STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2016 014912

2016 MAR 11 PM 2: 33

MICHAEL B. BROWN

## SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA	)	
	)	SS:
COUNTY OF LAKE	)	

Comes now Cyndi G. Pierce, the Affiant, and who, being first duly sworn upon her oath, makes the following statements and affirmations:

Cyndi G. Pierce is an adult residing at 18277 Pusce Rd. 1.

Loke Ville, IN 46336, and has personal knowledge of the facts stated in this Survivorship Affidavit, by reason of being a daughter of Doris A. Krager.

> Doris A. Krager is the owner of the following described real estate: 2.

Lot 33, Casa Bella Podition elinit 4t Town of Scheren file, as shown in Plat Book 49, page 15, Lake County, Indiana Recorder!

Commonly known as: 2537 Naples Drive

Schererville, IN 46375

Property Number: 45-11-21-228-012.000-036

Said real estate was formerly owned by Ray H. Krager and Doris A. Krager, Husband and Wife.

Ray H. Krager was also known as Raymond H. Krager

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HOLD FOR GREATER INDIANA TITE CAMPANY

WI8000UI # 014492 \$100 CASA \$100-00 \$100-00 \$100-00

FILED

MAR **09** 2016

JOHN E. PETALAS LAKE COUNTY AUDITOR

- 5. Ray H. Krager, also known as Raymond H. Krager, died on April 27, 2015, a resident of Lake County, Indiana. A certified copy of the Indiana State Department of Health Certificate of Death of Raymond H. Krager is attached to this Survivorship Affidavit as Exhibit "A" and made part of this Survivorship Affidavit by reference.
- 6. There were no Federal Estate taxes due by reason of Ray H. Krager's death and no probate proceedings have been opened.
- 7. Ray H. Krager and Doris A. Krager were husband and wife at the time they acquired title to said real estate and they were never divorced.
- 8. The purpose of this Survivorship Affidavit is to induce the Lake County Auditor's Office to reflect on the Auditor's Transfer Record that Doris A. Krager is the sole owner of said real estate and to place of record with the Lake County Recorder's Office evidence that Doris A. Krager is the sole owner of said real estate.

Further Affiant saith no NOT OFFICIAL!

This Document is the property of
IN WITNESS WHEREOF Cyndics Rierce, the Affiant, has executed this
Survivorship Affidavit on this 23rd day of February, 2016.

Cyndi G. Pierce

State of Indiana

County of Lake

\ ) S

Before me, the undersigned Notary Public in and for said County and State, personally appeared Cyndi G. Pierce, the Affiant, and acknowledged the execution of the foregoing Survivorship Affidavit, and having been duly sworn upon her oath,

(Survivorship Affidavit - 2537 Naples Drive - Page 2 of 3)

stated that the facts alleged therein are true.

Witness my hand and Notarial Seal this 23rd day of February, 2016.
James Land
Signature of Notary Public
Lauren Van Ji
Printed Name of Notary Public
Notary's County of Residence:    Notary's County of Residence:
Notary's Commission Expires: November 26, 2016  Notary's Commission Expires: November 26, 2016
After recording returnts Docuevedic's Pitte property of
the Lake Greater Indiana Title Company 8700 Broadway, Suite B
Mailing Address of Affiant: 18377 PIERCE Pd.
Mailing Address of Affiant: 18377 PIEDCE LA.  Lakeville, IN 46536
Prepared by Chris Fox, Attorney at Law, Indiana Bar License #19091-64; Address: 516 East
86th Avenue, Merrillville, IN 46410-6213 Proper 21979 1520; Fax: 219/791-9366), referencing
Greater Indiana Title Company commitment no IN000816
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. Chris Fox
Social Security hamsel membrasical membrasical forms and security hamself membrasical membrasical forms and security hamself membrasical membrasical forms and security hamself membrasical forms and security hamself membrasical forms and security had been security from the security forms and security forms and security for the security forms and security for the security forms and security for the security for the security forms and security for the security forms and security for the security for th
(Survivership Affidavit 2537 Naples Drive - Page 3 of 3)

