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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 081098

2014 DEC 22 AM 9:46

MICHAEL B. BROWN  
RECORDER

**AFFIDAVIT of SURVIVORSHIP**

TAX: I.D. NO. 45-09-30-304-004.000-018

Rosanna Sopher, being first duly sworn upon oath, deposes and says:

1. That **Tony Charette**, died on the 5<sup>th</sup> day of May, 2014 at Hobart, Lake County, Indiana.
2. That at the time of his death, he held a Life Estate interest in the following described real estate:

**LOT 4 AND THE SOUTH 1/2 OF LOT 5 IN BLOCK 7 IN ORCHARD PARK ADITION TO HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 15, PAGE 4, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.**

COMMONLY KNOWN AS: **1496 WEST OLD RIDGE ROAD, HOBART, IN 46342**

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of **Tony Charette**.
4. That this Affiant's relationship to the Decedent was Daughter.

FURTHER, your Affiant saith naught.

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

*Rosanna Sopher*  
ROSANNA SOPHER

STATE OF INDIANA, COUNTY OF LAKE ) SS:

Subscribed and Sworn to before me, a Notary Public this 15th day of DEC 2014, 2014.

My Commission Expires: \_\_\_\_\_ Signature *[Signature]*  
Resident of \_\_\_\_\_ County Printed \_\_\_\_\_, Notary Public

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

\$13  
CM  
CA

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.

*[Signature]*  
Signature of Preparer

ELIZABETH J. WOBSTEN

ELIZABETH J. WOBSTEN, Notary Public  
Porter County  
My Commission Expires  
January 12, 2016

DEC 19 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR  
COMMUNITY TITLE COMPANY  
FILE NO 146951



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 17529

Local No 001425

EDR No 00000383587

State No 020401

1. Decedent's Legal Name (First, Middle, Last) <b>TONY CHARETTE</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>		3. Time Of Death <b>06:52 PM</b>		4. Date Of Death (Month/Day/Year) <b>05/05/2014</b>	
5. Social Security Number		8a. Age - Yrs <b>90</b>		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) <b>11/10/1923</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>									
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 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) <b>1496 OLD RIDGE ROAD</b>											
12. City Or Town, State, And Zip Code <b>HOBART, IN, 46342</b>						13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation <b>LINE INSPECTOR</b>		17. Kind Of Business/Industry <b>MANUFACTURING</b>	
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>HOBART</b>			
18c. Street And Number <b>1496 OLD RIDGE ROAD</b>						18d. Apt. No.		18e. Zip Code <b>46342</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>8TH GRADE OR LESS</b>				20. Decedent Of Hispanic Origin <b>MEXICAN, MEXICAN AMERICAN, CHICANO</b>				21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>PETER GOMEZ</b>				23. Mother's Name (First, Middle, Last) <b>FACUNDA GOMEZ</b>				23a. Mother's Maiden Last Name <b>GONZALES</b>			
24. Informant's Name <b>BUDA SUAREZ</b>				24a. Relationship To Decedent <b>DAUGHTER</b>				24b. Mailing Address (Street And Number, City, State, Zip Code) <b>10900 WEST 117TH AVENUE, CEDAR LAKE, IN 46303</b>			
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) <b>KELLY CARROLL CREMATION SERVICES</b>				25c. Location - City, Town, And State <b>GARY, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342</b>						27a. Funeral Home License Number <b>FH83003069</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>JAMES J. KRAUSE, BY ELECTRONIC SIGNATURE</b>				27c. License Number (Of Licensee): <b>FD01006463</b>							
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. <b>CEREBRAL ATHEROSCLEROSIS</b> Due to (Or As A Consequence Of): <b>CHRONIC</b>											
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. <b>ADULT FAILURE TO THRIVE</b> Due to (Or As A Consequence Of): <b>2 MONTHS</b>											
C. _____ Due to (Or As A Consequence Of): _____											
D. _____ Due to (Or As A Consequence Of): _____											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I											
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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 43 Days To 1 Year Before Death				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"/> Driver/Operator <input type="checkbox"/> Poisoning <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) <b>LAKE COUNTY HEALTH DEPARTMENT</b>			
37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				38. Street & Number <b>MAY 08 2014</b>				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 checked="" type="checkbox"/> Pedestrian <input type="checkbox"/> Other											
41. Signature, Of Person Certifying Cause Of Death: <b>JOHN E. CARTER, BY ELECTRONIC SIGNATURE</b>				42. Certifying Physician: <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. License Number <b>01039453A</b>			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>JOHN E. CARTER, 164 BRACKEN PKWY, HOBART, IN 46342</b>				44. License Number				45. Date Certified <b>05/07/2014</b>			
46. Additional Funeral Service Provider:				47. *Akas:							
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 08 2014</b>					

COMMUNITY TITLE COMPANY  
FILE NO. 141051

COMMUNITY TITLE CO.  
387 N. WEST BATH LANE  
MERRILLVILLE, IN 46410  
RAISED SEAL AFFIXED