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STATE OF INDIANA
COUNTY OF LAKE

2015 069990

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 14 PM 12:46

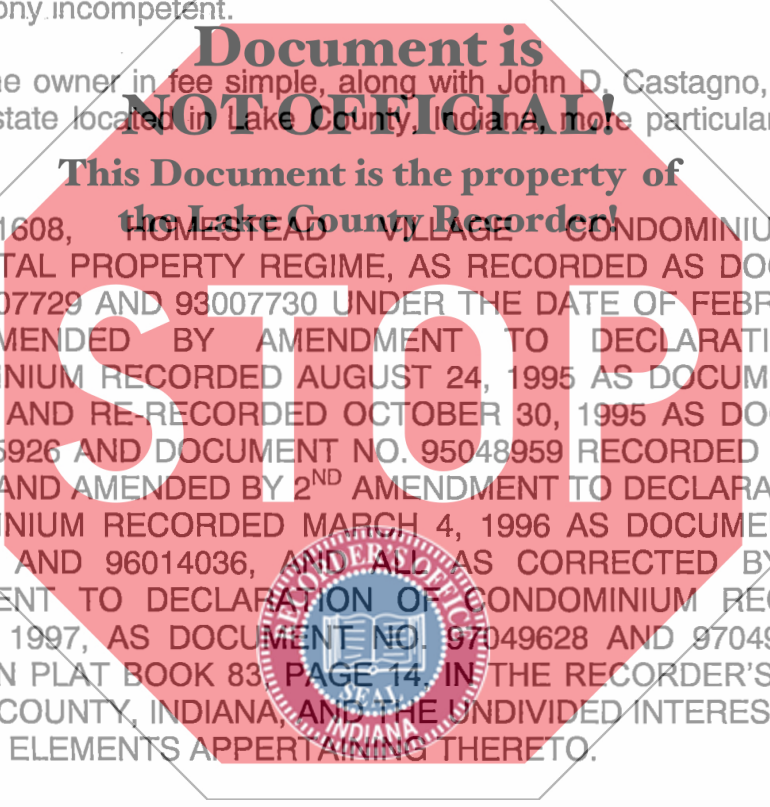
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Amy C. Castagno, being duly sworn, states as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. I am the owner in fee simple, along with John D. Castagno, of the following described real estate located in Lake County, Indiana, more particularly described as follows:



UNIT 11608, HOMESTEAD VILLAGE CONDOMINIUMS, A HORIZONTAL PROPERTY REGIME, AS RECORDED AS DOCUMENT NOS. 93007729 AND 93007730 UNDER THE DATE OF FEBRUARY 2, 1993, AMENDED BY AMENDMENT TO DECLARATION OF CONDOMINIUM RECORDED AUGUST 24, 1995 AS DOCUMENT NO. 95048960 AND RE-RECORDED OCTOBER 30, 1995 AS DOCUMENT NO. 95065926 AND DOCUMENT NO. 95048959 RECORDED AUGUST 24, 1995, AND AMENDED BY 2ND AMENDMENT TO DECLARATION OF CONDOMINIUM RECORDED MARCH 4, 1996 AS DOCUMENT NOS. 96014035 AND 96014036, AND ALL AS CORRECTED BY THIRD AMENDMENT TO DECLARATION OF CONDOMINIUM RECORDED JULY 30, 1997, AS DOCUMENT NO. 97049628 AND 97049629, AS SHOWN IN PLAT BOOK 83 PAGE 14 IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA, AND THE UNDIVIDED INTEREST IN THE COMMON ELEMENTS APPERTAINING THERETO.

Tax Key No.: 45-15-05-276-036.000-015

Commonly known as 11608 Homestead Village Court, St. John, Indiana 46373
Affiant's Address: 12 Gramercy Place, Glendale, Missouri 63122

3. The decedent, Shirley J. Lowry, John D. Castagno and I acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 1st day of December, 2008 and recorded in the Office of the Lake County Recorder as Document No. 2008 080874.

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OCT 14 2015

22305 JOHN E. PETALAS LAKE COUNTY AUDITOR #7749

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4. The decedent, John D. Castagno and I jointly held title to said real estate until the death of Shirley J. Lowry on the 10th day of September, 2015, at which time John D. Castagno and I acquired title to the real estate as the surviving joint tenants pursuant to property law. See attached Death Certificate for Shirley J. Lowry.

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Amy C. Castagno
Amy C. Castagno, Affiant

STATE OF MISSOURI
COUNTY OF ST. LOUIS
Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!

Before me the undersigned, a Notary Public for St. Louis County, State of MO, personally appeared Amy C. Castagno, and being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 8th day of OCT, 2015.

My commission expires: 4-12-2017

MARY ORR
Notary Public - Notary Seal
State of Missouri
Commissioned for St. Louis County
My Commission Expires: Apr. 12, 2017
13770437



Signature: Mary Orr
Resident of: St. Louis County, MO

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. /s/ Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 64678

Local No 003026

EDR No 00000468298

State No 042964

1. Decedent's Legal Name (First, Middle, Last) SHIRLEY J. LOWRY				1a. Maiden Name: (If female) DONALDSON		2. Sex FEMALE	3. Time Of Death 01:07 PM	4. Date Of Death (Month/Day/Year) 09/10/2015		
5. Social Security Number [REDACTED]	8a. Age - Yrs 85	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) 01/26/1930		8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
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 checked="" 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) 11608 HOMESTEAD VILLAGE COURT										
12. City Or Town, State, And Zip Code SAINT JOHN, IN, 46373					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 ADMINISTRATIVE ASSISTANT		17. Kind Of Business/Industry EDUCATION		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SAINT JOHN		18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 11608 HOMESTEAD VILLAGE COURT										
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) WILLIAM E. DONALDSON			23. Mother's Name (First, Middle, Last) ELSIE DONALDSON			23a. Mother's Maiden Last Name KLAESI				
24. Informant's Name SCOTT LOWRY			24a. Informant's Relationship To Decedent SON			24b. Informant's Address (Street, City, State, Zip Code) 17708 SPRINGFIELD OLYMPIA FIELDS, IL 60461				
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) HEARTLAND MEMORIAL CENTER			25c. Location - City, Town, And State TINLEY PARK, IL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311					27a. Funeral Home License Number FH11000037			
27b. Signature Of Indiana Funeral Service Licensee DONALD J. EGELER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee) ED20700065				
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. CEREBROVASCULAR ACCIDENT Due to (Or As A Consequence Of): B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. 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						28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (If Any) 28. 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 type="checkbox"/> No <input checked="" 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 <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) SEP 14 2015			
34. Date Of Injury (Month/Day/Year) SEP 14 2015		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 type="checkbox"/> No			
36. Location Of Injury - State		36a. City Or Town		36b. Street & Number		36c. Apt. No.		36d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Bicyclist <input type="checkbox"/> Other (Specify)				
41. Signature Of Person Certifying Cause Of Death: MATTHEW A. MAZUR, 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: MATTHEW A. MAZUR, 5454 HOMAN AVE., HAMMOND, IN 46311						44. License Number 02003607A		45. Date Certified 09/11/2015		
46. Additional Funeral Service Provider: HEARTLAND MEMORIAL CENTER						47. Axes:				
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) SEP 14 2015				



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
SEP 14 2015
Susan W. Best, M.D.
LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)