

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 072487

2015 OCT 27 AM 9:17

STATE OF INDIANA)

)

MICHAEL B. BROWN
RECORDER

COUNTY OF LAKE)

) SS:

)

AFFIDAVIT OF SURVIVORSHIP

I, Ronald F. Jaracz, 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.

This Document is the property of

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

The South 65 feet of Lot No. Thirty-seven (37) and the North 35 feet of Lot No. Thirty-eight (38), as marked and laid down on the recorded plat of Vane Howard's Subdivision of Woodmar, in the City of Hammond, Lake County, Indiana, as the same appears of record in Plat Book 28, page 73, in the Recorder's office of Lake County, Indiana.

Grantee Address/Commonly known as: 7541 Woodmar Avenue
Hammond, IN 46323

3. The decedent, Pamela D. Jaracz, and myself acquired title as husband and wife to said real estate by deed of conveyance on the 10th day of May, 1973 and recorded in the Office of the Lake County Recorder as Document No. 201608.

4. The decedent and myself jointly held title to said real estate until the death of my wife Pamela D. Jaracz on the 9th day of April, 2009, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Pamela D. Jaracz.

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.

FILED

OCT 27 2015

Ronald F. Jaracz
Ronald F. Jaracz, Affiant

JOHN E. PETALAS
LAKE COUNTY AUDITOR

22643

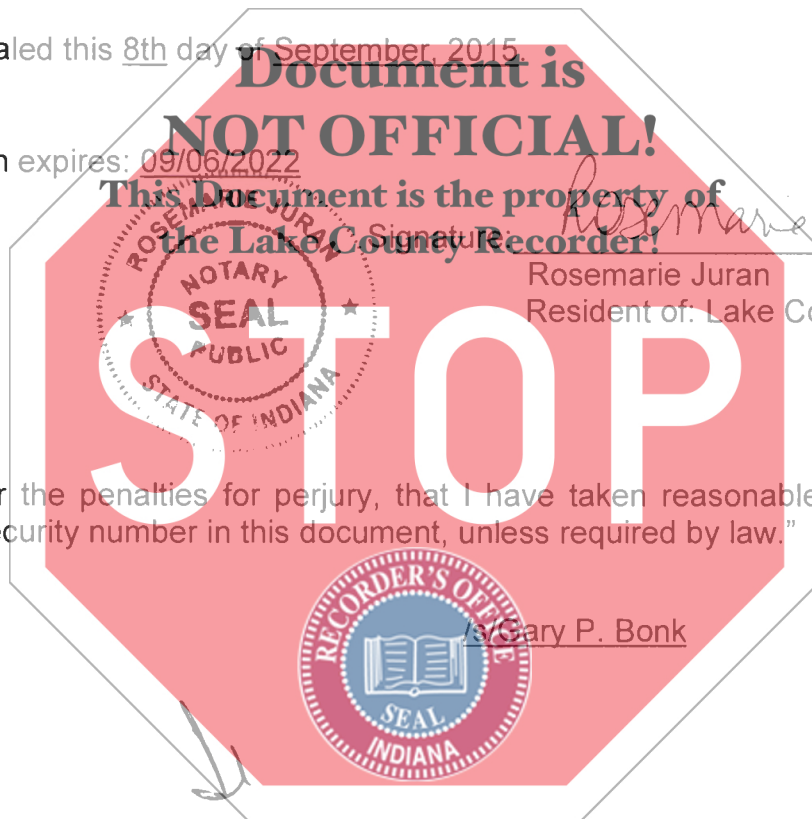
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Ronald F. Jaracz, 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 September, 2015.

My commission expires: 09/06/2022



Rosemarie Juran
Signature
Rosemarie Juran
Resident of: Lake County, Indiana

"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."

Gary P. Bonk
Signature

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. 67954

Local No 001231

EDR No 00000096080

State No 040218

1. Decedent's Legal Name (First, Middle, Last) PAMELA JARACZ				1a. Maiden Name (If female) DUFRAIN		2. Sex FEMALE	3. Time Of Death 04:05 PM	4. Date Of Death (Month/Day/Year) 04/07/2009				
5. Social Security Number		6a. Age - Yrs 62	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) 01/28/1947		8. Birthplace (City and State or Foreign Country) CHICAGO HEIGHTS, 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) 7541 WOODMAR										12. City Or Town, State, And Zip Code HAMMOND, IN, 46320		
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 RONALD F JARACZ				15a. (If Wife) Give Maiden Last Name		16. Decedent's Usual Occupation HAIRDRESSER		17. Kind Of Business/Industry HAIR				
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town HAMMOND			18d. Apt. No.	18e. Zip Code 46320	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 7541 WOODMAR			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) EMORY DUFRAIN				22a. Mother's Maiden Last Name PIERCE				23. Mother's Name (First, Middle, Last) AVIS DUFRAIN				
24. Informant's Name JULIA JARACZ				24a. Relationship To Decedent DAUGHTER				24b. Informant's Address (Street, City, State, Zip Code) 8143 GRACE PLAGE, HIGHLAND, IN 46322				
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) HEIGHTS CREMATORY			25c. Location - City, Town, And State CHICAGO HEIGHTS, IL						
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility POWELL-COLEMAN FUNERAL HOME, 3200 WEST 15TH AVE, GARY, IN 46404						27a. Funeral Home License Number: 10800011				
27b. Signature Of Indiana Funeral Service Licensee: BELICIA P HICKS, SIGNATURE ON FILE						27c. License Number (Of Licensee): 29600125						
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. LUNG CANCER										Approximate Interval: Onset To Death MOS		
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. C. D.										OCT 20 2015 J. Best COUNTY HEALTH OFFICER		
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 type="checkbox"/> No <input checked="" 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		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				
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: ERWIN L ROBIN, SIGNATURE ON FILE						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: ERWIN L ROBIN, 801 MACARTHUR BOULEVARD, MUNSTER, IN 46321						44. License Number 01038072A		45. Date Certified 04/14/2009				
46. Additional Funeral Service Provider:						47. Akas:						
48. Signature of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 15 2009						

