

STATE OF MUTANA LAKE COUNTY FILED FOR RECORD

2015 062486

2015 SEP 11 AM 9:48

MICHAEL B. BROWN RECORDER



Fidelity National Title Insurance Company.

SURVIVORSHIP AFFIDAVIT

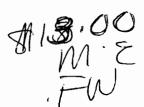
STATE OF INDIANA)
COUNTY OF LAKE)
THERESA L. CLARICH , being first duly sworn upon oath, deposes and says:
Clarich 1. That Robert M. Clarich aka Robert died on November 10,2009 at Munster, Indiana
(City/State)
2. That Theresa L. Clarich nka incresa and Robert M. Clarich aka Robert were duly and legally married at the time they
acquired title as husband and wife to the following described real estate: Lot Nine (9), except the south Thirty-four (34) feet, and the South Thirty (30) feet of Lot Eight (8), in Davis
Addition, in the City of Hammond, as per plat the reof, Recorded in Plat Book 29, Page 83, in the Office of the
Recorder of Lake County, Indiana Parcel: 45-07-08-353-015-000-023, cka: 7236 Southeastern Ave, Hammond,
Indiana, 46324. 3. That the marital relationship which existed between them at the time they acquired tyle to said real estate remained in effect and
unbroken until the date of (his) (her) death, ake County Recorder!
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 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. DAWN STANLEY Lake County My Commission Expires July 29, 2018 DAWN STANLEY Theresa L. Clarich kin Affiant Signature nka Theresa L. Clarich-Knipp
STATE OF Indiana
SS: ACKNOWLEDGEMENT
COUNTY OF Lake
Before me, a Notary Public in and for said County and State, personally appeared Theresa L. Clarich aka Theresa L. Clarich-Kr who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 27th day of August , 20 15
therein contained are true. Withessylly hand and Notaly Scar this 27th day of Addust.
Resident of Lake County, Indiana / DIANA Signature
My Commission Expires: 7/29/18 Printed Dawn Stanley
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. Dawn Stanley
[Name]
This instrument prepared by Austgen Kuiper Jasaitis P.C. 130 N. Main St. Crown Point, IN 46307 Attorney Timothy R. Kuiper
Mail To: Theresa L. Clarich -Knipp 8025 Savoy Club Ct. Burr Ridge, IL 60527

