S

## SURVIVORSHIP AFFIDAVIT

SHERRY P. SURY, being duly sworn upon her oath, deposes and says:

That JAMES F. SURY and SHERRY P. SURY, husband and wife, obtained title to the below described real estate by Warranty Deed:

Lot Number Sixty-Five (65), Homestead Acres Third (3<sup>rd</sup>) Addition to the Town of St. John, Lake County, Indiana.

Tax Key#: 45-11-32-404-014.000-035 Commonly Known As: 11703 West 97<sup>th</sup> Avenue, St. John, IN 46373

- 2. That the marital relationship which existed between JAMES F. SURY and SHERRY P. SURY at the time they acquired title to said real estate remained in effect and unbroken until MARCH 22, 2019, the date of JAMES F. SURY'S death.
- That JAMES F. SURY passed away on MARCH 22, 2019, thus leaving his wife, SHERRY P. SURY, as surviving owner in fee simple of the subject real estate. (See Certificate of Death for James F. Sury attached as **Exhibit "A"**).
  - 4. 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.

SHERRY P. SURY, Affiant

STATE OF INDIANA	)
COUNTY OF LAKE	)
C 1 '1 1 1	

Subscribed and sworn to before me, a Notary Public, this 10th day of 2019.

Notary Public - Printed Name

My Commission Expires: 4.16.24

County of Residence: \_\_ake

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.

Randy H. Wyllie, Attorney

This Instrument Prepared by: Randy H. Wyllie, Wieser & Wyllie, LLP, 429 West Lincoln Highway, Schererville, IN 46375

JUN 1 2 2019

041753

JOHN E. PETALAS LAKE COUNTY AUDITOR \$ 25°° \#5492

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 190030

Local No 9010	)52 E	EDR No 00000700300			State No 013953  2. Sex   3. Time Of Death   4. Date Of Death (Month/Day/Year)				
JAMES FRANCIS SURY	-   - 11	100 0000   General State   Gen	The second secon	MAL	E 06	:40 AM		03/22/2019	
	b, Under 1 Year 6c. Under 1 Mo	onth 6d. Under 1 Day Hours	6e. Under 1 Hour 7.	Date of Birth (Mont	1011211	Birthplace (City	11,111	r Foreign Country)	
The second secon	Occurred In A Hospital:	Pious	10a. If Death Occurred	06/01/19 Somewhere Other T  Decedent's Hom	han A Hospital	OTALIS AMAZIS	and the second	March School School	
<ul> <li>✓ Yes ☐ No ☐ Unknown ☐ Inpatient</li> <li>11. Facility Name (If Not Institution, Give Street a</li> </ul>	☐ Emergency Department Outpal	tient Dead on Arriva		Z coodanio non	To the second	, identification of the control of t	March Jalya March Jalya	Property Statement Co.	
11703 WEST 97TH LANE 12. City Or Town, State, And Zip Code	American Samuel		13. County Of De	eath-		14. Marital Stat	us At Time	Of Death	
ST. JOHN, IN, 46373 15. Surviving Spouse's Name		15a. Last Name Before F	LAKE First Marriage	16, Deceder	nt's Usual Occupa	☐ Widowed	☐ Neve	ut Separated Divorced r Married Dunknown Of Business/Industry	
SHERRY SURY 18, Residence - State	18a. County	GRYS	18b. City Or Town	CARPEN	TER		UNION	LOCAL 599	
INDIANA	LAKE	The House	ST. JOHN			11.	Total Control	Account Transmit Transmit Account Transmit Transmit Account Transmit Transmit Account Transmit Transmit Account Transmit Transmit Account Transmit Transmit Transmit Account Transmit Transmit Transmit Transmit Account Transmit Tr	
18c. Street And Number 11703 WEST 97TH LANE			The second secon		18d. Apt. No.	18e. Zip (	I mine	18f. Inside City Limits?  ☑ Yes ☐ No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR	20. Decedent Of Hi	spanic Origin	21. Dece	dent's Race		463	,73	The second secon	
COMPLETED  22. Parent's Name (First, Middle, Last)	NOT HISPAN	IIC .	White 23. Parent's Name (First,	Middle Last)		23a Pa	rent's Last	Name Before First Marriage	
STANLEY SURY 24. Informant's Name	24a, Relationsh	nip To Decedent	AGNES SURY		ity State Zin Co	KAZO	ОСНА	Control   Contro	
SHERRY SURY	WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 11703 WEST 97TH LANE, ST. JOHN, IN 46373						
	cases, Injuries, Or Complications or Ventricular Fibrillation Withou on Resulting In Death)  To The Cause Listed On	Cause Of Death (Sei - That Directly Caused t Showing The Etiology	e Instructions And Exar The Death. Do Not Ente . Do Not Abbreviate. Ente DIAL INFARCTION	27c FD mples)	on:	r (Of Licensee):	FH199	Approximate Interval: Onset To Death  MINUTES	
CONTROL OF AMERICAN STREET, ST	D		Due	to (Or As A Consequence C	οή:	Control   Indicate	interpret	Company of the compan	
Technical Actions Services Ser	ting to Death But Not Resulting In T		Francisco & Francisco & Francisco	Was An Autopsy P	ding Available To	exellenced	⊠ No ause Of Dea	<sup>th?</sup> ☐ Yes ☐ No	
31. Did Tobacco Use Contribute To Death?  ☐ Yes ☐ Probably ☒ No ☐ Unknown  34. Date Of Injury (Month/Day/Year).  38. Location Of Injury - State	32. If Female:  Not Pregnant Within Past Year  Not Pregnant, But Pregnant 4 Da  35. Time Of Injury  38a. City Or Town	rys To 1 year Before Death A Place THE PI 36 Place LAKE COUNTY	AND AND ADDRESS OF THE PROPERTY OF THE PARTY	e Past Year t's Home, Construct	☐ Suicide ☐	Homicide	termined ) 37.	Pending Investigation Injury At Work? Yes No	
39. Describe How Injury Occurred					40. If Transport	ation Injury, Spec	ify:	D'UNLESS	
41. Signature, Of Person Certifying Cause Of Dei MARK STEPHEN RYBCZYNSKI 43. Name, Address And Zip Code Of Person Certi MARK STEPHEN RYBCZYNSKI 46. Additional Funeral Service Provider:	, BY ELECTRONIC SIGNING Cause Of Death:	- LAKE COUN	IN 46373	☑ Certi	fier (Check Only fying Physician 44. Licen 020010 47. *Aka	Coroner Se Number		Health Officer Date Certified 03/22/2019	
48, Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELE			TE OF DEATH (ENTRY (	Access 1 Access 1	istrar Only - Dai	MAR 25 2			
A community of the comm		Exhic	St 11Ac						