

SURVIVORSHIP AFFIDAVIT

2014 030209

STATE OF INDIANA)
COUNTY OF LAKE) SS:

Julia Deasy, being first duly sworn upon oath, deposes and says:

- 1. That John F. Deasy, Jr. died on December 31, 2013 at Boulder, Colorado (City/State)
2. That John F. Deasy, Jr. and Julia Deasy were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

Parcel # 45-07-09-127-020.000-023

The South 20 feet of Lot 18 and the North 30 feet of Lot 19 in Block 3 in Kaplan's Turner-Meyn Park, in the City of Hammond, as per plat thereof, recorded in Plat Book 20 page 4, in the Office of the Recorder of Lake County, Indiana.

Commonly Known as: 6542 Alexander Avenue, Hammond, Indiana

- 3. That the martial relationship, which existed between them at the time, they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not



LESLIE M. REYES, Notary Public
Lake County, State of Indiana
My Commission Expires November 13, 2021

Julia Deasy (Affiant Signature)

STATE OF Indiana)
COUNTY OF Lake) SS:

ACKNOWLEDGEMENT

013008

Before me, a Notary Public in and for said County and State personally appeared Julie Deasy who acknowledged the execution of the foregoing instrument, and who, having being duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 24 day of May, 2014.

Resident of Lake County, Indiana
My Commission Expires: Nov 13, 2021

Signature Leslie M Reyes CS
Printed Leslie M Reyes G

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. Julie Deasy (Name)

This Instrument prepared by SELF Prepared



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B. BROWN
RECORDER
2014 MAY 27 AM 10:46

NON CONF

CERTIFICATION OF VITAL RECORD

STATE OF COLORADO
 COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
 HOLD TO LIGHT TO VIEW WATERMARK

Amended

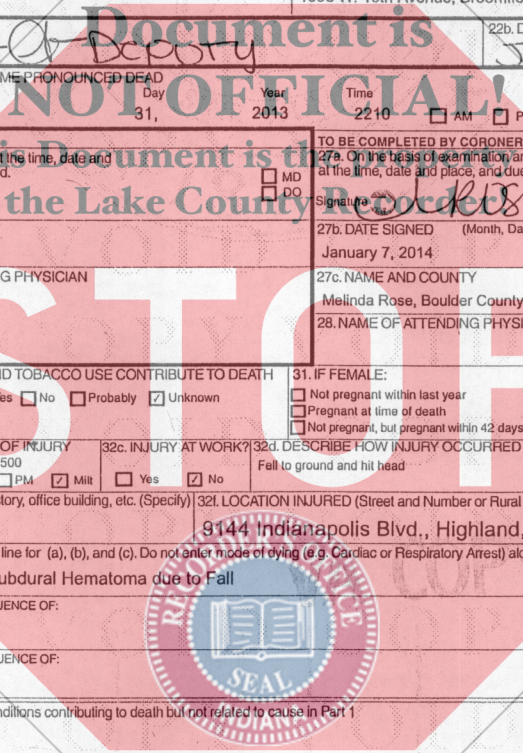
STATE OF COLORADO
 CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEDENT'S NAME (First, Middle, Last) John Francis DEASY Jr.				2. SEX Male		3. DATE OF DEATH (Month, Day, Year) December 31, 2013	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE - (Years) 84	5b. UNDER 1 YEAR Mos Days	5c. UNDER 1 DAY Hrs Mins	6. DATE OF BIRTH Month Day Year July 22, 1929		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, IN
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Other (Specify) OTHER: <input type="checkbox"/> Assisted Living/Nursing Home <input checked="" type="checkbox"/> Hospice <input type="checkbox"/> Decedent's Residence					
9b. FACILITY NAME (If not institution, give street and number) TRU Hospice Care Center				9c. CITY, TOWN, OR LOCATION OF DEATH Louisville		9d. COUNTY OF DEATH Boulder	
10a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired) Mechanic			10b. KIND OF BUSINESS/INDUSTRY Industrial		11. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		12. SPOUSE (If wife, give maiden name) Julia Malovance
13a. RESIDENCE - STATE Colorado		13b. COUNTY Broomfield	13c. CITY, TOWN, OR LOCATION Broomfield		13d. STREET AND NUMBER 1026 E. 19th Avenue		
13e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13f. ZIP CODE 80020	14. WAS DECEDENT OF HISPANIC ORIGIN? (If "Yes", specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Specify:		15. RACE: American Indian, Black, White, etc. (Specify) White		16. EDUCATION: (Specify only highest grade completed) Elementary or secondary (0-12) College (13-16 or 17+) 12
17. FATHER - NAME (First, Middle, Last) John Francis Deasy Sr.			18. MOTHER - NAME (First, Middle, Maiden) Grace Johnson		19. INFORMANT - NAME and relationship to decedent Kathy Wirtes - Daughter		
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial/Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Resomation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)			20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Holy Ghost Cemetery		20c. LOCATION - City or Town, State Hammond, IN		
21a. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Signature: [Signature]				21b. NAME AND ADDRESS OF FACILITY Rundus Funeral Home 1998 W. 10th Avenue, Broomfield, CO 80020			
22a. REGISTRAR'S SIGNATURE Signature: [Signature]				22b. DATE FILED (Month, Day, Year) January 27 2014			
23. TIME OF DEATH 2208 <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Milt		24. DATE AND TIME PRONOUNCED DEAD Month Day Year Time December 31, 2013 22:10 <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Milt			25. WAS CORONER NOTIFIED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
26a. TO BE COMPLETED BY SIGNING PHYSICIAN To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: [Signature]				26b. DATE SIGNED (Month, Day, Year)			
26c. NAME, AND MAILING ADDRESS OF SIGNING PHYSICIAN				27a. TO BE COMPLETED BY CORONER On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature: [Signature]			
26d. MANNER OF DEATH <input type="checkbox"/> Natural <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined				30. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown		31. IF FEMALE: <input type="checkbox"/> Not pregnant within last year <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
32a. DATE OF INJURY (Month, Day, Year) July 22, 2013		32b. TIME OF INJURY Approx. 1500 <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Milt	32c. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32d. DESCRIBE HOW INJURY OCCURRED Fell to ground and hit head			
32e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify) Sidewalk				32f. LOCATION INJURED (Street and Number or Rural Route Number, City, County, State) 9144 Indianapolis Blvd., Highland, Lake County, Indiana			
33. IMMEDIATE CAUSE - enter only one cause per line for (a), (b), and (c). Do not enter mode of dying (e.g. Cardiac or Respiratory Arrest) alone.						Interval between onset and death	
Part 1. Conditions if any which gave rise to immediate cause stating the underlying cause last (c). (a) Complications of Subdural Hematoma due to Fall DUE TO OR AS A CONSEQUENCE OF:						Months	
(b) DUE TO OR AS A CONSEQUENCE OF:						Interval between onset and death	
(c) DUE TO OR AS A CONSEQUENCE OF:						Interval between onset and death	
Part 2. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not related to cause in Part 1 Atrial Fibrillation						34. AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
						35. IF YES, were findings considered in determining cause of death? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FUNERAL DIRECTOR

PHYSICIAN/CORONER



DATE ISSUED

JAN 27 2014

Ronald S. Hyman
 RONALD S. HYMAN
 STATE REGISTRAR

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.



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REV 01/07

