

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 OCT 23 AM 10:37

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
)SS
COUNTY OF LAKE)

2015 072011

AFFIDAVIT OF SURVIVORSHIP

Comes now Patricia Synko, and upon being duly sworn does attest and say:

1. That the affiant is the daughter of Angela C. Lorig and Joseph J. Lorig, deceased.
2. That Angela C. Lorig died a resident of Lake County, Indiana on April 7, 2001.
3. That Joseph J. Lorig died a resident of Lake County, Indiana on May 15, 2015.
4. That Joseph J. Lorig and Angela C. Lorig, acquired the following property as tenants by the entireties during the term of their marriage and remained married until Angela C. Lorig's death on April 7, 2001.
5. That the legal description of the property is:

Lot 7, Except N. 30 Feet and E. 30 Feet Lot 8, Block 1, Rueth Estates 2nd Addition to the Town of Munster, Lake County, Indiana. Also known as 8541 Monroe Avenue, Munster, Indiana as shown in Plat Book 42 Page 55.

Commonly known as: 8541 Monroe Ave., Munster, IN 46321
Parcel No.: 45-06-24-426-007.000-027

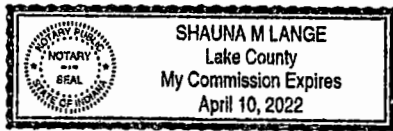
6. That Joseph J. Lorig became the fee simple owner of the property at the death of Angela C. Lorig.

I affirm under the penalties for perjury that the foregoing statements are true.



STATE OF INDIANA)
COUNTY OF LAKE)SS:

Subscribed and sworn to before me this 22 day of October, 2015.



My Commission Expires:
4/10/2022

Shauna M. Lange, Notary Public
Resident of Lake County, Indiana

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Shauna M. Lange

FILED

OCT 23 2015

This Instrument Prepared by the Law Offices of Patricia A. Rees
5341 Central Avenue, Portage, IN 46368 &
600 West Old Ridge Road, Hobart, IN 46342
Phone: (219) 947-1692, Fax: (219) 763-9749

JOHN E. PETALAS
LAKE COUNTY AUDITOR
22576

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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 796-01

93555
TYPE/PRINT
IN
PERMANENT
LACK INK

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1. DECEASED—NAME (First, Middle, Last) Angela C. Lorig				2. SEX Female		3a. TIME OF DEATH 11:30P_M		3b. DATE OF DEATH (Month, Day, Yr) April 7, 2001	
4. *SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 77		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr) April 27, 1923	
7a. WAS DECEDENT A U.S. VETERAN? No		7b. YEAR LAST SERVED IN U.S. ARMED FORCES? None		9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence					
9b. FACILITY NAME (If not institution, give street and number) St. Anthony Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Crown Point			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Joseph Lorig		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Medical Secretary			12b. KIND OF BUSINESS/INDUSTRY Medical		
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Munster			13d. STREET AND NUMBER 8541 Monroe		
13e. ZIP CODE 46321		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		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. DECEDENT'S EDUCATION (Specify only highest grade completed)		Elementary/Secondary (0-12) 12		College (1-4 or 5+) 1					
18. FATHER'S NAME (First, Middle, Last) Antonio Muni				19. MOTHER'S NAME (First, Middle, Maiden Surname) Marianne Bonaventura					
20a. INFORMANT'S NAME (Type/Print) Joseph Lorig				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8541 Monroe Munster, IN 46321				20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) April 11, 2001 Calumet Park Cemetery			21c. LOCATION—City or Town, State Merrillville, IN		
22a. EMBALMER'S NAME Brian T. Burns				22b. EMBALMER'S LICENSE NO. 8601763		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Thomas J. Burns</i>				24b. LICENSE NUMBER (of Licensee) 1045184		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321			
26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.		IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Probable pneumonia</i> DUE TO (OR AS A CONSEQUENCE OF):						Approximate Interval Between Onset and Death	
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		b. DUE TO (OR AS A CONSEQUENCE OF):							
		c. DUE TO (OR AS A CONSEQUENCE OF):							
		d. DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.				27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) No		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) ---	
29a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		29b. SIGNATURE AND TITLE OF CERTIFIER <i>George Bobchuk</i>				29c. MEDICAL LICENSE NO. x 01031717		29d. DATE SIGNED (Month, Day, Year) April 11, 2001	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Dr. Bobchuk 1121 S. Indiana Crown Point, IN 46307									
31. HEALTH OFFICER'S SIGNATURE <i>Daniel L. Fortson, M.D.</i>									
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. CONSUMER OWNED VEHICLE OCCURRED DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT APR 11 2001	
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.					

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

