STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 DEC 26 AM 9: 02

MICHAEL B. BROWN RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-11-34-201-008.000-035

EDWARD F. DIMARCO, being first duly sworn upon oath, deposes and says:

- 1. That Affiant's spouse, **Margaret M. Dimarco**, died on October 23, 2010 at Munster, Lake County, Indiana.
- 2. That **Edward F. Dimarco and Margaret M. Dimarco** were duly and legally married at the time they acquired title as Husband and Wife in the following described real estate:

LOT 15, MALLARD LANDINGS, AN ADDITION TO THE TOWN OF ST. JOHN, AS SHOWN IN PLAT BOOK 69, PAGE 35, IN LAKE COUNTY, INDIANA.

Commonly known as: 9302 MALLARD LANE, SAINT JOHN, IN 46373

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 her death.

real estate remained in effect and unbroken until the date of her death.

That all funeral expenses in connection with the death of said decedent have been paid in full. 4. 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 ty 5. the Lake County Recorder! FURTHER, your Affiant saith naught. EDWARD F. DIMARCO day of foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal. DARLEEN S. BIRCHEL Lake County Commission Expires My Commission Expires: May 10, 2025 , Notary Public County of Residence: MATTHEW W. DEULLEY, Attorney-at-Law, ID No.278134-45. This instrument prepared by 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. Signature of Preparer

