

2017 083681

2017 DEC 11 AM 11:14

SURVIVORSHIP AFFIDAVIT TEL B. BROWN
RECORDER

Sheri Starkey, an adult, ("Affiant"), being first duly sworn, on oath states:

1. Charles Racz and Jennie Racz, husband and wife were the owner in fee simple of the following described real estate located in Lake County, Indiana, to-wit:

See Attached Exhibit A

Commonly known as 2734 162nd Place, Hammond, IN 46323

2. Charles Racz and Jennie Racz, husband and wife acquired title as tenants by the entireties to said real estate.
3. That the relationship which existed between Charles Racz and Jennie Racz, husband and wife continued unbroken from the time they acquired title to said real estate until the date of his death which was August 5, 1986. At that time, Jennie Racz acquired title to said real estate. That all debts, funeral expenses, and expenses of last illness of Charles Racz, deceased, have been fully paid and satisfied.
4. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in contemplation of death, or made within the three years next preceding said death, together with the value of all investments in joint properties and tenants by the entireties, including the real estate 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.
5. 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 Jenni Racz.
6. That Affiant has personal knowledge of the above statement based upon being provided with information from the parties.

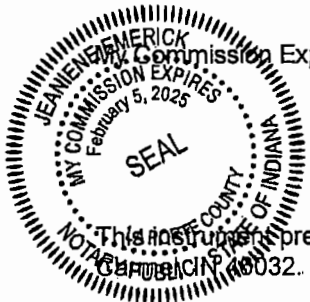
IN WITNESS WHEREOF, the Affiant has executed this affidavit this 4th day of Dec., 2017.

STATE OF INDIANA)
COUNTY OF LaPORTE)SS



Sheri Starkey
Recorder

Before me a Notary Public in and for said County and State, personally appeared Sheri Starkey, who acknowledged the execution of the foregoing Survivorship Affidavit on the 4th day of Dec., 2017.



Expires: _____

Signature: Jeaniene Emerick

Printed: Jeaniene Emerick

Residing in LaPorte County, Indiana

This instrument prepared by Andrew R. Drake, Attorney-At-Law, 11711 N. Pennsylvania Street, Suite 110, Ellettsburg, Indiana 46120. Case: 17-39053

I HEREBY CERTIFY THIS TO BE A TRUE AND EXACT COPY OF THE ORIGINAL.

FILED

DEC 06 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

029546

B 25100
MT JB

"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."
PREPARED BY: HOLD FOR MERIDIAN TITLE CORP

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD

Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND
COMPLETE COPY OF THE CERTIFICATE OF DEATH
ON FILE WITH THE HAMMOND HEALTH DEPT.
AUG 7 1986 *Franklin D. Remuda M.D.*

HAMMOND HEALTH COMMISSIONER.

EMBALMER'S NAME: John L. Alexander

LICENSE No. 1061

FUNERAL DIRECTOR'S SIGNATURE: *John V. Huber*

FUNERAL DIRECTOR'S LICENSE No. 2497

FUNERAL HOME No. 286

Local No. 535

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

DECEASED—NAME 1. Charles Racz		SEX 2. Male	DATE OF DEATH (MONTH, DAY, YEAR) 3. Aug 5, 1986
RACE—(a) White	AGE—Last Birthday 4. 78	UNDER 1 YEAR 5a. 78	UNDER 1 DAY 5b. 78
CITY, TOWN OR LOCATION OF DEATH 7a. Hammond		HOSPITAL OR OTHER INSTITUTION—(Name if not on either, give street and number) 7c. 2734 162nd Place	
STATE OF BIRTH (a) Hungary		COUNTRY OF BIRTH (b) USA	
CITIZENSHIP (c) USA		MARRIAGE (d) Married	
SOCIAL SECURITY NUMBER 9. _____		SURVIVING SPOUSE (if any, give maiden name) 11. Jennie Kovach	
USUAL OCCUPATION (e) Pipefitter		KIND OF BUSINESS OR INDUSTRY 14. Plumbing & Heating	
RESIDENCE—STATE 15a. Indiana		COUNTY OF DEATH 7b. LaKe	
STREET AND NUMBER 15c. 2734 162nd Place		IS RESIDENCE ON A FARM? 15d. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY MEXICAN, CUBAN, PUERTO RICAN, ETC. 15g. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INSIDE CITY LIMITS (SPECIFY CITY OR TOWN) 15e. Yes	
FATHER—NAME 16. Charles Racz		MOTHER—MAIDEN NAME 17. Rose Ambrose	
INFORMANT—NAME (Type or print) 18. Jennie Racz, Wife		RELATIONSHIP 18b. Wife	
MARRIAGE ADDRESS 18c. 2734 162nd Place, Hammond, IN 46323		CITY OR TOWN 18d. Hammond, IN	
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 19. Burial		CEMETERY OR CREMATORY—FUNERAL HOME 19c. Chapel Lawn Mem. Gardens	
DATE (MONTH, DAY, YEAR) 20a. Aug 8, 1986		LOCATION 19b. Schererville, Indiana	
FURNERIAL HOME—NAME AND ADDRESS 20c. Virgil Huber Funeral Home		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 20d. 7051 Kennedy Hammond, IN 46323	
NAME OF ATTENDING PHYSICIAN (Type or Print) 21. Dr. James B. Walsh, M.D.		DATE SIGNED (M, D, Y) 21b. 8/7/86	HOUR OF DEATH 21c. 11:00A
ADDRESS—PHYSICIAN 21a. 5500 Hotman Avenue, Hammond, Indiana 46327		HEALTH OFFICER—SIGNATURE 22. <i>Franklin D. Remuda M.D.</i>	
HEALTH OFFICER—SIGNATURE 22. <i>Franklin D. Remuda M.D.</i>		DATE RECEIVED BY LOCAL HEALTH OFFICER 22b. AUG 7 1986	
IMMEDIATE CAUSE (PART I) 23. Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH 23b. 0	
DUE TO OR AS A CONSEQUENCE OF (a) Anterograde Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 23b. 6 WKS	
DUE TO OR AS A CONSEQUENCE OF (b) Anterograde Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 23b. MANY YRS	
OTHER SIGNIFICANT CONDITIONS—(Conditions upon which death occurred but not related to cause given in PART I & II) 24. No		AUTOPSY (Specify Yes or No) 24. No	

EXHIBIT "A"

Property Address: 2734 162nd Place, Hammond, IN 46323
File No.: 17-39053

Lot Numbered Thirteen (13) in Block No. Four (4), as marked and laid down on the recorded Plat of Frank Hammond's Addition to the City of Hammond, Lake County, Indiana.

The Property address and/or tax parcel identification number(s) listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

