

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 058403

2016 AUG 26 AM 10:12

MICHAEL B. BROWN
RECORDER

File No. 920161778

SURVIVORSHIP AFFIDAVIT

Comes now Sharon A. Moran and Danette R. Moran, who being duly sworn upon their oath, depose and say:

That, Sharon A. Moran and Danette R. Moran, are the surviving joint tenants of Loretta M. Moran a/k/a Loretta M. Cunningham, deceased who died domiciled in Lake County, Indiana, on July 15, 2015.

That Sharon A. Moran, Danette R. Moran, and Loretta M. Moran a/k/a Loretta M. Cunningham acquired title to certain real estate as joint tenants with rights of survivorship, said real estate being described as follows:

Lots 35 and 36 in Block 35 in Second Subdivision to East Gary, as per plat thereof, recorded in Plat Book 7 Page 25, in the Office of the Recorder of Lake County, Indiana.
Property Address: 2734 Grand Boulevard, Tax ID No. 45-09-18-430-025,000-021

Affiants state 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.

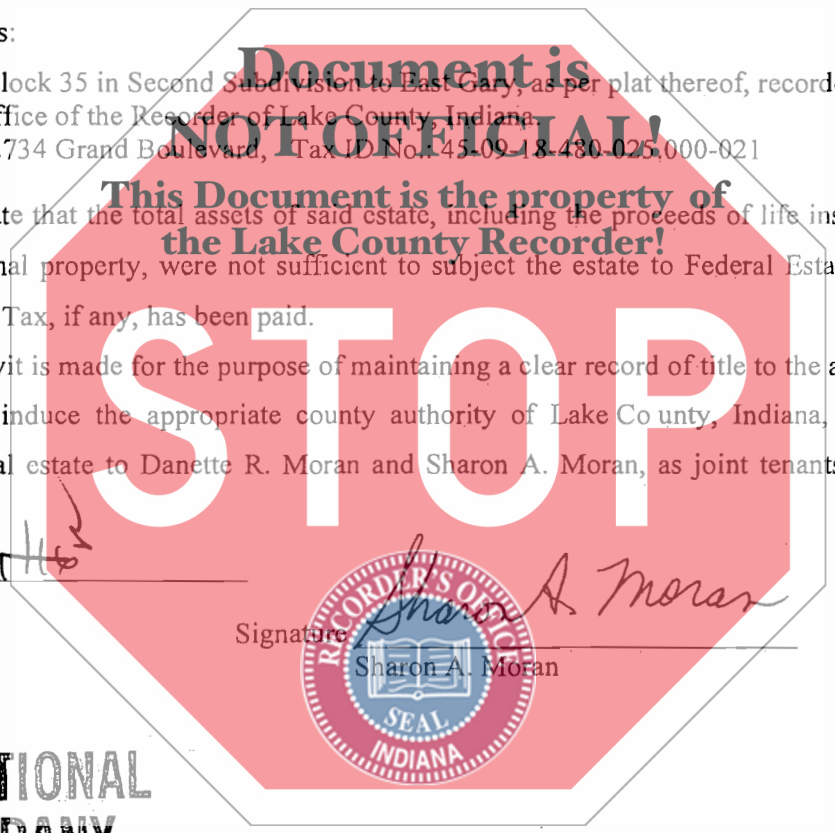
This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Danette R. Moran and Sharon A. Moran, as joint tenants with rights of survivorship.

