• SURVIVORSHIP AFFIDAVIT
STATE OF $\sqrt{N\Delta IANA}$
COUNTY OF <u>LAKE</u> )
GEORGE A. KARRAS , being first duly sworn upon oath, deposes and says:
1. That ELAINE B. KARRAS died on NOV 25, 2013 at MUNSTER, NOIANA. (City/State)
2. That CHORGE A. KARRAS and ELAINE B. KARRASwere duly and legally married at the time they acquired title as husband and wife to the following described real estate:  FAIR MEANOW 2ND AND LOT 45 145-07-29-154809.000-02
9236 WHITE DAK AVENUE / MUNSTER IN \$6321
<ol> <li>That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (bis) (her) death.</li> <li>That all funeral expenses in connection with the death of said decedent have been paid in full.</li> <li>That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.</li> </ol>
Further affiant sayeth not.  Alkavas  Affiant Signature
STATE OF NOTANA )  SS:  COUNTY OF LAKE )  SS:  DOCUMENT IS
Before me, a Notary Public in and for said dounty and State, personally appeared to the ARRAS who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated to transpresentations therein contained are true. Witness my hand and Notary Scatthis is the day of peace of the latest and notary Scatthis is the day of peace of the latest and locary Scatthis is the day of peace of the latest and locary Scatthis is the day of peace of the latest and locary Scatthis is the day of peace of the latest and locary Scatthis is the day of peace of the latest and locary Scatthis is the day of peace of the latest and locary Scatthis is the latest and latest and locary Scatthis is the latest and latest
Resident of LAKE the Lake County Recorder Signature County, Indiana.
My Commission Expires: January 10 2024 Printed Donna J. Williamson
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.
This instrument prepared by GEORGE A. KARRAS
FILED  AUG 17 2016  JOHN E. PETALAS  LAKE COUNTY AUDITOR
non-com

114.00 M.E. (ASM

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking N:.

