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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 067759

2015 OCT 21 PM 1:33

AFFIDAVIT of SURVIVORSHIP
MICHAEL B. BROWN
RECORDER

TAX: I.D. NO. 45-03-29-102-029.000-024

PETER BARTOCK, JR., being first duly sworn upon oath, deposes and says:

1. That Affiant's wife, **Lillian Bartock a/k/a Lillian Irene Bartock**, died on July 3, 2005, at Munster, Indiana.
2. That **Peter Bartock, Jr. and Lillian Bartock** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT NO. TWENTY-ONE (21), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF HAMILTON'S ADDITION TO EAST CHICAGO, IN LAKE COUNTY, INDIANA AS THE SAME APPEARS OF RECORD IN PLAT BOOK 14, PAGE 30, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

Commonly known as: **4142 WEGG AVENUE, EAST CHICAGO, IN 46312**

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 her 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.

Peter Bartock, Jr.
PETER BARTOCK, JR.

STATE OF INDIANA, COUNTY OF Lake SS:
Subscribed and sworn to before me, a Notary Public this 24th day of September, 20 11.

My Commission Expires: 5/25/17
County of Residence: Lake
Signature: *[Signature]*
Printed: Daniel Birchel, Notary Public

This instrument prepared by **MATTHEW W. DEULLEY**, Attorney-at-Law, Attorney ID No. 27813-45.
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.

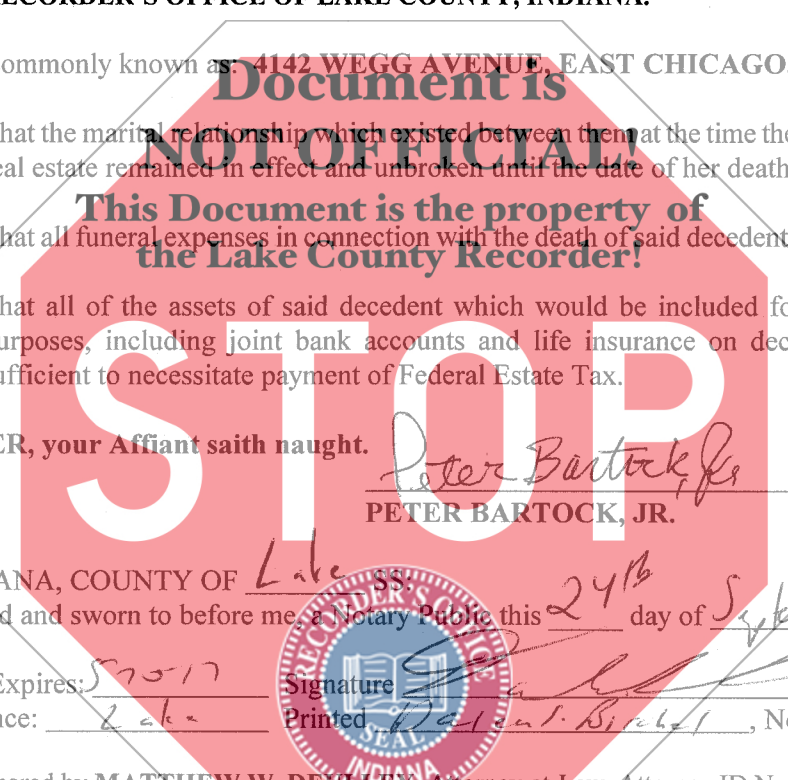
[Signature]
Signature of Preparer

Daniel Birchel
Printed Name of Preparer

FILED
SEP 30 2015
JOHN E. PETALAS
LAKE COUNTY AUDITOR

21955

COMMUNITY TITLE COMPANY
FILE NO. 158566



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MM
CM

ATTENTION ESTATE: The Social Security # is requested by this state agency in order to file its statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

al No. 1801-05

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

PRINT IN MANENT INK

IDENT

NTS

WANT

copy -
26-35-0015-0015
Manu fecher's Add
lot 15, N15PT Lot 3, 4,
S. 20th lot 14 Block 5
26-34-0075-0020
Heasville Gardens
lot 20 Block 5
26-01-0061-0016
E 1/2 E 1/4 NW NE
S. 17 T 33 R. 9

1. DECEASED—NAME (First, Middle, Last) Lillian Irene Bartock		2. SEX Female	3a. TIME OF DEATH 9:54 PM	3b. DATE OF DEATH (Month, Day, Year) July 3, 2005
4. SOCIAL SECURITY NUMBER [REDACTED]	5a. AGE—Last Birthday (Years) 71	5b. UNDER 1 YEAR Months: _____ Days: _____	5c. UNDER 1 DAY Hours: _____ Minutes: _____	6. DATE OF BIRTH (Month, Day, Year) April 3, 1934
7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana	8. WAS DECEDENT A U.S. VETERAN? No			
9a. FACILITY NAME (If not institution, give street and number) Munster Community Hospital		9b. PLACE OF DEATH (Check only one. See instructions) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify): _____		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If not, give maiden name) Peter D. Bartock, Jr		12a. COUNTY OF DEATH Lake
12b. KIND OF BUSINESS/INDUSTRY Transportation		13. CITY, TOWN OR LOCATION OF DEATH Munster		
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN OR LOCATION Hammond
13d. ZIP CODE 46323		13e. STREET AND NUMBER 6530 Montana		
14. CITIZEN OF WHAT COUNTRY? USA		15. WAS DECEDENT OF HISPANIC ORIGIN? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)		16. RACE—American Indian, Black, White, etc. (Specify) White
17. DECEASED'S EDUCATION (Specify highest grade completed) 12		18. FATHER'S NAME (First, Middle, Last) Julius Vincent		
19. MOTHER'S NAME (First, Middle, Maiden Surname) Mary Urzich		20. INFORMANT'S NAME (Type/Print) Peter D. Bartock, Jr.		
21. MAPPING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6530 Montana, Hammond, IN 46323		22. Relationship Husband		
23. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify): _____		24. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) July 8, 2005 Chapel Lawn Memorial Gardens		25. LOCATION (City or Town, State, Zip Code) Schererville, Indiana
26. EMBALMERS NAME Tara L. Wright		27. EMBALMERS LICENSE NO. FD20400058		28. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
29. SIGNATURE OF FUNERAL DIRECTOR Tara L. Wright		30. LICENSE NUMBER (of License) FD 20400058		31. JANE ADDRESS AND LICENSE NUMBER OF FUNERAL HOME 9039 Kleinman Road Highland, IN 46322
32. PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) Ovarian Cancer				
33. PART II: OTHER SIGNIFICANT CONDITIONS - Conditions contributing to death but not previously stated in Part I Ovarian Cancer				
34. CERTIFIER (Check only one) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> HEALTH OFFICER <input type="checkbox"/> CORONER		35. SIGNATURE AND TITLE OF CERTIFIER Barbara L. ... M.D.		36. MEDICAL LICENSE NO. 01034701
37. NAME AND ADDRESS OF PERSON COMPLETED CAUSE OF DEATH (Item 26) (Type/Print) Barbara L. ... M.D., 801 MacArthur Blvd., Ft. 401, Munster, IN 46321		38. DATE SIGNED (Month, Day, Year) 7/07/05		39. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined
40. DATE PRONOUNCED DEAD (Month, Day, Year) July 7, 2005		41. DATE FILED (Month, Day, Year) July 7, 2005		42. DESCRIBE HOW INJURY OCCURRED 2 2008
43. PLACE OF DEATH (If not at home, street, railway office, etc.) 6530 Montana, Hammond, IN 46323		44. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6530 Montana, Hammond, IN 46323		