Executed: _____

[Handwritten signature]

Signature

Sharon A. Moran



**FIDELITY NATIONAL
TITLE COMPANY.**

92016-1778 ✓

FILED

014743

AUG 22 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

17-
FN
AM

~~STATE OF Indiana~~)

~~COUNTY OF Lake)~~

~~Subscribed and sworn to before me, a notary public in and for said County and State this 11 day of August, 2016.~~

~~Notary Public Lisa M. Matson~~

~~My Commission Expires: 02/01/2024~~

~~My County Residence: Lake~~

~~Executed: 8/11/16~~

~~Danette Moran
Danette R. Moran~~

S. SNYDER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20034026007
My Commission Expires August 5, 2019

STATE OF COLORADO)

COUNTY OF ~~Drapahoe~~)

Subscribed and sworn to before me, a notary public in and for said County and State this 11 day of August, 2016. , personally appeared Danette Moran

Notary Public

My Commission Expires: 8/5/19

My County Residence: Denver

S. SNYDER
NOTARY PUBLIC
STATE OF COLORADO
NOTARY ID 20034026007
My Commission Expires August 5, 2019

Prepared by: Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C., 130 North Main Street, Crown Point, IN 46307

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 Lisa M. Matson.

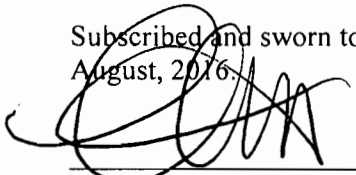
Return to: 6069 Dundee Harbor Dr. Portage IN 46368



STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 17th day of August, 2016.



Notary Public Lisa M. Matson
Resident of Lake County





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 59562

Local No 002373

EDR No 00000458905

State No 033623

1. Decedent's Legal Name (First, Middle, Last) LORETTA M CUNNINGHAM				1a. Maiden Name (If female) TOBOLSKI		2. Sex FEMALE	3. Time Of Death 07:26 AM	4. Date Of Death (Month/Day/Year) 07/15/2015
5. Social Security Number 000200000	6a. Age - Yrs 85	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date of Birth (Month/Day/Year) 06/07/1930	8. Birthplace (City and State or Foreign Country) GARY, IN	
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival			10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) ST MARY MEDICAL CENTER INC				12. City Or Town, State, And Zip Code HOBART, IN, 46342		13. County Of Death LAKE		14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown
15. Surviving Spouse's Name VERNON CUNNINGHAM			15a. (If W/o) Give Maiden Last Name		16. Decedent's Usual Occupation METAL SORTER		17. Kind Of Business/Industry STEEL MILL	
18. Residence - State INDIANA		18a. County PORTER		18b. City Or Town PORTAGE		18c. Street And Number 6596 CENTRAL AVENUE	18d. Apt. No.	18e. Zip Code 46368
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		
22. Father's Name (First, Middle, Last) MITCHELL TOBOLSKI			23. Mother's Name (First, Middle, Last) CARRIE TOBOLSKI			23a. Mother's Maiden Last Name MATUSIAK		
24. Informant's Name VERNON CUNNINGHAM		24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 6596 CENTRAL AVENUE, PORTAGE, IN 46368				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HERITAGE CREMATORY		25c. Location - City, Town, And State PORTAGE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility EDMONDS & EVANS FUNERAL HOME, PORTAGE CHAPEL, 6041 CENTRAL AVENUE, PORTAGE, IN 46368					27a. Funeral Home License Number FH19700013	
27b. Signature Of Indiana Funeral Service Licensee: SALLY A. SZUMSKI, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20700071						
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. ENC STAGE CHRONIC OBSTRUCTIVE PULMONARY DISEASE Due to (Or As A Consequence Of): B. _____ Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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								
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 43 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 44 Days To 1 year Before Death <input type="checkbox"/> Pregnant, But Pregnant 1 to 1 year Before Death		33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		
38d. Zip Code		38e. Street & Number		38f. Apt. No.		38g. Zip Code		
38. Describe How Injury Occurred				40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian				
41. Signature, Of Person Certifying Cause Of Death: MILTON STANLEY GASPARI, BY ELECTRONIC SIGNATURE				42. Certifier: (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01037515A		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: MILTON STANLEY GASPARI, 1400 SOUTH LAKE PARK AVE, STE 301A HOBART, IN 46342				45. Date Certified 07/16/2015		47. *Attest:		
46. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): JUL 17 2015				



RAISED SEAL AFFIXED