

2017 081600

2017 DEC -1 AM 10:00

MICHAEL S. BROWN
RECORDER



Fidelity National Title

Insurance Company.

SURVIVORSHIP AFFIDAVIT

STATE OF IN)
)
COUNTY OF Lake)

SS:

Myrna Handmacher, being first duly sworn upon oath, deposes and says:

1. That Joe Fernandez died on March 13, 2017 at Munster, IN (City/State)
2. That Myrna Handmacher and Joe Fernandez were duly and legally married at the time they acquired title as husband and wife to the following described real estate:
see schedule A
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) (her) 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 includable 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 affiant sayeth not.

STATE OF IN)
)
COUNTY OF Lake)



Myrna Handmacher Affiant Signature

SS:

ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Myrna Handmacher who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 15th day of November, 20 17.

Resident of Lake County, Indiana. Signature Susan Miedema

My Commission Expires: 8/7/22 SUSAN MIEDEMA Printed Susan Miedema
My Commission Expires

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. Susan Miedema [Name]

This instrument prepared by Myrna Handmacher 26 Inverness Lane, Dyer, IN 46311

FIDELITY NATIONAL TITLE COMPANY ✓

FB1700746 LC (9)

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER

NOV 29 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

25-
F10
RM

006343



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

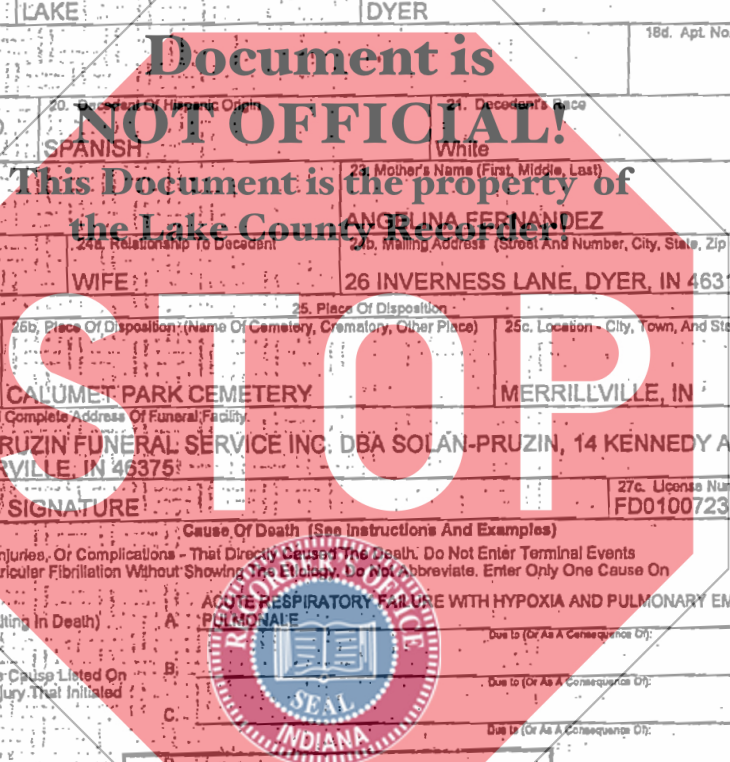
Tracking No. 82826

Local No 000898

EDR No 00000500914

State No 012568

| | | | | | | | | | | | | | |
|--|--|--|--|---|--|---|---|--|--|---|------------------------------------|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) JOE FERNANDEZ | | | | 1a. Maiden Name (if female) | | 2. Sex MALE | 3. Time Of Death 04:10 AM | 4. Date Of Death (Month/Day/Year) 03/13/2016 | | | | | |
| 5. Social Security Number ###-##-#### | | 6a. Age - Yrs 91 | 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) 03/11/1925 | | 8. Birthplace (City and State or Foreign Country) LUKE, MD | | | | |
| 8. 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 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 checked="" 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) WILLIAM J. RILEY MEMORIAL RESIDENCE HOSPICE | | | | | | | | | | 12. City Or Town, State, And Zip Code MUNSTER, IN 46321 | 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 | |
| 15. Surviving Spouse's Name MYRNA FERNANDEZ | | | | 15a. (If Wife) Give Maiden Last Name FERNANDO | | 16. Decedent's Usual Occupation OPERATOR | | 17. Kind Of Business/Industry US STEEL | | | | | |
| 18. Residence - State INDIANA | | | 18a. County LAKE | | 18b. City Or Town DYER | | | 18d. Apt. No. | 18e. Zip Code 46311 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 18c. Street And Number 26 INVERNESS LANE | | | 19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED | | 20. Decedent Of Hispanic Origin SPANISH | | 21. Decedent's Race White | | 22. Father's Name (First, Middle, Last) MANUEL FERNANDEZ | | | | |
| 22. Father's Name (First, Middle, Last) MANUEL FERNANDEZ | | | 23. Mother's Name (First, Middle, Last) ANGELINA FERNANDEZ | | 23a. Mother's Maiden Last Name GONZALEZ | | | 24. Informant's Name MYRNA FERNANDEZ | | | | | |
| 24. Informant's Name MYRNA FERNANDEZ | | | 24a. Relationship To Decedent WIFE | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 26 INVERNESS LANE, DYER, IN 46311 | | | | | | | | |
