

State of Indiana

**AFFIDAVIT OF SURVIVING SPOUSE  
OR JOINT SURVIVORSHIP**

County of Lake

Elaine Pitts Cuttino, being first duly sworn, deposes and says:

1) That she/he Elaine Pitts Cuttino and Wiley L. Cuttino are

joint owners of property under a duly recorded survivorship or tenancy by entireties deed. *I AFFIRM UNDER THE PENALTIES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REFLECT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRED BY LAW.*

2) Said property is known as 280 West 68<sup>th</sup> Place, Merryville, IN 46410

Lake County, State of Indiana, and is further described as

Permanent Parcel/Tax Id # 45-12-09-476-026.000-030 on the records of the Lake County Auditor.

Full legal description of said property is stated in the survivorship or entireties deed which is recorded in the records of the Lake County Recorder in Document 1999-99267 and a copy of the legal description which is attached hereto.\*

3) That Wiley L. Cuttino died on or about August 1, 2016, at and said certificate of death is attached hereto.

4) That by virtue of the death of the party listed in Item #3 above, she/he is the fee simple owner of the above described property.

\*Excepting:

Eddine Pitts Cuttino

Sworn to and subscribed before me this 11 day of Jan 2017

[Signature]

Notary Public

Prepared by: CARRINGTON TITLE  
Address: 6200 TENNESSEE SUITE 110  
PLANO, TX 75024



AMOUNT \$ 16  
CASH \_\_\_\_\_ CHARGE \_\_\_\_\_  
CHECK # 126850  
OVERAGE 129518  
COPY \_\_\_\_\_  
NON-COM ✓  
CLERK RT

