Indiana 46321					44. License Number 07059155A		45. Date Certified 9/27/10	
46. Additional Funeral Service Provider:						47. *Kias:		
48. Signature of Local Health Officer: <i>Gina Bonshuk Adams MD</i>						49. For Registrar Only - Date Filed (Month/Day/Year): 9-28-10		



VOID IF ALTERED OR ERASED - NOT VALID UNLESS CERTIFIED BY HEALTH DEPARTMENT