| 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 | | 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | 27. Name And Complete Address Of Funeral Facility SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375 | | | | 27a. Funeral Home License Number FH10200037 | | | | | | |
| 27b. Signature Of Indiana Funeral Service Licensee JOHN PRUZIN SR, BY ELECTRONIC SIGNATURE | | | 27c. License Number (Of Licensee) FD01007231 | | 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. ACUTE RESPIRATORY FAILURE WITH HYPOXIA AND PULMONARY EMBOLUS WITHOUT COR PULMONALE | | | | | | | | |
| 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. ACUTE RESPIRATORY FAILURE WITH HYPOXIA AND PULMONARY EMBOLUS WITHOUT COR PULMONALE | | | Approximate Interval: Onset To Death DAYS | | 28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Or In A Part Of THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT | | | | | | | | |
| 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 Time Of Death <input type="checkbox"/> 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) | | | | | | |
| 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 | | | | |
| 38. Location Of Injury - State | | | 38a. City Or Town Summit Sta | | 38b. Street Address | | 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: LYLE R. MUNN, BY ELECTRONIC SIGNATURE | | | | | | | | |
| 41. Signature Of Person Certifying Cause Of Death: LYLE R. MUNN, 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: LYLE R MUNN, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383 | | 44. License Number 01031582A1 | 45. Date Certified 03/14/2016 | | | | | |
| 46. Additional Funeral Service Provider | | | 47. Signature Of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | 49. For Registrar Only - Date Filed (Month/Day/Year) MAR 17 2016 | | | | | | | | |



NOT VALID UNLESS

EXHIBIT "A"

PART OF LOT 1 IN REPLAT OF BRIAR RIDGE COUNTRY CLUB ADDITION, UNIT 17, IN THE TOWN OF DYER, LAKE COUNTY, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 67, PAGE 48 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, WHICH PART OF SAID LOT 1 IS MORE PARTICULARLY DESCRIBED AS FOLLOWS:

COMMENCING AT THE POINT OF INTERSECTION OF THE NORTHERLY LINE OF GLENEAGLES DRIVE (50 FOOT WIDE PRIVATE ROAD) WITH THE WESTERLY LINE OF INVERNESS LANE (50 FOOT WIDE PRIVATE ROAD), WHICH POINT IS ALSO THE NORTHEAST CORNER OF TRACT 3 IN BLOCK 2 OF BRIAR RIDGE COUNTRY CLUB ADDITION, UNIT 7, IN THE TOWN OF SCHERERVILLE, LAKE COUNTY, INDIANA, AS SHOWN IN PLAT BOOK 56, PAGE 41, IN THE LAKE COUNTY RECORDER'S OFFICE; THENCE NORTH 30 DEGREES 00 MINUTES WEST, ALONG THE WESTERLY LINE OF INVERNESS LANE, A DISTANCE OF 81.70 FEET; THENCE CONTINUING NORTHERLY ALONG THE WESTERLY LINE OF INVERNESS LANE ON A CURVE CONCAVE TO THE NORTHEAST AND HAVING A RADIUS OF 50.0 FEET, AN ARC LENGTH OF 75.98 FEET TO THE POINT OF BEGINNING; THENCE NORTH 90 DEGREES 00 MINUTES WEST, A DISTANCE OF 90.98 FEET TO A POINT ON THE WEST LINE OF SAID LOT 1; THENCE NORTH 0 DEGREES 00 MINUTES WEST, ALONG THE WEST LINE OF SAID LOT 1, A DISTANCE OF 63.88 FEET; THENCE NORTH 64 DEGREES 02 MINUTES 05 SECONDS EAST, ALONG THE NORTHWESTERLY LINE OF SAID LOT 1, A DISTANCE OF 99.85 FEET; THENCE SOUTH 25 DEGREES 57 MINUTES 55 SECONDS EAST A DISTANCE OF 66.83 FEET TO A POINT ON THE CURVED RIGHT OF WAY LINE OF INVERNESS LANE; THENCE SOUTHWESTERLY ALONG SAID CURVED RIGHT OF WAY LINE, ON A CURVE CONCAVE TO THE SOUTHEAST AND HAVING A RADIUS OF 50.0 FEET, AN ARC DISTANCE OF 58.44 FEET TO THE POINT OF BEGINNING, ALL IN DYER, LAKE COUNTY, INDIANA.

