



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

15-04824

On this 2nd day of October before me personally appeared _____
(insert date) 2015 Richard Rada

to me personally known, who being duly sworn on oath did say that:

1. Affiant resides at the address given below affiant's signature:

Affiant is owner
(state interest of affiant in the above premises as "owner", "son of owner", etc.)

Said premises were formerly owned as joint tenants or as tenants by the
entireties by Richard Rada and Mary Rada;

Said Mary Rada
(fill in name of co-tenant who died)
died on 4-11-15

leaving NO will;
(insert "a" or "no", if will left, attach a copy)

5. The legal description of the premises in question is:

Tax ID: 45-12-27-378-020.000-030

6. Is there Federal or State inheritance tax liability by reason of the death of said

decedent? Yes No

If yes, then estimated taxes due are \$ _____

The taxes due are paid or unpaid..

FILED

OCT 09 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Handwritten initials:
178-
suman
LT
RT

04825

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 14 AM 11:25

MICHAEL S. BROWN
RECORDER

2015 069929

Chicago Title Insurance Company



7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? MA

(If answer is "Yes" , identify the divorce proceedings:

MA):

8. Affiant's relationship to the deceased was Son

Document is NOT OFFICIAL!
Signature: [Signature]
Printed Name: Richard Rade
Address: 124 Monticello Dr Dyer, In 46311

Subscribed and sworn to before me by the affiant

This [Signature] 10/15/15
(insert date)

Notary Public
Printed Name _____
My County of Residence is: _____
In the State of _____
My Commission Expires _____

DEBRA LEWIS
Notary Public - Seal
State of Indiana
La Porte County
My Commission Expires Aug 21, 2022



This instrument prepared by Richard Rade

EXHIBIT A

LOT 20, EXCEPT THE NORTHWESTERLY 118.5 FEET, BY PARALLEL LINES, BLOCK 1, BROADFIELD TOWNHOMES ADDITION TO THE TOWN OF MERRILLVILLE, AS SHOWN IN PLAT BOOK 67 PAGE 65 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 51297

Local No 001357

EDR No 000000442900

State No

1. Decedent's Legal Name (First, Middle, Last) MARY RADA				1a. Maiden Name (If Female) HOLP		2. Sex FEMALE		3. Time Of Death 12:09 AM		4. Date Of Death (Month/Day/Year) 04/11/2015		
5. Social Security Number [REDACTED]		6a. Age - Yrs 95		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 12/12/1919		
6e. Under 1 Hour Minutes		8. Birthplace (City and State or Foreign Country) BASKOVCE, CE				10. If Death Occurred in A Hospital: <input type="checkbox"/> Inpatient <input checked="" 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 type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE												
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099						13. County Of Death LAKE			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 CUSTODIAN		17. Kind Of Business/Industry MERRILLVILLE COMMUNITY SCHOOLS		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town MERRILLVILLE			18c. Apt. No.		18d. Zip Code 46410	
18e. Street And Number 9211 MARYLAND STREET			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Decedent's Education 8TH GRADE OR LESS			20. Decedent Of Hispanic Origin NOT HISPANIC			
21. Decedent's Race White			22. Father's Name (First, Middle, Last) JOHN HOLP			23. Mother's Name (First, Middle, Last) MARY HOLP			23a. Mother's Maiden Last Name KUNASOVA			
24. Informant's Name RICHARD G RADA			24a. Relationship To Decedent SON			24b. Mailing Address (Street And Number, City, State, Zip Code) 124 MONTICELLO DRIVE, DYER, IN 46311			25. Place Of Disposition CALUMET PARK CEMETERY MERRILLVILLE, IN			
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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)			25c. Location - City, Town, And State			26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
27. Name And Complete Address Of Funeral Facility PRUZIN BROTHERS-MERRILLVILLE, 6360 BROADWAY, MERRILLVILLE, IN 46410			27a. Funeral Home License Number FH83002453			27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE			27c. License Number (Of Licensee) FD01009893			
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. SEPSIS Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ Due to (Or As A Consequence Of): Approximate Interval: Onset To Death 3 DAYS												
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Of Death In Part I. DEMENTIA												
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 Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days 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"/> Suicide <input type="checkbox"/> Could Not Be Determined			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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) Street & Number			38. Apt. No.		38d. Zip Code	
38. Location Of Injury - State			38a. City Or Town LAKE COUNTY HEALTH OFFICER			38c. Apt. No.			39. Describe How Injury Occurred			
41. Signature, Of Person Certifying Cause Of Death: ANEMARIA Z. LUTAS, BY ELECTRONIC SIGNATURE			42. Certifier (Check-Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			44. License Number 01055289A			45. Date Certified 04/20/2015			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ANEMARIA Z. LUTAS, 10200 WICKER AVE., ST. JOHN, IN 46373						47. *Alias:			46. Additional Funeral Service Provider:			
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 21 2015						



RAISED SEAL AFFIXED