FIDELITY NATIONAL TITLE COMPANY 92015-1962

DULY ENTERED FOR TAXATION SUBJECT FINAL ACCEPTANCE FOR TRANSFER

SEP 04 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR 04169



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH Tracking No. 62518

Local No 003520 EDR No 00000113587										S	State No 055456						
1. Decedent's Legal Name (First, Middle, Last)						Ma de Nam	Name (il lentare) 2. Sex					3. Time	Of Death	eatin 4. Date Of Death (Month/Day/Year)			
ROBERT CLARICH											LE		47 PM		11/10/2009		
Social Security Number 6a	. Age - Yrs	6b. Under 1	l Year	6c. Under 1 N	Month 6d. L	Jnder 1 Day	6e. Unde	er 1 Hour	7. Date	of Birth (Mo	nth/Day/	Year) 8	Birthplace (City	and State	or Foreign Country)		
	54	Months		Days	Hours	s	Minutes			07/20/1			HAMMOND	, IN			
9. Ever in U.S. Armed Forces?		th Occurred In			, _		☐ Hosp	eath Occur ice Facility		ewhere Othe ecedent's Ho	_		Home/Long-tern	n Care Facil	lity		
Yes No Unknow			-	epartment Outpo	etient 🔲 D	ead on Arrival	☐ Other	r (Specify)									
11. Facility Name (If Not institution, Give Street and Number) 7236 SOUTH EASTERN AVENUE																	
12. City Or Town, State, And Zip Code						13. County Of Death					Marital Status At Time Of Death Married ☐ Married, But Separated ☐ Divorced						
HAMMOND, IN, 46324						LAKE					☐ Widowed ☐ Never Married ☐ Unknow						
15. Surviving Spouse's Name 15a. (If Wife)Giv					fe)Give Maide	iden Last Name 16. C				Decedent's Usual Occupation			17. Kind Of Business/Industry				
THERESA CLARICH					MOSS		TRUCK DR			DRIV	'ER		STEEL				
18, Residence - State		18a.			a, County			18b. City Or Town									
INDIANA			LAKE				HAM	MOND									
18c. Street And Number											18d. A	Apt. No.	18e. Zip	Code	18f. Inside City Limits?		
7236 SOUTH EASTERN AVENUE												46324 ⊠ Yes □ No					
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED 20. Decedent Of Hispani					Hispanic Orig	in		21. De	ecedent's	Race							
COMPLETED NOT HISPANIC								White									
22. Father's Name (First, Middle, Last)							23. Mother's Name (First, Middle, Last)						23a, N	other's Maiden Last Name			
JOHN LAWRENCE C	LARICH						IRENE FLORENCE CLARICH						NARVE				
24. Informant's Name				24a. Relationship To Decedent				24b. Mailing Address (Street And Number, City, State, Zip Code									
THERESA CLARICH				WIFE					EAST	ERN A	<u>VENU</u>	E, HAN	MOND, IN	46324			
25a. Method Of Disposition		1	25b. Plac	ce Of Dispositio	n (Name Of		ce Of Dispo ematory, Ot		25c. L	ocation - Cit	y, Town,	And State					
⊠ Burial ☐ Cremation ☐ D ☐ Removal From State	onation Er	ntombment		,	/												
Other (Specify):				LAWN ME		GARDE	NSI C	nt	ENE	RGK IL				1			
26. Was Coroner Contacted?	27.	Name And C	omplete	Address Of Fu	neral Facility									27a. Fun	eral Home License Number:		
⊠ Yes □ No		DG ELAW	/N_FJ	MERALH	ME I	NC. 4201	W RID	GE RO	AD, C		1 4640			FH102	200007		
27b. Signature Of Indiana Fune LINDA JOYCE HANS	ral Service Lic SON,SIG	ensee: NATURE	Onti	FILE . TO		400 0 40 4	.i. 41				7c. Lice D294	00049	r (Of Licensee):				
					000000	mennst.	e injustición.			91					Approximate		
Such As Cardiac Arrest, Re	28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. 20 Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Stickey Unit Wobrevista Enter Only One Cause On To Death																
A Line. Add Additinal Lines Immediate Cause (Final Dis	•		na In De	eath)	A. ADVA	NCED COLO	N CANCE	R							1 YEAR		
									Due to (Or /	As A Consequent	ce Of):						
Sequentially List Conditions Line A. Enter The Underlying				islau OII	B				Due to (Or /	As A Consequen	pe Of):				_		
The Events Resulting In De			,		c				Due to (Or /	As A Consequen	ca OD:						
						Mills der (s. 1900, 1970, s. 1. de represent des administration de la	ort page 2 pc - 1	2 175,1-549 saller second									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Gaussian								OPY OF	29. Wa	s An Autops	y Perform	ied?	☐ Yes	⊠ No			
					THE I	RECORD Ounty h	UN FILL	CCDAD	BO. We	re Autopsy F			Complete The C	ause Of De	ath? ☐ Yes ☐ No		
31. Did Tobacoo Use Contribute			If Femal Not Pregna	e: ant Within Past Year	Pregnant	ATTIME Of Death	-Not Pregr	nent, But Pregna	ant Within 42	Days Of Death		Manner Of Natural		Accident [Pending Investigation		
Yes Probably No				-	Days To 1 year B		- phnas	Brignant-Wit	hin The Past	Year			Could Not Be D		7. Injury At Work?		
34. Date Of Injury (Month/Day/)	rear)	35.	Time O	π injury		N.O.	ELONA, CA		adent's mo	ome, Constr	action Site	e, Restaura	ine, wooded Are	a) 3	Yes No		
38. Location Of Injury - State		38a.	Çity Or	Town		2 C8b. S	treal & Altum	iber 2		_			38c. Apt. N	lo. 38	Bd. Zip Code		
					LAKE		ألقيلة										
39. Describe How Injury Occurr	ed			1	LANE	Parent	s_{EAU} .	01-81	<u>OFR</u>		40.	If Transpor	tation injury, Spe	ecify:	Other (Specify)		
W 0		D				Eddy M	/DIANA	, unit					דטא	VALH	ว ซี่ที่LESS		
41. Signature, Of Person Certif GHASSAN JANO, S			LE			Ann.					ertifier (C ertifying F	heck Only hysician	Corone		Heath Officer		
43. Name, Address And Zip Co	de Of Person (Certifying Caus	se Of De	eath:					/			44. Licen	se Number	4	5. Date Certified		
GHASSAN JANO , 929 RIDGE ROAD SUITE 5, MUNSTER, IN 46321												1040756A 11/11/2009					
46. Additional Funeral Service F	Provider:											47. *Aka	15;				
48. Signature of Local Health Officer:										49. For F	Registrar	Only - Da	te Filed (Month/				
SUSAN W. BEST, SIGNATURE ON FILE AMENDMENT TO CERTIFICAT								ATH (ENT	RY OR C	DRIGINAL)		1	NOV 12	2009			
												1					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and AMS III DAS II