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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 072738

2017 OCT 27 AM 10:42

AFFIDAVIT OF SURVIVORSHIP

MICHAEL B. BROWN
RECORDER

Barbara L. Griffin, of adult age, being first duly sworn, upon deposes and says:

That Barbara L. Griffin, is the joint tenant with rights of survivorship of Albert Demeo, deceased, who died on January 5, 2010 a resident of Lake County, Indiana.

That affiant and said decedent, as joint tenants with rights of survivorship acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from Eggert Builders, Inc. recorded February 6, 2001 as Document No. 2001 008386 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were joint tenants with rights of survivorship and that said joint tenancy with rights of survivorship between them continued unbroken from the time they acquired title to said real estate until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Barbara L. Griffin, surviving spouse of the decedent.

joint tenant

And further affiant sayeth not this 19 day of October 2017

Barbara L. Griffin
Barbara L. Griffin

State of FLORIDA, County of POLK ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 19th day of OCTOBER

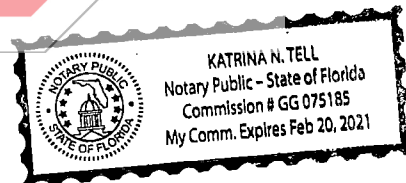
WITNESS my hand and Notarial Seal.

My Commission Expires: 02/20/2021

Katrina N. Tell
Printed Name of Notary Public

Signature of Notary Public

POLK FL
Notary Public County and State of Residence



This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
7335 Taylor Street
Scherville, IN 46375
2151950-1753

Grantee's Address and Mail Tax Statements To:

1539 Crooked Stick Loop
Lakeland FL 33801
File No.: 17-35912

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. Debra A. Guy

FILED

OCT 25 2017 HOLDOR MERIDIAN TITLE COR.

JOHN E. PETALAS
LAKE COUNTY AUDITOR

028399

25-
MT
as

LEGAL DESCRIPTION

Lot 35 in Autumn Creek, Block Four, an Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 84, page 93, in the Office of the Recorder of Lake County, Indiana.

Tax ID Number(s):
State ID Number Only 45-11-14-430-001.000-036



2151950-1753



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

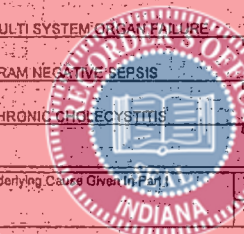
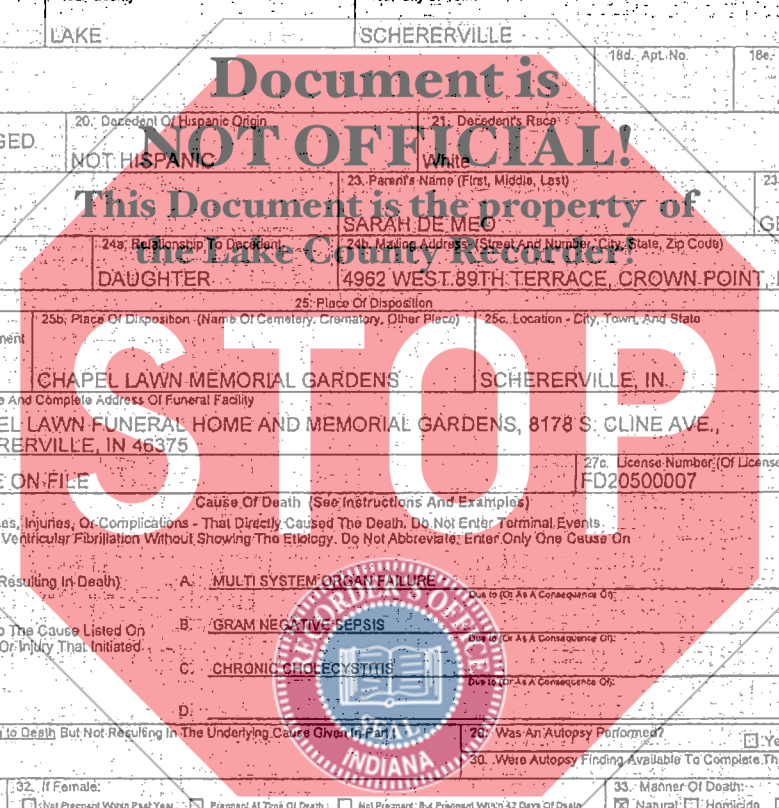
Tracking No. 134399

Local No 000159

EDR No 000000119028

State No 005864

1. Decedent's Legal Name (First, Middle, Last) ALBERT DE MEO					1a. Maiden Name (if female)		2. Sex MALE		3. Time Of Death 05:08 PM		4. Date Of Death (Month/Day/Year) 01/05/2010					
5. Social Security Number		6a. Age - Yrs 83		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) 06/20/1926		8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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) ST ANTHONY MEDICAL CENTER OF CROWN POINT													13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
12. City Or Town, State, And Zip Code CROWN POINT, IN 46307					15a. Last Name Before First Marriage			16. Decedent's Usual Occupation CARPENTER		17. Kind Of Business/Industry CONSTRUCTION						
13a. Residence - State INDIANA			13b. County LAKE			13c. City Or Town SCHERERVILLE			18d. Apt. No.		18e. Zip Code 46375		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
13c. Street And Number 7335 TAYLOR STREET			19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White							
22. Parents' Name (First, Middle, Last) ANTONIO DE MEO				23. Parents' Name (First, Middle, Last) SARAH DE MEO				23a. Parent's Last Name Before First Marriage GENEVIESE								
24. Informant's Name BARBARA GREEN				24a. Relationship To Decedent DAUGHTER				24b. Mailing Address (Street And Number, City, State, Zip Code) 4962 WEST 89TH TERRACE, CROWN POINT, IN 46307								
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) CHAPEL LAWN MEMORIAL GARDENS			25c. Place Of Disposition SCHERERVILLE, IN.			25d. 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 CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE., SCHERERVILLE, IN 46375						27a. Funeral Home License Number FH19900051							
27b. Signature Of Indiana Funeral Service Licensee MARJORIE KUNCH, SIGNATURE ON FILE								27c. License Number (Of Licensee) FD20500007								
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. Cause Of Death (See Instructions And Examples)												Approximate Interval: Onset To Death				
Immediate Cause (Final Disease Or Condition Resulting In Death) A. MULTI SYSTEM ORGAN FAILURE												23 DAYS				
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. GRAM NEGATIVE SEPSIS												3 DAYS				
C. CHRONIC CHOLECYSTITIS												2 MONTHS				
D.																
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. COPD, AORTIC STENOSIS												26. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
30. Were Autopsy Findings 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 type="checkbox"/> No <input checked="" 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. 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 checked="" type="checkbox"/> NOT VALID UNLESS													
41. Signature Of Person Certifying Cause Of Death: JOSEPH A. KACMAR, SIGNATURE ON FILE								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: JOSEPH A. KACMAR, 123 N. COURT STREET, CROWN POINT, IN 46307								44. License Number 01027088A		45. Date Certified 01/07/2010						
46. Additional Funeral Service Provider:								47. *Mass:								
48. Signature Of Local Health Officer: SUSAN W. BEST, SIGNATURE ON FILE								49. For Registrar Only - Date Filed (Month/Day/Year) JAN 07 2010								
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)																



SEP 06 2017

RAISED SEAL AFFIXED