

2017 008254

2017 FEB -7 AM 9:47

MICHAEL B. BROWN  
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-06-13-328-028.000-027

Betty J. Crnarich, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, **Joseph J. Crnarich a/k/a Joseph John Crnarich**, died (without leaving a will) (leaving a will) on May 8, 2014, at Munster, Lake County, Indiana.
2. That they were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

**LOT 20, AND LOT 19, EXCEPT THE WEST 3.5 FEET THEREOF, BLOCK 5, HOLLYWOOD OF HAMMOND, IN THE TOWN OF MUNSTER, AS SHOWN IN PLAT BOOK 19, PAGE 21, IN LAKE COUNTY, INDIANA.**

Commonly known as: **239 FAIRBANKS PLACE, MUNSTER, INDIANA 46321**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be included for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

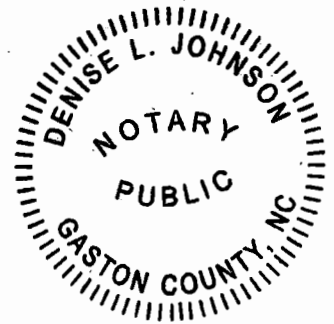
FURTHER, your Affiant saith naught.

*Dana M. Green*  
DANA M. GREEN

STATE OF North Carolina COUNTY OF Lincoln SS:

Subscribed and sworn to before me, a Notary Public this 26th day of January, 2017.

My Commission Expires: 10/30/2021 Signature: *Denise L. Johnson*  
County of Residence: Gaston Printed Name: Denise L. Johnson Notary Public



This instrument prepared by **MATTHEW W. DEULLEY**, Attorney-at-Law, ID No. 27813-45.  
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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

*Matthew W. Deulley*  
Signature of Preparer

*Matthew W. Deulley*  
Printed Name of Preparer

FILED

FEB 02 2017

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

000602

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JAS

Community Title Company  
File No. 1611402





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

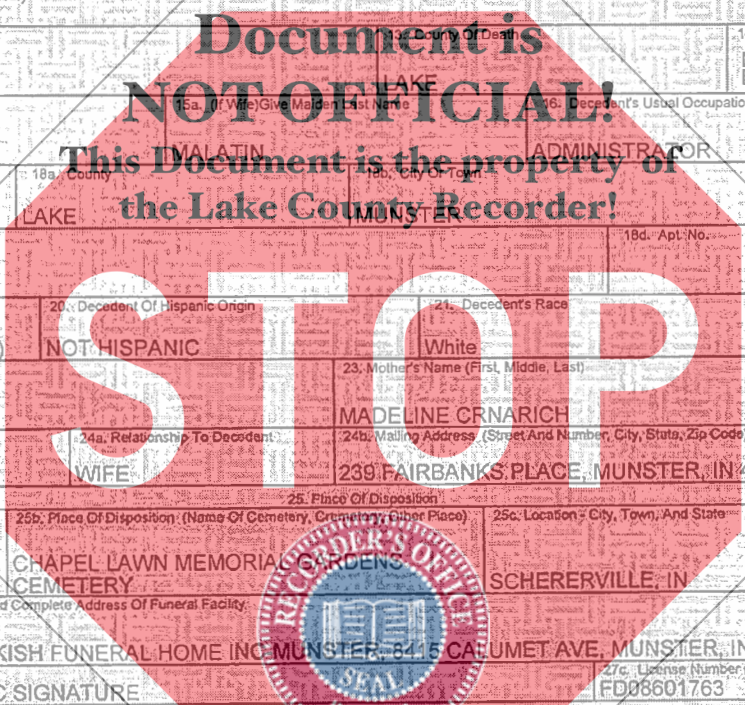
Tracking No. 18142

Local No 001488

EDR No 000000384608

State No 021371

1. Decedent's Legal Name (First, Middle, Last) JOSEPH JOHN CRNARICH		1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 09:02 AM		4. Date Of Death (Month/Day/Year) 05/08/2014	
5. Social Security Number		6a. Age - Yrs 88		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) 03/01/1926		8. Birthplace (City and State or Foreign Country) JOHNSTOWN, PA			
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 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321									
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 BETTY CRNARICH									
16. Decedent's Usual Occupation ADMINISTRATOR									
17. Kind Of Business/Industry LTV STEEL									
18a. County LAKE									
18b. City Or Town MUNSTER									
18c. Street And Number 239 FAIRBANKS PLACE									
18d. Apt. No.									
18e. Zip Code 46321									
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)									
20. Decedent Of Hispanic Origin NOT HISPANIC									
21. Decedent's Race White									
22. Father's Name (First, Middle, Last) JOSEPH CRNARICH									
23. Mother's Name (First, Middle, Last) MADELINE CRNARICH									
23a. Mother's Maiden Last Name POPP									
24. Informant's Name BETTY CRNARICH									
24a. Relationship To Decedent WIFE									
24b. Mailing Address (Street And Number, City, State, Zip Code) 239 FAIRBANKS PLACE, MUNSTER, IN 46321									
25. Place Of Disposition CHAPEL LAWN MEMORIAL GARDENS CEMETERY									
25c. Location - City, Town, And State SCHERERVILLE, IN									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
27. Name And Complete Address Of Funeral Facility BURNS-KISH FUNERAL HOME INC, 84.5 CALUMET AVE, MUNSTER, IN 46321									
27a. Funeral Home License Number FH83004968									
27b. Signature Of Indiana Funeral Service Licensee BRIAN T. BURNS, BY ELECTRONIC SIGNATURE									
27c. License Number (Of Licensee) FD06601763									
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. ACUTE RESPIRATORY FAILURE Due to (Or As A Consequence Of): B. ACUTE RENAL FAILURE AND ACUTE HEART FAILURE Due to (Or As A Consequence Of): MAY 15 2014 C. CHRONIC KIDNEY DISEASE AND CORONARY ARTERY DISEASE Due to (Or As A Consequence Of): Susan W. Best, MD Approximate Interval, Onset To Death 1 DAY 2 WEEKS FEW YEARS									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. DIABETES TYPE 2 REQUIRING INSULIN									
29. Was An Autopsy Performed? LAKE COUNTY HEALTH OFFICER <input checked="" type="checkbox"/> No									
30. Were Autopsy Findings Available To Comment On 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)									
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									
39. Describe How Injury Occurred									
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)									
41. Signature Of Person Certifying Cause Of Death: BHARAT V. BHAVSAR, BY ELECTRONIC SIGNATURE									
42. Certifier (Check Only One): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer									
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: BHARAT V. BHAVSAR, 8731 INDIANAPOLIS BLVD, HIGHLAND, IN 46322-1551									
44. License Number 01045402A									
45. Date Certified 05/14/2014									
46. Additional Funeral Service Provider									
47. *Age									
48. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE									
49. For Registrar Only - Date Filed (Month/Day/Year): MAY 14 2014									



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