

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 053793

2016 AUG -8 AM 9:28

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP OF MARJORIE F. SANCYA

I, MARJORIE F. SANCYA, being duly sworn, affirm under the penalties for perjury that I am an adult under no mental or physical incapacity or disability and am competent to testify to the facts set forth in this Affidavit and state as follows:

1. I am the surviving spouse of Donald A. Sancya, also known as Donald Anthony Sancya, who died on or about the 4th day of September, 2006, in Munster, Indiana. A certified copy of the Certificate of Death of Donald A. Sancya is attached hereto.

2. During his lifetime and at the time of his death, my husband and I owned real estate situated in Lake County, Indiana which is described as follows:

Lot No. 28, Oakcrest Manor Addition, to the City of Hammond, as marked and laid down on the recorded plat thereof, as the same appears of Record in the Office of the Recorder of Lake County, Indiana.

Commonly known as 3927 Oak Crest Lane, Hammond, Indiana 46323.
Parcel No. 45-07-10-476-020.000-023

3. The marital relationship between me and my husband continued unbroken from the time we acquired the real estate described above until my husband's death, at which time I acquired title as the surviving tenant by the entirety.

FURTHER AFFIANT SAYETH NOT



FILED

AUG 04 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Marjorie Sancya
MARJORIE F. SANCYA

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4064

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

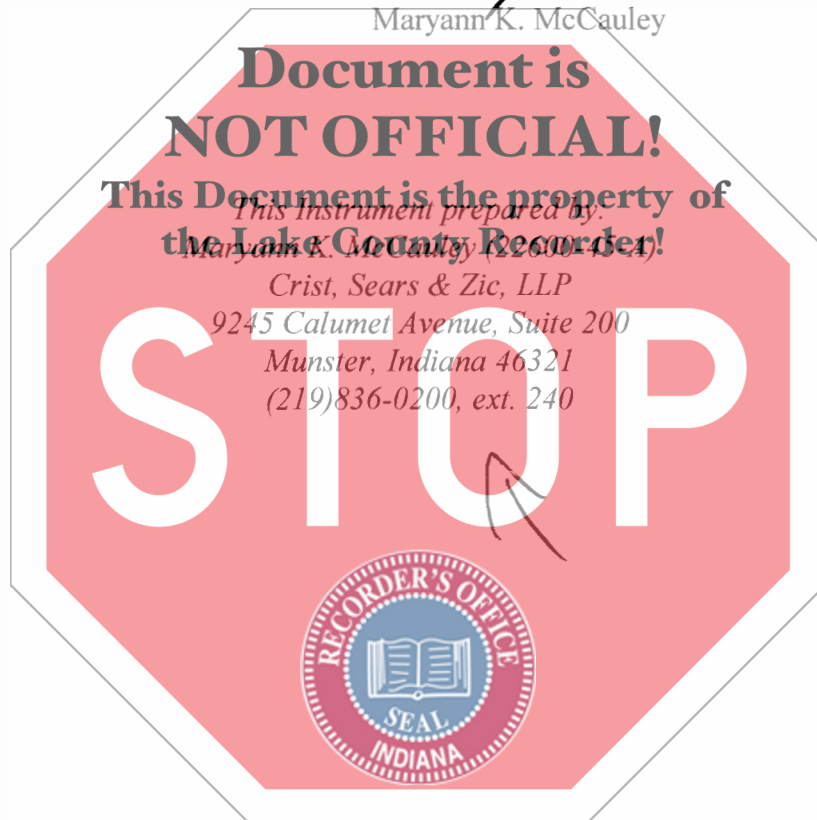
SUBSCRIBED AND SWORN to before me, a Notary Public, this 1st day of August, 2016.

Maryann K. McCauley
Maryann K. McCauley, Notary Public

My Commission Expires: 10/05/16
Resident of Lake County

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.

