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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
)
COUNTY OF LAKE)

SS: 2017 005352

2017 JAN 24 AM 10:31

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

John S. Augustine ("Affiant"), being duly sworn upon his oath deposes and says:

1. That the Affiant is spouse of Eleanor Augustine ("the Decedent").
2. That the Affiant resides in Jefferson County, State of Colorado.
3. That the Affiant is a competent adult and was born on February 16, 1930.
4. That John S. Augustine and Eleanor Augustine ("the Decedent") were husband

and wife at the time they acquired title by deed, as husband and wife, to certain real estate during which deed was recorded with the Lake County Recorder's Office on August 9, 1995 and the real estate is described as follows:

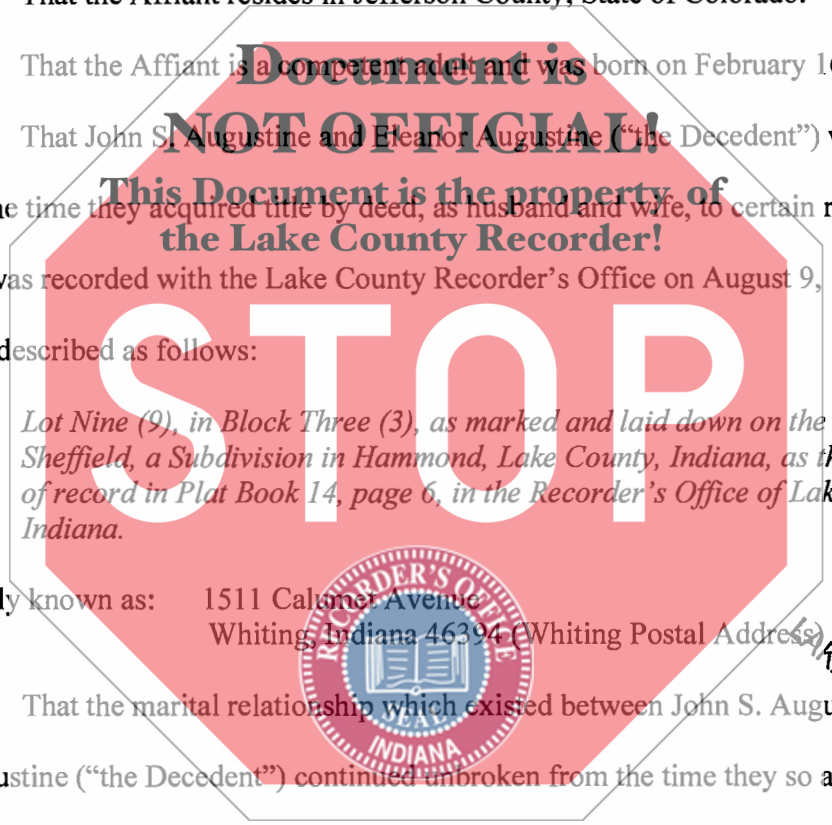
Lot Nine (9), in Block Three (3), as marked and laid down on the recorded plat of Sheffield, a Subdivision in Hammond, Lake County, Indiana, as the same appears of record in Plat Book 14, page 6, in the Recorder's Office of Lake County, Indiana.

and commonly known as: 1511 Calumet Avenue
Whiting, Indiana 46394 (Whiting Postal Address)

5. That the marital relationship which existed between John S. Augustine and Eleanor Augustine ("the Decedent") continued unbroken from the time they so acquired title said real estate on August 9, 1995, until the death of Eleanor Augustine on March 20, 2016 at which time John S. Augustine acquired title to said real estate as the surviving spouse.

6. That a copy of the death certificate of Eleanor Augustine, showing her date of death to be March 20, 2016 is attached hereto and made a copy of this affidavit by reference.

7. That all debts, estate and inheritance taxes, funeral expenses, and expenses of the last illness of Eleanor Augustine, the Decedent, have been fully paid and satisfied.



FILED
JAN 24 2017
JOHN EPETALAS
LAKE COUNTY AUDITOR

010490

\$15.00
JAS
cash

STATE OF COLORADO
CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052016007990

DECEDENT'S LEGAL NAME
ELEANOR ROSE AUGUSTINE

DATE OF DEATH
MARCH 20, 2016

SEX FEMALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE-Last Birthday (Years) 85	UNDER 1 YEAR Months	UNDER 1 DAY Days	DATE OF BIRTH (Mo/Day/Yr) MAY 11, 1930	BIRTHPLACE (State or Foreign Country) ILLINOIS
IF DEATH OCCURRED IN HOSPITAL EMERGENCY ROOM/OUTPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL			
Facility Name (If not institution, give street & number) LUTHERAN HOSPITAL			CITY, TOWN OR LOCATION OF DEATH WHEAT RIDGE		COUNTY OF DEATH JEFFERSON	
RESIDENCE - STREET AND NUMBER 10801 W 29TH AVENUE					APT. NO.	ZIP CODE 80015
RESIDENCE STATE COLORADO					COUNTY JEFFERSON	CITY OR TOWN LAKEWOOD
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) LIBRARIAN			KIND OF BUSINESS/INDUSTRY EDUCATION		DECEDENT'S EDUCATION SOME COLLEGE CREDIT, BUT NO DEGREE	
DECEDENT OF HISPANIC ORIGIN			DECEDENT'S RACE White			
EVER IN US ARMED FORCES NO	MARITAL STATUS AT TIME OF DEATH MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage) JOHN AUGUSTINE			
FATHER'S NAME MICHAEL TRESCHAK			MOTHER'S NAME PRIOR TO FIRST MARRIAGE AGNES SABOL			
INFORMANT'S NAME JOHN AUGUSTINE			INFORMANT'S RELATIONSHIP TO DECEASED SPOUSE			
NAME OF FUNERAL HOME ALL STATES CREMATION SERVICES					CITY AND STATE OF FUNERAL HOME WHEAT RIDGE COLORADO	
METHOD OF DISPOSITION CREMATION					LOCATION - CITY, COUNTY, STATE DENVER DENVER COLORADO	
INJURY AT WORK	IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY		TIME OF INJURY	
PLACE OF INJURY						
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code)						
DESCRIBE HOW INJURY OCCURRED						
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 17:38 MIL	DATE PRONOUNCED DEAD (MO/DAY/YR) MARCH 20, 2016		TIME PRONOUNCED DEAD 17:38 MIL	
MANNER OF DEATH NATURAL			WAS AN AUTOPSY PERFORMED NO		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH?	
<p>PART I</p> <p>Enter the chain of events, disease, injuries, or complications that directly caused the death.</p> <p>IMMEDIATE CAUSE (Final disease or condition resulting in death)</p> <p>a SYSTEMIC SCLEROSIS (CHRONIC)</p> <p>b SEVERE PULMONARY HYPERTENSION</p> <p>c COR PULMONALE</p> <p>d ACUTE RESPIRATORY FAILURE</p> <p>Approximate interval: Onset to death</p>						
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I						
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN GERARD FEDERICO DO 7821 W 38TH AVENUE WHEAT RIDGE CO 80033					DATE SIGNED MARCH 25, 2016	
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER					DATE SIGNED	
DATE FILED BY REGISTRAR MARCH 25, 2016						



DATE ISSUED **MARCH 29, 2016**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with high resolution border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

Kirk A. Bol
KIRK A. BOL
INTERIM STATE REGISTRAR



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REV 01/16

