

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 046750

2017 JUL 27 AM 11:33

MICHAEL B. BROWN
RECORDER

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now **LILLIA M. ARZUMANIAN**, being duly sworn upon her oath, and states as follows:

1. That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

PLEASE SEE ATTACHED LEGAL DESCRIPTION

Parcel No:

45-03-178-014-000-024

Commonly known as: 4206 Franklin Street, East Chicago, IN 46312

2. That the affiant and the decedent, John R. Arzumianian, were married on the 15th day of July, 1961. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance and recorded in the Office of the Lake County Recorder.

3. That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of John R. Arzumianian on the 7th day of March, 2017 at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

4. That John R. Arzumianian died a resident of Lake County, Indiana, the 7th day of March, 2017 (see attached Death Certificate). At the time of his death, he was married to Lillia M. Arzumianian and title vested in her as surviving spouse.

5. That the gross value of the estate of the decedent was not subject to Federal Estate Tax.

Lillia M. Arzumianian
LILLIA M. ARZUMANIAN Affiant

FILED

JUL 27 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

040885

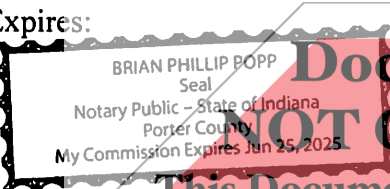
25. /
ck. 11597
10


STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 21st day of July, 2017.

My Commission Expires:
June 25, 2025

(SEAL)





Brian Phillip Popp, Notary Public
Residing in Porter County

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

"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."

STOP



Brian P. Popp

Prepared by: Brian P. Popp, Laszlo & Popp, PC, Attorneys at Law, 200 East 80th Place, Ste. 200, Merrillville, IN 46410.
Return to: Brian P. Popp, Laszlo & Popp, PC, Attorneys at Law, 200 East 80th Place, Ste. 200, Merrillville, IN 46410.



LEGAL DESCRIPTION

PRAIRIE PARK UNIT NO. 2 ALL L. 16 BL. 7

Parcel No. 45-03-27-178-014.000-024

Commonly Known As: 4206 Franklin Street, East Chicago, IN 46312



This instrument was prepared at the request of the Grantee and is based solely on information supplied by Grantee and without examination of accuracy. This preparer assumes no liability for any errors, inaccuracies, or omissions in this instrument resulting from the information provided. No legal opinion has been rendered during the preparation of this document. The Parties accept this disclaimer by Owner's execution of this document.



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 000062

EDR No 00000566123

State No

1. Decedent's Legal Name (First, Middle, Last) JOHN A ARZUMANIAN			1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 11:40 AM	4. Date Of Death (Month/Day/Year) 03/07/2017
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5. Social Security Number ██████████	6a. Age - Yrs 86	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) 09/29/1930	8. Birthplace (City and State or Foreign Country) EAST CHICAGO, IN
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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 checked="" type="checkbox"/> Other (Specify)
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11. Facility Name (If Not Institution, Give Street and Number)
ST CATHERINE HOSPITAL INC

12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312	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
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15. Surviving Spouse's Name LILLIA ARZUMANIAN	15a. Last Name Before First Marriage BENJAMIN	16. Decedent's Usual Occupation SCHOOL TEACHER	17. Kind Of Business/Industry EAST CHICAGO ADMINISTRATION
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18. Residence - State INDIANA	18a. County LAKE	18b. City Or Town EAST CHICAGO
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18c. Street And Number 4206 FRANKLIN STREET	18d. Apt. No.	18e. Zip Code 46312	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED	20. Decedent Of Hispanic Origin NOT HISPANIC	21. Decedent's Race White
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22. Parent's Name (First, Middle, Last) SAM ARZUMANIAN	23a. Parent's Last Name Before First Marriage MISKOVICH
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24. Informant's Name LILLIA ARZUMANIAN	24a. Relationship To Decedent WIFE	24b. Mailing Address (Street And Number, City/State, Zip Code) 4206 FRANKLIN STREET, EAST CHICAGO, IN 46312
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25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) CALUMET PARK CEMETERY	25c. Location - City, Town, And State MERRILLVILLE, IN
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26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility LINCOLN RIDGE FUNERAL HOME, 7607 W. LINCOLN HIGHWAY, CROWN POINT, IN 46307	27a. Funeral Home License Number FH88800070
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27b. Signature Of Indiana Funeral Service Licensee: ELI VUJKO, BY ELECTRONIC SIGNATURE	27c. License Number (Of Licensee): FD01008300
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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. FAILURE TO THRIVE Due to (Or As A Consequence Of):

B. HYPERCARBIC RESPIRATORY FAILURE Due to (Or As A Consequence Of):

C. _____ Due to (Or As A Consequence Of):

D. _____ Due to (Or As A Consequence Of):

Sequitally 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

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
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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
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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
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38. Location Of Injury - State	38a. City Or Town	38b. Street & Number	38c. Apt. No.	38d. Zip Code
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39. Describe How Injury Occurred

40. If Transportation Injury, Specify:
 Driver/Operator Passenger Pedestrian Other (Specify)

41. Signature, Of Person Certifying Cause Of Death: WASSIM ATASSI, BY ELECTRONIC SIGNATURE	42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer
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43. Name, Address And Zip Code Of Person Certifying Cause Of Death: WASSIM ATASSI, 9696 GORDON DR., HIGHLAND, IN 46322	44. License Number 01058603A	45. Date Certified 03/14/2017
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46. Additional Funeral Service Provider:	47. *Alias:
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48. Signature of Local Health Officer: GERRI C. BROWNING, VIA ELECTRONIC SIGNATURE	49. For Registrar Only - Date Filed (Month/Day/Year): MAR 15 2017
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

VOID IF ALTERED OR ERASED