**FILED**

FEB 03 2017

**JOHN E. PETALAS**  
LAKE COUNTY AUDITOR

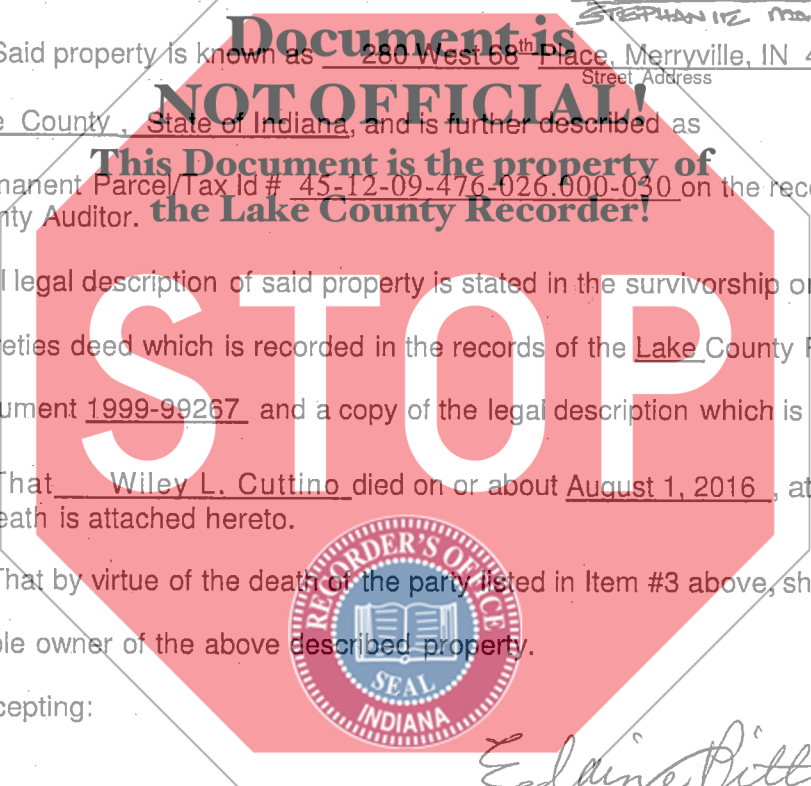
**020911**

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2017 FEB -7 AM 8:32

2017 008190

MICHAEL B. BROWN  
RECORDER





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 96471

Local No 002518

EDR No 00000525283

State No 036783

1. Decedent's Legal Name (First, Middle, Last) <b>WILEY LUTHER CUTTINO SR</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>10:10 AM</b>		4. Date Of Death (Month/Day/Year) <b>08/01/2016</b>	
5. Social Security Number [REDACTED]		6a. Age - Yrs <b>83</b>		6b. Under 1 Year		6c. Under 1 Month		6d. Under 1 Day		6e. Under 1 Hour	
7. Date of Birth (Month/Day/Year) <b>11/27/1932</b>		8. Birthplace (City and State or Foreign Country) <b>MULLINS, SC</b>		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" 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) <b>280 WEST 68TH PLACE</b>	
12. City Or Town, State, And Zip Code <b>MERRILLVILLE, IN, 46410</b>				13. County Of Death <b>LAKE</b>				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 <b>ELAINE P CUTTINO</b>				16a. (If Wife) Give Maiden Last Name <b>TODD</b>				16. Decedent's Usual Occupation <b>RECORDER</b>		17. Kind Of Business/Industry <b>STEEL MILL</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>MERRILLVILLE</b>		18c. Street And Number <b>280 WEST 68TH PLACE</b>		18d. Apt. No.		18e. Zip Code <b>46410</b>	
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Black or African American</b>		22. Father's Name (First, Middle, Last) <b>JAMES CUTTINO Sr.</b>		23a. Mother's Maiden Last Name <b>UNAVAILABLE</b>	
22. Father's Name (First, Middle, Last) <b>JAMES CUTTINO Sr.</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>280 WEST 68TH PLACE, MERRILLVILLE, IN 46410</b>		24c. Mother's Name (First, Middle, Last) <b>ELISE CUTTINO</b>		24d. Mailing Address (Street And Number, City, State, Zip Code) <b>280 WEST 68TH PLACE, MERRILLVILLE, IN 46410</b>		25. Place Of Disposition <b>HEIGHTS CREMATORY CHICAGO HEIGHTS, IL</b>	
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)		25c. Location - City, Town, And State		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>MANUEL MEMORIAL FUNERAL HOME, 421 W 5TH ST, GARY, IN 46402</b>		27a. Funeral Home License Number: <b>FH11100005</b>	
27b. Signature Of Indiana Funeral Service Licensee: <b>ANGELA R MANUEL, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD20600080</b>		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) <b>A. PULMONARY EMBOLISM</b>  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>B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> <b>C. CORONARY OCCLUSION</b>		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) <b>A. PULMONARY EMBOLISM</b>  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>B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> <b>C. CORONARY OCCLUSION</b>		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) <b>A. PULMONARY EMBOLISM</b>  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>B. CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b> <b>C. CORONARY OCCLUSION</b>		Approximate Interval; Onset To Death	
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I. <b>THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT</b>				29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year	
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		34. Date Of Injury (Month/Day/Year) <b>AUG 17 2016</b>		35. Time Of Injury <b>AUG 17 2016</b>		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	
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code		39. Describe How Injury Occurred <b>LAKE COUNTY HEALTH OFFICER</b>	
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input checked="" type="checkbox"/> Pedestrian		41. Signature, Of Person Certifying Cause Of Death: <b>DAVID E. ROSS, BY ELECTRONIC SIGNATURE</b>		42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01018989A</b>		45. Date Certified <b>08/08/2016</b>		46. Additional Funeral Service Provider:	
48. Signature Of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>AUG 09 2016</b>		47. *Avas:		48. Signature Of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Filed (Month/Day/Year): <b>AUG 09 2016</b>		47. *Avas:	



**EXHIBIT "A"**

**PART OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 9,  
TOWNSHIP 35 NORTH, RANGE 8, WEST OF THE SECOND PRINCIPAL MERIDIAN,  
DESCRIBED AS COMMENCING AT A POINT 975 FEET WEST OF AND 320 FEET  
NORTH OF THE SOUTHEAST CORNER OF SAID SECTION 9, THENCE NORTH 75  
FEET ALONG A LINE PARALLEL TO THE EAST LINE OF SAID SECTION 9,  
THENCE WEST 145 FEET, THENCE SOUTH 75 FEET ALONG A LINE PARALLEL  
TO THE EAST LINE OF SAID SECTION 9, THENCE EAST 145 FEET TO THE POINT  
OF BEGINNING IN LAKE COUNTY, INDIANA.**