Maryann K. McCauley
Maryann K. McCauley



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

INDIANA STATE DEPARTMENT OF HEALTH

Tracking No. 86418

File No. 2097-06

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

REPEATED IN PERMANENT RECORD

DECEASED

IDENTIFIERS

FORMER

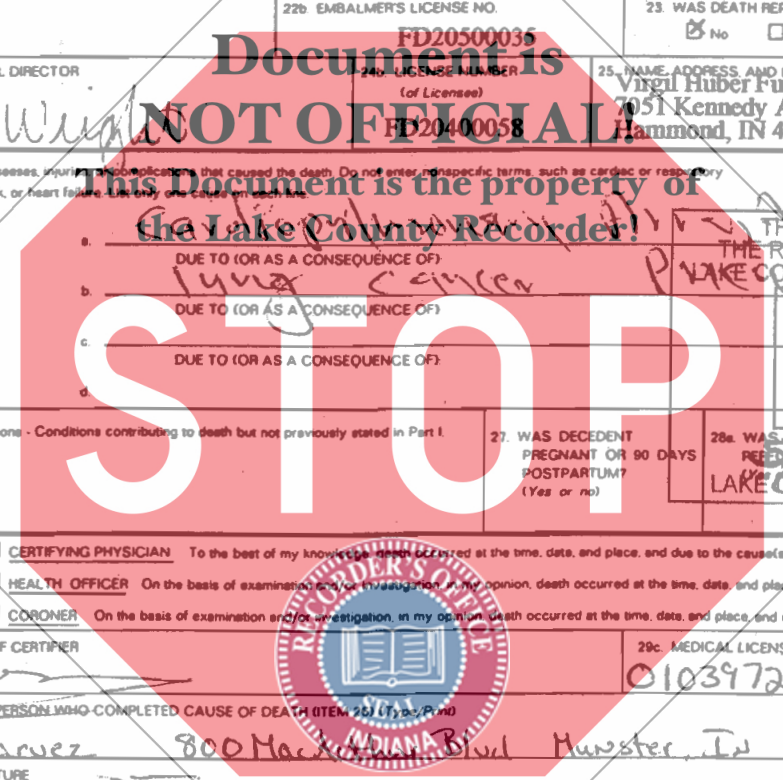
POSITION

OFFICE

CERTIFIER

OFFICER

1. DECEASED—NAME (First, Middle, Last) Donald A. Sancya		2. SEX Male		3a. TIME OF DEATH 11:20 AM		3b. DATE OF DEATH (Month, Day, Year) September 4, 2006	
4. SOCIAL SECURITY NUMBER		5a. AGE—Last Birthday (Years) 69		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
6. DATE OF BIRTH (Mo., Day, Yr.)		7. BIRTHPLACE (City and State or Foreign Country) East Chicago, Indiana					
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1960		9a. 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) Community Hospital				9c. CITY, TOWN, OR LOCATION OF DEATH Munster		9d. COUNTY OF DEATH Lake	
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Marjorie Grant		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Maintenance Foreman		12b. KIND OF BUSINESS/INDUSTRY Steel	
13a. RESIDENCE—STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Hammond		13d. STREET AND NUMBER 3927 Oak Crest Ln.	
13e. ZIP CODE 46323		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 checked="" 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+) 12					
18. FATHER'S NAME (First, Middle, Last) Anthony Sancya				19. MOTHER'S NAME (First, Middle, Maiden Surname) Irene Skoczewski			
20a. INFORMANT'S NAME (Type, Print) Peggy Sancya			20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3927 Oak Crest Ln., Hammond, IN 46323			20c. Relationship Wife	
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) September 8, 2006 Kelly-Carroll Cremation Services			21c. LOCATION—City or Town, State Gary, Indiana		
22a. EMBALMER'S NAME Timothy Bowler		22b. EMBALMER'S LICENSE NO. FD20500035		23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Tara J. Wright</i>		24b. LICENSE NUMBER (of Licensee) FD20400058		25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Virgil Huber Funeral Home 7051 Kennedy Avenue Hammond, IN 46323 FH10300032			
26. PART I. Enter the diseases, injuries, and complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of death.		IMMEDIATE CAUSE (Final disease or condition resulting in death) Lung Cancer		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		DUE TO (OR AS A CONSEQUENCE OF)		DUE TO (OR AS A CONSEQUENCE OF)		APR 25 2016	
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)		28a. WAS AN AUTOPSY PERFORMED PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)		28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)	
29a. CERTIFIER (Check only one) <input 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 checked="" 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. 01039726A		29d. DATE SIGNED (Month, Day, Year) 9-6-06	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 26) (Type, Print) Shakeen Parvez 800 Mackinac Blvd Munster, IN 46321		31. HEALTH OFFICER'S SIGNATURE <i>Susan J. Birt</i>		32. DATE FILED (Month, Day, Year) September 6, 2006		NOT VALID UNLESS SIGNED BY HEALTH OFFICER	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)	
34d. DESCRIBE HOW INJURY OCCURRED		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.					



RAISED SEAL AFFIXED