

2015 073144

2015 OCT 29 AM 10:55

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP (Real Estate)

Comes now Cynthia Yzenas, and upon her oath states:

1. I am an adult child of Jean C. Granzow, who died a resident of Lake County, Indiana, on April 16, 2002.
2. Ervin J. Granzow and Jean C. Granzow, as husband and wife, acquired the following described real estate in Lake County, Indiana:

Parcel No. 45-09-29-376-020-000-000

The South Half of Lot Numbered 3 in Woods Addition to the Town, now City, of Hobart, as per plat thereof recorded in Deed Record CD page 557 in the Office of the Recorder of Lake County, Indiana. Property address: 32 N. Michigan, Hobart, IN 46342 and they were continuously married from the date they took title as husband and wife (tenants by the entireties) until the death of Jean C. Granzow, whereupon Ervin J. Granzow became the sole owner of said real estate.

3. All debts, expenses and taxes regarding the estate of Jean C. Granzow have been paid.

Date 10-23- 2015 Cynthia Yzenas
Cynthia Yzenas

STATE OF INDIANA)
COUNTY OF LAKE)

Before me, a Notary Public, in and for said County and State, on 10-23, 2015, personally appeared Cynthia Yzenas, and she first being duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true, and she acknowledged the execution of the foregoing instrument.

Laura J. Brasovan
Notary Public
Printed: LAURA J BRASOVAN
County of Residence: LAKE
My Commission Expires: 7-20-22



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. Michael B. Miller

Prepared By: Michael B. Miller, Attorney At Law, 701 E. Lincolnway, Valparaiso, IN 46383
Send Tax bills to: 3754 Taylor Street
Portage IN 46368

FILED

04985

OCT 27 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

HOLD FOR MERIDIAN TITLE CORP

13.
mt
or

15-30486

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

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE COMPLETE COPY OF DEATH ON FILE WITH HAMMOND HEALTH DEPARTMENT.

Local No. 307

APR 17 2002 Date Issued
Franklin J. Sremuda Jr. Hammond Health Commissioner

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

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF
DEATH

CERTIFIER

HEALTH
OFFICER

1. DECEASED—NAME (First, Middle, Last) JEAN C. GRANZOW		2. SEX Female		3a. TIME OF DEATH 12:30 AM		3b. DATE OF DEATH (Month, Day, Yr.) April 16, 2002	
4. SOCIAL SECURITY NUMBER [REDACTED]		5a. AGE—Last Birthday (Years) 80		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6a. WAS DECEDENT A U.S. VETERAN? No		6b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A		6. DATE OF BIRTH (Mo, Day, Yr.) June 13, 1921			
7. BIRTHPLACE (City and State or Foreign Country) Gary Indiana		8a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input 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) Select Specialty Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Hammond		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Ervin Granzow		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Homemaker		12b. KIND OF BUSINESS/INDUSTRY Home	
13a. RESIDENCE—STATE IN		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hobart		13d. STREET AND NUMBER 32 Michigan Avenue	
13e. ZIP CODE 46342		13f. INSIDE CITY LIMITS <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	
16. FATHER'S NAME (First, Middle, Last) Wade Doolittle		17. MOTHER'S NAME (First, Middle, Maiden Surname) Mable B. Walters		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+) 	
20a. INFORMANT'S NAME (Type/Print) Ervin J. Granzow				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 32 Michigan Avenue, Hobart, IN 46342		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)				21b. DATE AND PLACE OF DEPOSIT (Cemetery, Crematory, or Other place) Apr 19, 2002 Graceland Cemetery		21c. LOCATION—City or Town, State Valparaiso IN	
22a. EMBALMER'S NAME James J. Krause				22b. EMBALMER'S LICENSE NO. FDO1006463		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James J. Krause</i>				24b. LICENSE NUMBER (of License) FDO1006463		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Rees Funeral Home, Inc. FH83003069 600 W. Old Ridge Road, Hobart, IN 46342-0488	
26. PART I Enter the disease, 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. Cardiac Arrest IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF) _____ b. DUE TO (OR AS A CONSEQUENCE OF) _____ c. DUE TO (OR AS A CONSEQUENCE OF) _____ d. _____ Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.							
26. PART II Other significant conditions - Conditions contributing to death but not primary works in Part I Tracheostomy Status Parkinsonism							
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) 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>[Signature]</i>		29c. MEDICAL LICENSE NO. 01043474		29d. DATE SIGNED (Month, Day, Year) 04-17-02	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Kantilal Patel MD 529 W. Chicago Avenue, East Chicago, IN 46312							
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Sremuda M.D.</i>						32. DATE FILED (Month, Day, Year) April 17, 2002	
33. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34a. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)				34d. 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.					