> COMMUNITY TITLE COMPANY FILE NO 12:13364

FILED

DEC 2 1 2011

JOHN E. PETALAS

006734

26°



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No State No											
1. Deceden's Legal Name (First, Midole, Last) MARGARET M. DIMARCO				1a, Maiden Last Na MUCHA			F.	3. Time Of Death 10:07 AM	4. Date of Death (Month/Day/Year) 0:07 AM OCTOBER 23, 2010		
5. Social Security Number	6a, Age Y75 54	6b, Under 3	Year 6c Under 1 N	Hours	6e, Under 1 Hour Minutes	1	Bath (Month/Day/Year) MBER 13, 1955	8. Birthplace (City A CHICAGO, IL	8. Birthpiace (City And State Or Foreign Country) CHICAGO, IL		
9. Ever in U.S. Armed Forces	? 10. If Dea	Anl benucco of the	Hospital:		10a. Il Death Occum	ed Somewhere	Other Than A Hospital:	☐ Hospice Facility ☐	Decedent's Home	e ☐ Nursing Home/Long-	
☐ Yes ☑ No Unknown ☐ ☑ Impetient ☐ Emergency Department Outpatient ☐ Dead On Arrival Term Care Facility ☐ Other (Specify) 11. Facility Name (If Not Institution, Give Street And Number)											
COMMUNITY HOSPITAL											
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status Al Time Of Death											
MUNSTER, IN 46321			LAKE								
15. Surviving Spouse's Name				15a, (If Wife)Give Maider	5a, (Il Wile)Give Maiden Lost Name			cupation	17. Kind Of I	Busines s/Industry======	
EDWARD DIMARCO			18a. County	CLAIN			CLAIMS REPR	PRESENTATIVE SOCIAL SECURITY ADMIN.			
INDIANA			LAKE _		ST. JOHN	mi /					
				Doorte	nont	10	1 404 114 115	, 18e. Zi		181. Inside City Limits?	
18c. Street And Number 9302 MALLARD L	A)			Docui	ilcit	13	18d, Apt. No	4637		1 Yes □ No	
			/ NIO	TOF	FIC			4037	-		
19. Decedents Education 20. Decedents Education 20. Decedents Education 20. Decedents Education 20. Decedents Education White											
			This Do	nish/Hispanic/Latin cument 1	s the ni		rty of				
22. Father's Name (First, Mid	dle. Last)								. Mother's Maide	in Last Name	
EDWARD MUCHA				ake Cou	l. 🚽				ANDAON		
24. Intermant's Name				iship To Deceden(Number, City, State, Zip Co	ide)			
EDWARD DIMARCO	, , , , , ,		HUSBAN	O	9302 MALLAR	KD LN S1.	JOHN, IN 46373				
25 Malhad Of Disposition		1 268	Stopp Of Disposition (No		ace Of Disposition	250 1000	ing City Town And Stat	<i>b</i>			
256. Method Of Disposition. Bluish II Cremation Donation Enternation Enternation Removal From State CHAPEL LAWN CEMETERY											
26. Was Coroner Contacted?	27.	Name And Comp	lete Address Of Funeral	Facility					27a, Funera	Hame License Number.	
☐ Yes ⊠ No	ELI	MWOOD CH	IAPEL 11300 W.	97TH LN.; ST.JOH	N, INDIANA 463	73			1990005	2	
27b. Signature Of Indiana Fu	61	ee: HEEUS	Au				1	icense Namber (Of Lic 920007 7	ensee)		
				Cause Of Death (So	eliustructions A	nd Examp	les)		Ca	ncer	
28. Part Lifetier 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 Hidday, Do Not Abbreviate, Enter Only One Cause On Interval: Onset											
A Line. Add Additional Lines if Necessary.											
Immediate Cause (Final Disease Or Condition Resulting In Death Our To (Cr Ac A Consequence On:											
Sequentially List Conditions, if Any, Leading To The Cause Listed On											
Line A. Enler The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Dealth) Last											
				D. VerrillAD	IANA	Due To (Or A	S A CONSPICIENCE OTI:				
Part II . Enler Other Significan	Conditions Contril	buting To Death I	Bul Not Resulting In The			1 29. YVas A	M Autopsy Performed?	□Yes 🕅	lo		
				-1884-1	4 797	30, Viete	Autopsy Findings Available	To Complete The Cau	se OI Death?	☐ Yes ☐ No — -	
31, Did Tobacco Use Contrib	ne To Death?		Female:				33. Manne	r Of Death:			
☐ Yes ☐ Probably ☐ No Dail	eknown	E No	ot Pregnant Within Past Year	[] Pregnant At Time Of Death I Days To 1 Year Boton Death I	I 'Not Pregnant, But Pregna. TUnknown it Prices at 1986.	ni Within 42 Days	Of Death 11 Maturel D	☐ Horrécide ☐ Accident, [☐ Could Not Be Determined] Pending Investigat	on	
34. Date Of Injury (Month/Da	y(Yezr)		Time Of Injury				Construction Site, Restau	La Could Not Be Esterained Heart, Wooded Area)	37.	Injury At Work?	
=-				12	willian); si					☐ Yes ☐ No	
38. Location Of Injury - State		383,	City Ot Town	366. 8	greet & Number	158	-	38c. Apt.	No. 364, 2	ip Code	
					VIN PO	iga.	:				
39 Describe How Injury Occur	Ted ·						-40. If T	ransportation Inj	ury, Specify:		
		>	71	22.10	FFICIAL		Driver	Operator 🗆 Passenger 🗗	•	*	
41. Signature, Or Person Certainty-Character (Check Only One) Certifying Physician Coroner Health Officer											
1		- 1		ev	11.53 11. 12. 1		r 1 - 41	License Number	45 Day	: Certified	
43. Name, Address And Z	ip Code Of Perso	n Certifying Ca	ause Of Death:	1 . 63	E Go Ai	, 4	6321 "	712(13)3: 1	2	1251,0	
water ta	191	CE C	olumbia	LANC SU	es Mu	nskr	1/01	איסצטונ	7 16	100/10	
46. Additional Funeral Service	e Provider.	,				•	47.	*Akas:		1	
48. Signature of Local Health	Officer.				49. For Registra	f Only - Date i	Filed (Month/Day/Year):				
.5	n Western W	06	Sent. D.	9 .			C Tolus	27,20	10		
							1 VAMO	<i>ن کیے یا ح</i>	10		