2016 019818

2016 MAR 30 PM 1: 11

		MICHAEL B. BROWN
STATE OF INDIANA)	RECORDER Send Tax Bills To: 322 N. Michigan Ave
)SS:	Hobart, In 46342
COUNTY OF LAKE)	

AFFIDAVIT OF SURVIVORSHIP

Comes now JoAnne Finton, Administrator of the Estate of Mona Scriba, and upon being duly sworn does attest and say:

- That the affiant is the Niece and Administrator of the Estate of Mona Scriba, who 1. passed away on February 6, 2015.
- 2. That Mona Scriba was the surviving spouse of Alden Jay Scriba, who passed away on November 5, 2014.
- That Mona Scriba and Alden Jay Scriba acquired the following property as husband 3. and wife during the term of their marriage and remained married until Alden Jay Scriba's death on November 5, 2014. Scriba 's death on November 5.
- This Document is the property of That the legal description of the property is: the Lake County Recorder! 4.

COMMENCING AT A POINT TWO HUNDRED FIFTEEN (215) FEET WEST OF THE NORTHEAST CORNER OF THE SOUTHWEST QUARTER OF SECTION TWENTY-NINE (29), TOWNSHIP THIRTY-SIX (36) NORTH, RANGE SEVEN WEST OF THE SECOND PRINCIPAL MERIDIAN, THENCE SOUTH TWO HUNDRED SEVENTY-TWO AND 60/100 (272.60) FEET, THENCE WEST TO THE EAST BANK OF DEEP RIVER, THENCE NORTH MEANDERING THE EAST BANK OF SAID RIVER TO THE NORTH LINE OF THE SOUTHWEST QUARTER AFOREMENTIONED THENCE EAST 221.2 FEET MORE OR LESS TO THE PLACE OF BEGINNING ALL IN THE EAST HALF OF THE SOUTHWEST QUARTER AFOREMENTIONED. CONTAINING 2.197 ACRES EXCLUSIVE OF THE EOAD MORE OF LESS. KEY-1/1-0012-0007

Parcel No.: 45-09-29-328-		
Commonly Known As: 322	N. Machagar, I. Soart, Indiana 46	5342AMOUNT \$ /5
21455	MAR 3 0 2016 JOHN E. PETALAS LAKE COUNTY AUDITOR	CASHCHARGE CHECK#(3 \forall 73_ OVERAGE COPY NON-CONF DEPUTY

5. That Mona Scriba became the fee simple owner of the property at the death of Alden Jay Scriba.

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

of Mona Scriba



This Instrument Prepared by: The Law Offices of Patricia A. Rees, Shauna M. Lange, Esq., 5341 Central Ave., Portage, IN 46368 (219) 947-1692.