## INDIANA STATE DEPARTMENT OF HEALTH Tracking No. CERTIFICATE OF DEATH

52580

Local No 001	513	3 EDR No 00000446048 State No 021312					State No 021312			
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Nam			2. Sex	3. Time	Of Death	4. Date O	f Death (Month/Day/Year)
RAYMOND H KRAGER			i			MA		:17 PM		04/27/2015
Social Security Number 6a. Age - Yrs	6b. Under 1 Yea	r 6c. Under 1 M	onth 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mo	nth/Day/Year) 8	. Birthplace (Ci	y and State o	r Foreign Country)
92	Months	Days	Hours	Minutes		12/10/1		INOMMAH	D, IN	
9. Live in o o Armoo orces? 10. If Death	Occurred in A Ho	ospital:		10a. If Death Occ				Home/Long-ter	m Care Facili	tv
11. Facility Name (If Not Institution, Give Street	and Number)								*****	
12. City Or Town, State, And Zip Code				13. County	Of Death			14. Marital St	atus At Time	Of Death
MUNICIPED IN ACCOL								Married		
MUNSTER, IN, 46321 15. Surviving Spouse's Name			15a. (If Wife)Give Maide	LAKE n Last Name		16. Deced	lent's Usual Occupa			Of Business/Industry
					WHOLESALE FOOD					
DORIS M KRAGER  18. Residence - State	181	a. County	YERGA	18b. City Or T	own	SALES	REPRESEN	IATIVE	DISTRI	BUTER
		•								
INDIANA 18c. Street And Number	LAI	KE		SCHERER	VILLE		18d. Apt. No.	18e. Zip	Code	18f. Inside City Limits?
2527 NADI EC DONE										⊠ Yes □ No
2537 NAPLES DRIVE  19. Decedent's Education	T:	20. Decedent Of H	ispanic Origin	21.	Decedents	s Race		46	375	
HIGH SCHOOL GRADUATE O	R GED									
COMPLETED  22. Father's Name (First, Middle, Last)	<u> </u>	NOT HISPAN	NIC _	Whi 23. Mother's Name		dle, Last)		23a.	Mother's Maid	den Last Name
VERNON KRAGER  24. Informant's Name		24a Relations	hip To Decedent	GRACE KRA 24b. Mailing Addre		And Number.	City, State, Zip Co		MIDT	
DORIS M KRAGER		WIFE	···•	2537 NAPLE			• • • • •	•		
DON'S W KNAGER		VVILE	25. Pla	ce Of Disposition	LO DININ	VL, SOIT	LIVERVILLE	111 40373		
25a. Method Of Disposition  Burial Cremation Donation Ent		Place Of Disposition	(Name Of Cemetery, Cre	ematory, Other Place	9) 25c. L	ocation - City	, Town, And State		.,	
Removal From State			Doors	mont	10					
Other (Specify):  26. Was Coroner Contacted?		HOLIC CEN ete Adaress Of Fun	METERIES U.1		LHAN	MOND,	IN	-	27a. Fune	eral Home License Number:
		NI	TOF	TIC	TA	TI				
Yes No KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322 FH10300021										
27b. Signature Of Indiana Funeral Service Licensee:  DAVID R. PETERSON, BY ELECTRONIC SIGNATURE current is the property  Cause Of Death (See Instructions And Examples)  Approximate										
Cause Of Death (See Instructions And Examples)  28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - The Directly Caused The Death, Do Not Enter Terring Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate, Enter Only One Cause On  To Death										
Such As Cardiac Arrest, Respiratory Arres A Line. Add Additinal Lines If Necessary.	t, Or Ventricular	Fibrillation Withou	ut Showing The Etiology	. Do Not Abbreviate	e, Enter Or	nly One Cau	se On			To Death
Immediate Cause (Final Disease Or Condi	ition Resulting In	Death) A	A. HOSPICE CARE					_		DUE TO
					Due to (Or	As A Consequenc	a Q1).			DUE TO
Sequentially List Conditions, If Any, Leadi Line A. Enter The Underlying Cause (Dise	ng To The Cause ease Or Injury Th	e Listed On E lat Initiated	B. ACUTE RESPIRAT	ORY FAILURE	Due to (Or	As A Consequence	e Off			DUE TO
The Events Resulting In Death) Last			C. CHRONIC RESPIR	ATORY FAILURE	Que to /Or	As A Consequenc	e On		<u></u>	
		1	)							
Part II. Enter Other Significant Conditions Contri	buting to Death Bu	it Not Resulting In	The Underlying Cause Giv	rin In Part I	29. Wa	s An Autops)	Performed?	☐ Yes	⊠ No	
FAILURE TO THRIVE					30. We	re Autopsy F	inding Available To			th? Yes No
31. Did Tobacco Use Contribute To Death?	32. If Fer	nale; egnant Within Past Year	Pregnant At Time Of Death	Not Pregnant, But Pre	egnant, Within A	2 Days Of Death	33. Manner Ol		Accident F	Pending Investigation
Yes Probably No Unknown	Not Pre	egnant. But Pregnant 43.0		A FUE CO	MAND THE LOW	rygge #	Suicide	Could Not Be D	etermined	
34. Date Of Injury (Month/Day/Year)	35. Time	a Of Injury	LAKE SOUN	PHEXE	EPART	ome Constr	ction Site, Restaur	int, Wooded Are	sa) 37	. Injury At Work?  ☐ Yes ☐ No
38. Location Of Injury - State	38a. City	Or Town		ireet & Number				38c. Apt.		d. Zip Code
os. Laudion of myary class	000	S. (S.)	M	AY 0 4 29	15			000. 7,00		a, sup Cour
39. Describe How Injury Occurred			E 1.3	EAL S			40. If Transpor	tation Injury, Sp	ecify:	***************************************
			Co. All	MAD E	+ 0	2	40. If Transpor	DW.	"VAEI	UNLESS
41. Signature, Of Person Certifying Cause Of E KHALED A REHEEM-FARAG,		PONIC SIGN	INTLIDEAKE COL	JNTY HEALTH	1 Occio	42. C	rtifier (Check Only ertifying Physician	Ones Comme		Unath Officer
43. Name, Address And Zip Code Of Person Ce	entifying Cause Of	Death:	TONDAKE OUT	2141 1 11ho/7hill	TOFFIG	ALIY EN G		☐ Corone		Heath Officer  Date Certified
KHALED A REHEEM-FARAG	7330 INDI	ANAPOLIS F	SIVO HAMMON	ID IN 46324			01050	379A		05/03/2015
KHALED A REHEEM-FARAG         7330 INDIANAPOLIS BLVD., HAMMOND, IN 46324         0105\$379A         05/03/2015           46. Additional Funeral Service Provider:         47. *Akas:										
48. Signature of Local Health Officer:		***************************************	***************************************			49. For R	egistrar Only - Da	te Filed (Month	/Day/Year):	
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE  MAY 04 2015  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
		AMENO	MENT TO CERTIFICA	TE OF DEATH (EN	NTRY OR (	ORIGINAL)				
							1			
							;			

L State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary an RAISED SEAL ALST IXED