983

Local No 003828  1. Decedent's Legal Name (First, Middle, Last)		EDR No 0000	003552	<u> 279</u>	2. Sex	State N	0539	4. Date Of Death (Month/Day/Year)
			. ,					1
ELAINE KARRAS  5. Social Security Number   6a. Age - Yrs   6b. Under	or 1 Year 6c. Under 1	DEMENAGA   Month   6d. Under 1 Day	6e. Under 1 Hou	r 7. Date	FEMA of Birth (Mont		:35 PM Birthplace (Cit	ty and State or Foreign Country)
73 Months	Days	Hours	Minutes		01/29/19		SARY, IN	
9. Ever in U.S. Armed Forces? 10. If Death Occurred		_	10a. If Death Oc Hospice Facil		where Other T ecedent's Hom		Home/Long-tem	m Care Facility
☐ Yes ☑ No ☐ Unknown ☐ Inpatient ☐ Em		patient Dead on Arrival	Other (Specif	ý) 				
WILLIAM J RILEY RESIDENCE  12. City Or Town, State, And Zip Code			13. County	v Of Death			14 Marital Sta	stus At Time Of Death
						Married Married, But Separated Divorced		
MUNSTER, IN, 46321 15. Surviving Spouse's Name		15a. (If Wife)Give Maider	LAKE Last Name		16. Deceder	nt's Usual Occupa		Never Married
GEORGE KARRAS					CLERK			LAW ENFORCEMENT
18. Residence - State	18a. County		18b. City Or T		CLLINI			ILAW EN ONCEMEN
INDIANA	LAKE		MUNSTER	₹				
18c. Street And Number						18d. Apt. No.	18e. Zip	Code 18f. Inside City Limits?  ☑ Yes ☐ No
9235 WHITE OAK AVENUE	20. Decedent Of	Hispanic Origin	21.	Decedent's	Race		46	321
SOME COLLEGE CREDIT, BUT NOT		,	Wh					
DEGREE  22. Father's Name (First, Middle, Last)	INOT HISPA		23. Mother's Name		ie, Last)		23a. l	Mother's Maiden Last Name
THOMAS DEMENAGAS			EVA DEME					NOS
24. Informant's Name		nship To Decedent	24b. Mailing Addre	•	-		•	
GEORGE A KARRAS	HUSBAN		9235 WHITE e Of Disposition	OAK, N	MUNSTER	R, IN 46321		-
25a. Method Of Disposition  ☑ Burial ☐ Cremation ☐ Donation ☐ Entombment	25b. Place Of Disposition	on (Name Of Cemelery, Cre		e) 25c. Lo	osation - City, 1	Town, And State		
Removal From State	ELMWOODÆE	Docu	men	tis	MOND./I	A1		
Other (Specify):  26. Was Coroner Contacted?  27. Name And	Complete Address Of Fi			TAIV	WICHD,	<u></u>		27a. Funeral Home License Number
☐ Yes ☑ No BURNS-K	ISH FUNERAL I	HOME INC-MUNS	TER. 8415 C	ALUME	AVE NO	HINOTED I	M 46321	FH83004968
					1 \(\tau \mathbb{L}^{-1}\) 141	MUSZEK, I	14 40021	
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS . BY ELECTRONIC	SIGNATURES	Document			1 02	A1	r (Of Licensee):	
BRIAN T. BURNS , BY ELECTRONIC		Cause Of Death (See	t is the	prop	ertyb	A1	r (Of Licensee):	
27b. Signature Of Indiana Funeral Service Licensee: BRIAN T. BURNS, BY ELECTRONIC  28. Part I. Enter The Chain Of Events - Diseases, I Such As Cardiac Arrest, Respiratory Arrest, Or Vant A Line. Add Additinal Lines If Necessary.	niuries, Or Complication	Cause Of Death (See	t is the	PTOP d Examples	ertyb	13501763	r (Of Licensee):	Approximate
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BRIAN T. BURNS , BY ELECTRONIC  28. Part I. Enter The Chein Of Events - Diseasers, It Such As Cardiac Arrest, Respiratory Arrest, Or Vent A Line. Add Additinal Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting Line A. Enter The Underlying Cause (Disease Or In The Events Resulting In Death) Last  Part II. Enter Other Significant Conditions Contributing to Dementia  31. Did Tobacoo Use Contribute To Death?    Yes   Probably   No   Unknown    Yes   Probably   No   Unknown   Sultanown   Sultanown	injuries, Or Complication injuries, Or Complication injury That Initial of Original Programmes of Cause Listed On jury That Initial of Original Programmes of Original Programmes of Original Programmes of Original Origin	Cause Of Death (See  A. That Direct Cause Out Showing The Etiology.  A. BREAST CANCER!  B.  C.  D.  The Underlying Cause Giving Course Giving	Instructions And The De Not Abbreviate METASTATIC TO THE PART OF T	DITO D d Examples of Examples of Examples of Examples of Car Day to (Cr A  Day to (Cr	A Consequence O  A Cons	erformed? ling Available To  33. Manner of  Suicide To  Suicide To  10 Natural  11 Suicide To  12 Natural  13 Natural  13 Natural  14 Light Suicide To  14 Natural  15 Suicide To  16 Natural  17 Natural  18 Natural  19 Suicide To  10 Natural  10 Natural  10 Natural  11 Suicide To  10 Natural  11 Suicide To  12 Natural  13 Natural  14 Natural  15 Natural  16 Natural  17 Natural  18 Natural  19 Natural  10 Natural  11 Natural  11 Natural  12 Natural  13 Natural  14 Natural  15 Natural  16 Natural  17 Natural  18 Natural  10 Natural	Yes   Yes	Approximate interval: Onset To Death  YEARS  Sause Of Death? Yes No  Accident Pending Investigation eletermined  a) 37. Injury Al Work? No.  38d. Zip Code  ecity:  Theath Officer  45. Date Certified  11/26/2013
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