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2017 007778

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2017 FEB -3 AM 10:27
MICHAEL B. BROWN
RECORDER

Case # 920170062

SURVIVORSHIP AFFIDAVIT

Comes now Carol S. Banach, who being duly sworn upon his/her oath, deposes and says:

That, she has knowledge of Richard Sproch, deceased who died domiciled in Lake County, Indiana, on October 20, 1995.

That Ruth S. Sproch and Richard Sproch acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiant states that Ruth S. Sproch and Richard Sproch 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 Richard Sproch'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 remove the interest of Richard Sproch on the above-described real estate.

Executed: 1/25/17

Signature: Carol S. Banach (TTEE)
Carol S. Banach

STATE OF INDIANA

COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public in and for said county and state this 25th day of January, 2017.

[Signature]
Notary Public Dawn Stanley
Resident of Lake County
My Commission expires: 7/29/18



Prepared by: Carol S. Banach

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 Dawn Stanley.

FILED

Return to: Carol S. Banach
8942 Chestnut Ln
Munster, IN 46321

FEB 01 2017

FIDELITY - HIGHLAND
920170062 JOHN E. PETALAS
LAKE COUNTY AUDITOR

15-
FW
AM

FIDELITY NATIONAL 00526
TITLE COMPANY

EXHIBIT "A"

Lot 11 in Block No. 4, as marked and laid down on the recorded plat of Mary Agnes Roberts' and Amy Jane Roberts' First Addition to Hammond, in Lake County, as the same appears of record in Plat Book 4, page 29, in the Recorder's Office of Lake County, Indiana.

Property Address: 1624 Roberts Avenue, Hammond, IN 46394 Tax ID No.: 45-03-06-381-012.000-023,



ATTENTION STATE: Disclosure of the State need to pursue our responsibilities voluntarily and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 2397-95

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

FORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED—NAME (First Middle Last) RICHARD ROY SPROCH		2. SEX MALE	3a. TIME OF DEATH 2:50A	3b. DATE OF DEATH (Month, Day, Year) OCTOBER 20, 1995	
4. SOCIAL SECURITY NUMBER _____	5a. AGE—Last Birthday (Years) 72	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day Yr) SEPT. 13, 1923	
7. BIRTHPLACE (City and State or Foreign Country) WHITING, INDIANA	8a. WAS DECEDENT A U.S. VETERAN? YES				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a. PLACE OF DEATH (Check only one. See instructions.) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence				
9b. FACILITY NAME (If not subsection, give street and number) THE 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) ROTH S. CUTKA	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) CARPENTER	12b. KIND OF BUSINESS/INDUSTRY AMOCO OIL COMPANY		
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN, OR LOCATION HAMMOND (WHITING P.O.)	13d. STREET AND NUMBER 1618 ROBERTS AVENUE		
13e. ZIP CODE 46394	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 type="checkbox"/> No <input checked="" 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 (10-12) 12 College (1-4 or 5+)		18. FATHER'S NAME (First Middle Last) PETER SPROCH			
19. MOTHER'S NAME (First Middle Maiden Surname) MARY GIRMAN		20a. INFORMANT'S NAME (Type/Print) MRS. RUTH SPROCH			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1618 ROBERTS AVE., WHITING, IN 46394		20c. Relationship WIFE			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Burial <input 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) OCTOBER 23, 1995 ST. MARY CEMETERY		21c. LOCATION—City or Town, State HAMMOND, INDIANA	
22a. EXAMINER'S NAME MARTIN A. DYBEL		22b. EXAMINER LICENSE NO. FDE01019456		22. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
24a. SIGNATURE OF FUNERAL DIRECTOR <i>[Signature]</i>		24b. LICENSE NUMBER (of Licensee) FDE01019456	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME? BARAN & SON, INC., FDH83007267 107TH ST., WHITING, IN 46394		
26. PART I: Enter the disease, injuries, or conditions that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Advanced non-small cell lung cancer					
IMMEDIATE CAUSE (Final disease or condition resulting in death) THIS CERTIFIES THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last OCT 23 1995					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I. Alcohol (S. Williams, M.D.) LAKE COUNTY HEALTH COMMISSIONER					
27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) N/A		28a. WAS AN AUTOPSY PERFORMED? (Yes or no) NO	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) N/A		
29a. CERTIFIER (Check only one) <input checked="" 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 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. 29782	29d. DATE SIGNED (Month, Day, Year) OCT. 23, 1995	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Form 2911Z required) M.Y. ALI, M.D., 1630-45TH AVENUE, MUNSTER, INDIANA 46321					
31. HEALTH OFFICER'S SIGNATURE <i>[Signature]</i>				32. DATE FILED (Month, Day, Year) October 23, 1995	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Could not be Determined		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.			

