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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 057883

2016 AUG 25 AM 11:30

MICHAEL B. BROWN
RECORDER

Case # 1603768

SURVIVORSHIP AFFIDAVIT

Comes now Sonal J. Shah, who being duly sworn upon his/her oath, deposes and says:

That, Sonal J. Shah is the surviving spouse of Janak C. Shah, deceased who died domiciled in Lake County, Indiana, on 11/21/14.

That Sonal J. Shah and Janak C. Shah acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

LOT 13 IN BRIAR CREEK ADDITION TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED FEBRUARY 7, 1989 IN PLAT BOOK 65 PAGE 44, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

45-07-31-457-006.000-027

Affiant states that Sonal J. Shah and Janak C. Shah continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Janak C. Shah's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Sonal J. Shah.

Date: 8/9/16

Signature

Sonal J. Shah
Sonal J. Shah

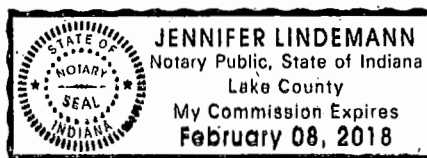
STATE OF INDIANA

COUNTY OF Lake

014825

Subscribed and sworn to before me, a Notary Public in and for said county and state this 9th day of August, 2016.

J Lindemann
Notary Public _____
Resident of _____ County
My Commission expires: _____



Prepared by: Sonal J. Shah

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Jennifer Lindemann.

FILED

AUG 24 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$13.00
JAB

CT# 1820501069

CHICAGO TITLE INSURANCE COMPANY



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 35722

Local No 003686

EDR No 000000416238

State No 052669

1. Decedent's Legal Name (First, Middle, Last) JANAK CHINU SHAH
1a. Maiden Name (If female)
2. Sex MALE
3. Time Of Death 10:56 AM
4. Date Of Death (Month/Day/Year) 11/21/2014
5. Social Security Number
6a. Age - Yrs 51
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 02/27/1963
8. Birthplace (City and State or Foreign Country) AHMEDABAD GUJARAT, II
9. Ever in U.S. Armed Forces?
10. If Death Occurred in A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) ST MARGARET MERCY HEALTHCARE CENTERS-DYER
12. City Or Town, State, And Zip Code DYER, IN, 46311
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name SONAL A SHAH
15a. (If Wife) Give Maiden Last Name DESAI
16. Decedent's Usual Occupation ALCOHOL SALES
17. Kind Of Business/Industry SALES
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town MUNSTER
18c. Street And Number 1242 BRANDYWINE DRIVE
18d. Apt. No.
18e. Zip Code 46321
18f. Inside City Limits?
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race Asian Indian
22. Father's Name (First, Middle, Last) CHINUBHAI H SHAH
23. Mother's Name (First, Middle, Last) INDUBEN SHAH
23a. Mother's Maiden Last Name SAMPAT
24. Informant's Name BHARAT SHAH
24a. Relationship To Decedent BROTHER
24b. Mailing Address (Street, And Number, City, State, Zip Code)
25. Place Of Disposition SOLAN PRUZIN CREMATORY SCHERERVILLE, IN
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)
25c. Location - City, Town, And State
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility SOLAN PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375
27a. Funeral Home License Number. FH10200037
27b. Signature Of Indiana Funeral Service Licensee: PAUL P. GONZALEZ, BY ELECTRONIC SIGNATURE
27c. License Number Of Licensee: FD21100035
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. METASTATIC PANCREATIC CANCER Due to (Or As A Consequence Of):
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last
B.
C.
D.
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause.
PLEASE SEE ABOVE
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work?
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
41. Signature, Of Person Certifying Cause Of Death: TRILOK PRADUMNA PATHAK, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One):
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: TRILOK PRADUMNA PATHAK, 5454 HOHMAN AVE, HAMMOND, IN 46320
44. License Number:
45. Date Certified:
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year):



THIS IS A TRUE COPY OF NOV 24 2014 LAKE COUNTY HEALTH DEPARTMENT

NOT VALID UNLESS