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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 069941

2015 OCT 14 AM 11:26

MICHAEL B. BROWN  
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA )

) SS:

COUNTY OF LAKE )

FRANCIS R. MONROE, being first duly sworn upon oath, deposes and says:

- 1. That KAREN A. MONROE died on SEPTEMBER 19, 2015 in HOBART, Indiana.
- 2. That FRANCIS R. MONROE and KAREN A. MONROE were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

LOTS 23, 24, 25 AND 26, IN BLOCK 12, IN FOURTH ADDITION TO NEW CHICAGO, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 6, PAGE 14, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Tax ID: 45-09-19-337-019.000-022

- 3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and did not break until the date of his death.
- 4. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance in decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Affiant's name and address:

Francis R. Monroe  
418 Garfield Ave  
Hobart IN 46342

*Francis R. Monroe*  
FRANCIS R. MONROE

Subscribed and sworn to before me, a Notary Public, this 24<sup>th</sup> day of October, 2015.



*Marsha A. Plesac*  
Notary Signature

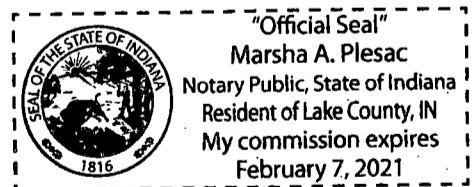
Commission Expiration: 02-07-2021

County of Residence: Lake

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: Kimberly A. Swartz

This instrument was prepared by: Kimberly A. Swartz

Send tax bills to: Centier Bank, 600 E. 84<sup>th</sup> Avenue, Merrillville, IN 46410



FILED

OCT 09 2015

04831

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

13-  
CT  
AW



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 65917

Local No 003154

EDR No 00000469970

State No 044993

1. Decedent's Legal Name (First, Middle, Last) KAREN A MONROE				1a. Maiden Name (If female) JANICZEK		2. Sex FEMALE	3. Time Of Death 16:41	4. Date Of Death (Month/Day/Year) 09/19/2015	
5. Social Security Number ██████████		6a. Age - Yrs 70	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) 09/05/1945		8. Birthplace (City and State or Foreign Country) GARY, 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 checked="" 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 type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC								12. City Or Town, State, And Zip Code HOBART, IN, 46342	
13. County Of Death LAKE								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 FRANK MONROE				15a. (If Wife) Give Maiden Last Name JANICZEK		16. Decedent's Usual Occupation HOME MAKER		17. Kind Of Business/Industry HOME	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HOBART		18c. Street And Number 418 GARFIELD AVENUE	18d. Apt. No.	18e. Zip Code 46342	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) JOSEPH JANICZEK		23. Mother's Name (First, Middle, Last) ANTOINETTE JANICZEK	
24. Informant's Name FRANK MONROE		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 418 GARFIELD AVENUE, HOBART, IN 46342		23a. Mother's Maiden Last Name UNKNOWN			
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) NORTHWEST INDIANA CREMATION SERVICE 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 FUNERAL HOME, 701 E. 7TH ST., HOBART, IN 46342	
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20700059		27a. Funeral Home License Number: FH83002380		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.		Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)		A. RENAL DISEASE END STAGE		Due to (Or As A Consequence Of):		YEARS			
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. PERIPHERAL VASCULAR DISEASE		Due to (Or As A Consequence Of):		YEARS			
		C. CORONARY ARTERY DISEASE		Due to (Or As A Consequence Of):		YEARS			
		D.							
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input 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 checked="" 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 <input type="checkbox"/> Unknown If Pregnant Within The Past Year		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)		35. Time Of Injury	
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) THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT		37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		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 type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) NOT VALID UNLESS		41. Signature, Of Person Certifying Cause Of Death: ZLATAN STEPANOVIC, BY ELECTRONIC SIGNATURE		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ZLATAN STEPANOVIC, 1400 SOUTH LAKE PARK AVE #400, HOBART, IN 46342	
		44. License Number 01040860A		45. Date Certified 09/23/2015		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): SEP 24 2015		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					