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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 029726

2014 MAY 22 PM 1:49

STATE OF INDIANA)
COUNTY OF LAKE)

) SS:
)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Bertha Gross, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The South 199 feet of the West 133.37 feet of Lot Six (6), except the South 104 feet thereof, Sliger Acres, Town of Highland, Lake County, Indiana, as shown in Plat Book 23, Page 52.

Grantee Address/Commonly known as: 8945 Idlewild Avenue
Highland, IN 46322

3. The decedent, Arthur J. Gross, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 8th day of January, 1969, and recorded in the Office of the Lake County Recorder as Document No. 12991.

4. The decedent and myself jointly held title to said real estate until the death of Arthur J. Gross on the 3rd day of February, 2014, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Arthur J. Gross.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Bertha Gross

Bertha Gross, Affiant

FILED

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RN

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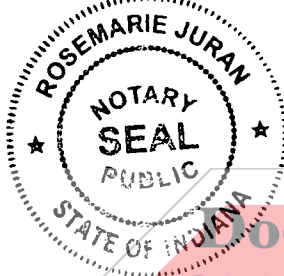
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Bertha Gross, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 22nd day of April, 2014.

My commission expires: 09/06/2014

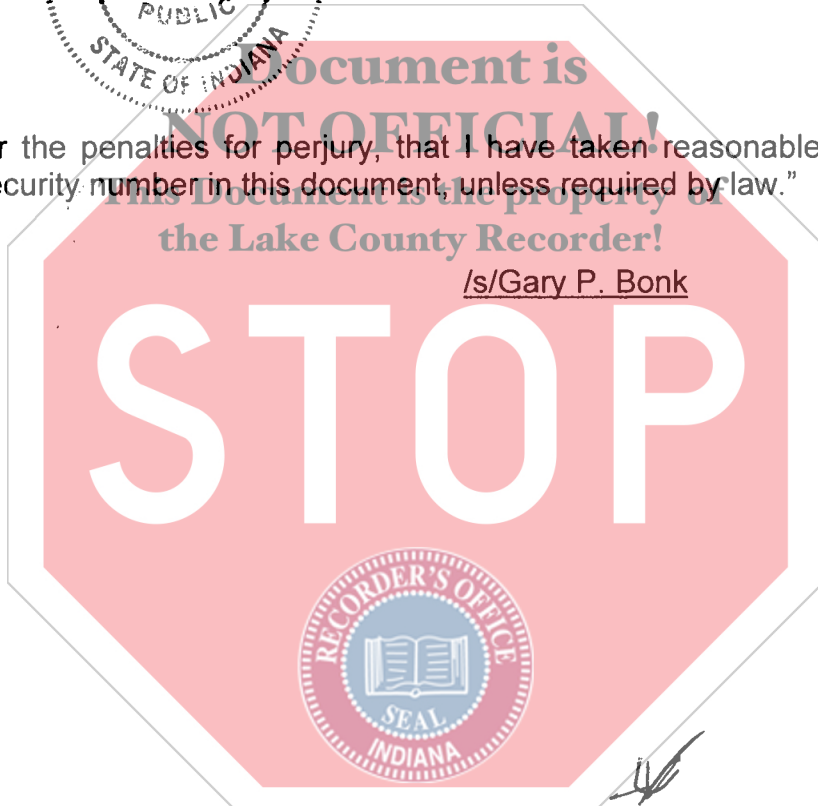


Signature: Rosemarie Juran
Rosemarie Juran
Resident of: Lake County, Indiana

"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."

Document is NOT OFFICIAL!
This Document is the Property of
the Lake County Recorder!

/s/Gary P. Bonk



This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 09120

Local No 000380

EDR No 000000368099

State No 004961

1. Decedent's Legal Name (First, Middle, Last) ARTHUR J GROSS				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 10:54 PM		4. Date Of Death (Month/Day/Year) 02/03/2014			
5. Social Security Number		6a. Age - Yrs 77		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour			
		Months		Days		Hours		Minutes		7. Date of Birth (Month/Day/Year) 06/24/1936			
										8. Birthplace (City and State or Foreign Country) CHICAGO, IL			
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 checked="" 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 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) MUNSTER COMMUNITY HOSPITAL													
12. City Or Town, State, And Zip Code MUNSTER, IN, 46320						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 BERTHA GROSS				15a. (If Wife) Give Maiden Last Name ORTEGA				18. Decedent's Usual Occupation BARMILL		17. Kind Of Business/Industry INLAND STEEL CO			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HIGHLAND			18d. Apt. No.		18e. Zip Code 46322		
18c. Street And Number 8945 IDLEWILD DRIVE													
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
22. Father's Name (First, Middle, Last) STANLEY GROSS				23. Mother's Name (First, Middle, Last) CONSUELO GROSS				23a. Mother's Maiden Last Name SALDANA					
24. Informant's Name BERTHA GROSS				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 8945 IDLEWILD DRIVE, HIGHLAND, IN 46322					
25. Place Of Disposition													
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) SOLANPRUZIN FUNERAL HOME AND CREMATORY			25c. Location - City, Town, And State SCHERERVILLE, IN							
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375						27a. Funeral Home License Number: FH10200037					
27b. Signature Of Indiana Funeral Service Licensee: DEAN G WAGNER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08800057							
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. END STAGE CORONARY ARTERY DISEASE Due to (Or As A Consequence Of):													
B. CONGESTIVE HEART FAILURE Due to (Or As A Consequence Of):													
C. RENAL FAILURE Due to (Or As A Consequence Of):													
D. THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT													
28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (Civil or Part I)						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29a. Autopsy Finding 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"/> 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. Apt. No.		38c. 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)						NOT VALID UNLESS							
41. Signature, Of Person Certifying Cause Of Death: JOSEPH C. LEGASPI, BY ELECTRONIC SIGNATURE						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: JOSEPH C. LEGASPI, 9307 CALUMET AVE D1, MUNSTER, IN 46321						44. License Number 01059155A		45. Date Certified 02/04/2014					
46. Additional Funeral Service Provider:						47. Akes:							
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): FEB 04 2014							
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)													