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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 031838

2015 MAY 22 PH 2:08

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-12-33-256-004.000-029

Marcia J. Canale, being first duly sworn upon oath, deposes and says:

1. That Affiant's husband, **Peter R. Canale, Jr.**, died on December 05, 2014, at Indianapolis, Indiana.
2. That **Peter R. Canale, Jr. and Marcia J. Canale** were duly and legally married at the time they acquired title as **Husband and Wife** in the following described real estate:

LOT 5, CROWN RIDGE ESTATES, UNIT TWO, IN THE CITY OF CROWN POINT, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 78 PAGE 74, IN THE OFFICE OF THE RECORDER OF DEEDS, INDIANA.
This Document is the property of the Lake County Recorder!
Commonly known as: **9630 VAN BUREN STREET, CROWN POINT, IN 46307**
3. That the marital 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 death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included 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, your Affiant saith naught.



Marcia J. Canale

MARCIA J. CANALE

STATE OF INDIANA, COUNTY OF Lake
Subscribed and sworn to before me, a Notary Public this 19 day of May, 2015

My Commission Expires: 5/9/17 Signature _____
County of Residence: Lake Printed _____



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.

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 of Preparer

John E. Petalas

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Printed Name of Preparer

Elizabeth Kinzie

ELIZABETH KINZIE

FILED
MAY 22 2015

COMMUNITY TITLE COMPANY
FILE NO. 151616

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 009301

EDR No. 000000418971

State No.

1. Decedent's Legal Name (First, Middle, Last) PETER R CANALE JR		2. Maiden Name (If Female)		3. Sex MALE	4. Time Of Death 07:15 PM	5. Date Of Death (Month/Day/Year) 12/05/2014	
6. Social Security Number 69	7a. Age - Yrs Months Days Hours Minutes 12/19/1944	7b. Under 1 Year	7c. Under 1 Month	7d. Under 1 Day	7e. Under 1 Hour	8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
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 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 checked="" type="checkbox"/> Other (Specify)		11. Facility Name (If Not Institution, Give Street and Number) DAUCI TORIC HOUSE	
11. Facility Name (If Not Institution, Give Street and Number) 8503 VINE MAPLE WAY		12. City Or Town, State, And Zip Code INDIANAPOLIS, IN, 46278		13. County Of Death MARION		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 MARCIA CANALE		16a. (If Wife) Give Maiden Last Name KREITZ		16. Decedent's Usual Occupation TEACHER		17. Kind Of Business/Industry EDUCATION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Of Town CROWN POINT		18c. Apt. No.	
18d. Street And Number 9630 VAN BUREN STREET		18e. Zip Code 46307		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
19. Decedent's Education MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) PETER R CANALE SR		23. Mother's Name (First, Middle, Last) HELEN CANALE		23a. Mother's Maiden Last Name PUDLO			
24. Informant's Name MARCIA CANALE		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 9630 VAN BUREN STREET, CROWN POINT, IN 46307			
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 Crematory, Burial, Other Place) KELLY CARROLL CREMATORY, CROWN POINT, IN		25c. Location, City, Town, And State			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321		27a. Funeral Home License Number FH83004988			
27b. Signature Of Indiana Funeral Service Licensee BRIAN T. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number Of Licensee FD08601763		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. METASTATIC PANCREATIC CANCER		Approximate Interval Onset To Death MONTHS	
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. 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. C. D.		29. Part II: Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause During Part I		30. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31. Were Autopsy Findings Available To Complete This Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 In Last Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 45 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 45 Days To 1 Year Before Death <input type="checkbox"/> Miscarriage/Stillborn Within 45 Days Of 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"/> Suicide <input type="checkbox"/> Could Not Be Determined		34. Date Of Injury (Month/Day/Year)	
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 checked="" type="checkbox"/> No	
38. Location Of Injury - State		38a. City Or Town		38b. Street Address		38c. Apt. No.	
38d. Zip Code		39. Describe How Injury Occurred		40. If Transportation Injury, Specify: <input type="checkbox"/> Overboard <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify)			
41. Signature Of Person Certifying Cause Of Death MICHAEL J BURAN, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. License Number 01036029A		44. Date Certified 12/09/2014	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death MICHAEL J BURAN, 8450 PAYNE RD., INDIANAPOLIS, IN 46268		45. Additional Funeral Service Provider		46. Signature Of Local Health Officer VIRGINIA A CAINE, VIA ELECTRONIC SIGNATURE		47. For Registrar Only - Date Filed (Month/Day/Year) DEC. 18 2014	



State Form 5310-1 ATTENTION: ESTATE: The Social Security is being requested by this state agency in order to pursue responsibility. Disputes in industry and there will be no penalty for refusal.

WARNING: ORIGINAL DOCUMENT HAS A MULTICOLORED BACKGROUND ON SPECIAL WHITE SECURITY PAPER AND THE GREAT SEAL OF THE STATE OF INDIANA ON BACK THAT TURNS FROM ORANGE TO YELLOW WHEN SHED TO ORIGINAL DOCUMENT HAS HIDDEN VOID ON FRONT THAT APPEARS WHEN PHOTO COPIED.