INDIANA STATE DEPARTMENT OF HEALTH Tracking No. CERTIFICATE OF DEATH

35257

	003605		EDF		<u> 1004137</u>	<u>ხა</u>		State No	<u>U515</u>	77_	
Decedent's Legal Name (First, Midd	ne, Last)			1a. Maiden Nam	e (If female)		2. Sex	3. Time C	r Death	4. Date	Of Death (Month/Day/Year)
ALDEN JAY SCRIBA 5 6a. Age	- Yrs 6b. Under	1 Year 6c. Un	der 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7 Date	MALE of Birth (Month/D		1 AM	and State	11/05/2014 or Foreign Country)
						-	•		. , ,		or totalight obuility)
9. Ever in U.S. Armed Forces?	Months Months If Death Occurred is	Days n A Hospital:		Hours	Minutes 10a. If Death Occ			n A Hospital	ARY, IN		
☐ Yes ☑ No ☐ Unknown ☐	Inpatient 🔲 Emer	gency Departmen	t Outpatient	Dead on Arrival	Hospice Facilit Other (Specify)		Decedent's Home	Nursing H	ome/Long-term	Care Faci	lity
11. Facility Name (If Not Institution, G		er)			- and (Opposity)	,					
322 NORTH MICHIGAN / 12. City Or Town, State, And Zip Code		***************************************			13. County	Of Death			4. Marital Stat	us At Time	Of Death
LOND COMMENTS IN LANG.									Married 🗌	Married, E	But Separated Divorce
HOBART, IN, 46342 15. Surviving Spouse's Name			15a.	(If Wife)Give Maider	LAKE n Last Name		16. Decedent's	Usual Occupation			er Married Unknown Of Business/Industry
MONA CODIDA				TON			COLUMNIS	ST AND FE			
MONA SCRIBA 18. Residence - State		18a. County	FIN	TON	18b. City Or To	wn	WRITER			MEDIA	\
INDIANA		LAKE			HOBART						
18c. Street And Number					1100/110		18	d. Apt. No.	18e. Zip (ode	18f. Inside City Limits?
322 NORTH MICHIGAN /	AVENUE								463	142	☑ Yes ☐ No
19. Dacedent's Education		20. Decede	nt Of Hispani	ic Origin	21.	Decedent'	s Race		, , , , ,		.1
BACHELOR'S DEGREE		NOT HIS	SPANIC		Whit						
22. Fether's Name (First, Middle, Last)					23. Mother's Name	(First, Mid	dle, Last)		23a. M	other's Ma	iden Last Name
FREDERICK JOSEPH SC	CRIBA				EDITH SCRI				STR	OM	
24. Informant's Name			elationship To		24b. Mailing Addres	•					
MONA SCRIBA		WIFE	•		322 NORTH De Of Disposition	місні	GAN AVEN	UE, HOBAI	≺T, IN 46	342	
25a. Method Of Disposition	-	25b. Place Of Dis	position (Na	me Of Cemetery, Cre		250	ocation - City, Tov	vn, And State			······
☑ Burial ☐ Cremation ☐ Donation ☐ Removal From State	_			0000	22 0 42 4	10					
Other (Specify):				ORIA CHARK	ment	THO	BARTIN			07- F.	No.
26. Was Coroner Contacted?	∠r. Name And C	Complete Address	OT Funeral F	ACHITY OF		TA	TI			∡/a. tur	neral Home License Numbe
☑ Yes ☐ No	REES FUN	ERAL HON	IE, HOB.	ART CHAPEL	_, 600 W OLD	RIDG	E RD HOB	ART, IN 46	342	FH830	003069
27b. Signature Of Indiana Funeral Ser JAMES J. KRAUSE , BY	ELECTRONIA	SIGNATIO			is the p			icense Number (006463	or Econses).		
28. Part I. Enter The <u>Chain Of Eve</u> Such As Cardiac Arrest, Respirate A Line. Add Additinal Lines If Nec	ents - Diseases, Injury Arrest, Or Ventri	uries, Or Compl culer Fibrillation		use Of Death (See lat Directly Caused bwing The Etiology.				in			Approximate Interval: Onset To Death
Immediate Cause (Final Disease	,	ing In Death)	A. #	ATHEROSCLEROI	IC AND HYPERTE	NSIVE H	EART DISEASE				UNKNOWN
·			n			Que to (Or	As A Consequence Of):				-
Sequentially List Conditions, If Ar Line A. Enter The Underlying Cau	use (Disease Or Inju	Cause Listed Or rry That Initiated	B			Dus to (Or	As A Consequence Of):				
The Events Resulting In Death) La	ast		C			Due to (Or	As A Consequence Of):				
			D								
Part II. Enter Other Significant Condition	ns Contributing to De	ath But Not Resul	ting In The U	nderlying Cause Givi	n In Part I		is An Autopsy Per		☐ Yes	⊠ No	
31. Did Tobacoo Use Contribute To D	eath?	If Female:				30. We	ere Autopsy Finding	g Available To Co 33. Manner Of D		use Of De	ath? Yes No
Yes Probably No Vin	lamin 🔲	Not Pregnant Witten Pa		regnant At Time Of Death			2 Days Of Death	Natural 🔲 H	omicide 🔲 A		Pending Investigation
34. Date Of Injury (Month/Day/Year)		Not Pregnent, But Preg Time Of Injury	mant 43 Days To	year Before Destin	SATRUE C			Suicide C			7. Injury At Work?
					OS A TRUE CO						☐ Yes ☐ No
38. Location Of Injury - State	38a	. City Or Town			MELK WHENETH			/	38c, Apt. No	5. 3	8d. Zip Code
39. Describe How Injury Occurred				E .	VUV 1 8 /2	U14	ĺ	O If Transportat	on Injury, Spec	city:	DUNLESS
41. Signature, Of Person Certifying C	ause Of Death:			Ver IN	HANA			(Check Only O		- 	
GEORGE DELIOPOULO: 43. Name, Address And Zip Code Of F			SNATUR	52	ion wo Be	9 to		ng Physician 44. Licdrisis	Comme		Heath Officer Date Certified
GEORGE DELIOPOULO				LAKE.CO	OUNTY HEALT	'H OFF	ICER	T. Given and			non-very and the second
GEORGE DELIOPOULO: 46. Additional Funeral Service Provide	S , 2900 W. 9	3RD AVEN	UE, CRO	DVVN POINT,	IN 46307			47. A test	Hamman III.	ener ()	11/17/2014
48. Signature of Local Health Officer:							49. For Regist	1 - 3a	Fled Month	vande na 🖁 🗒 i.	
SUSAN W. BEST, VIA EL	ECTRONIC S	GNATURE	=				To. FUI REGIST	in viny "Limital La	NOV 17/2		The state of the second st
				IT TO CERTIFICAT	TE OF DEATH (EN	TRY OR	ORIGINAL)	- 11:	1111	11:11	
								19.11 17.11		*****	
								1 %		17:53	