2019 037499

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 JUN 21 AM 11:46

MICHAEL B. BROWN RECORDER

RETURN RECORDED DOCUMENT TO: JAMES VARGO 1303 W 61ST PLACE MERRILLVILLE, IN 46410 ADDRESS OF PROPERTY: 1303 W 61ST PLACE MERRILLVILLE, IN 46410 PARCEL # 45-12-09-126-003.000-030

AFFIDAVIT OF SURVIVORSHIP

Comes now JAMES VARGO, being duly sworn upon oath, states as follows:

Your Affiant, JAMES VARGO, is the owner in fee simple of the following-described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 138 in Englehart's Country Club Manor, as per plat thereof, recorded in Plat Book 25, page 75, in the Office of the Recorder of Lake County, Indiana.

Property Address: 1303 W 61st Place, Merrillville, IN 46410 PARCEL # 45-12-09-126-003.000-030

JAMES VARGO and the Decedent, Barbara Vargo, were husband and wife at the time they acquired title to said real estate, as tenants by the entireties, by deed of conveyance.

The marital relationship which existed between this Affiant and Barbara Vargo, his wife, continued unbroken from the time they so acquired title to said real estate until the death of Barbara Vargo on June 3, 2019, at which time this Affiant acquired title to the real estate as surviving tenant by the entireties.

The gross value of the decedent's estate was less than the value required for the filing of Federal Estate Taxes and was not subject to Indiana Inheritance Tax.

The statements made in this Affidavit are true and complete to the best knowledge, information and belief of the Affiant.

FILED

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JUN 2 1 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR



Further Affiant saith not.
JAMES VARGO, Affiant
STATE OF INDIANA)) SS:
COUNTY OF PORTER)
Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared JAMES VARGO, Affiant, and acknowledged the execution of said Affidavit to be his voluntary act and deed for the uses and purposes expressed therein.
WITNESS MY HAND AND SEAL this <u>10</u> day of <u>June</u> , 2019.
ROBERT G. SKADBERG, JR. Notary Public, State of Indiana Porter Country Commission # NP0826173 My Commission Expires May 03, 2027 Notary Public
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
THIS INSTRUMENT PREPARED BY: Robert G. Skadberg, Jr. Counsel of CARR SKADBERG & KAZMIERCZAK LLC 57 Michigan Ave. #101, Valparaiso, IN 46383 219-230-3600



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 197303

1. Sports personal business 25. Age; 17. 26. United 17 times 26. United 15 times 27. Dear Silbert Annual 26. Age; 17. 26. United States 27.	BARBARA J VARGO 5. Social Security Number 6a. Age - Yrs 6b. Ur. 311-50-7509 71 Months 9. Ever in U.S. Armed Forces? 10. If Death Occurr Yes No Unknown Inpatient E 11. Facility Name (If Not Institution, Give Street and Not 1303 WEST 61ST PLACE 12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410 15. Surviving Spouse's Name JAMES D. VARGO 18. Residence - State INDIANA 18c. Street And Number 1303 WEST 61ST PLACE 19. Decedent's Education HIGH SCHOOL GRADUATE OR GE COMPLETED	s red in A Hosp Emergency Doumber)	Days ital: epartment Outpatient 15a County E	DAVIS ed. Under 1 Day Hours Dead on Arrival Last Name Before F	6e. Under 1 Hour Minutes 10a. If Death Occu	rred Some	of Birth (Month/D 08/30/1947 where Other Than ecedent's Home	ayrYear) 8. B GA A Hospital □ Nursing Ho Usual Occupatio	ARY, IN Deme/Long-term 4. Marital Stat Married Widowed	tus At Time Married, B Neve 17. Kind	or Foreign Country) lity Of Death Sut Separated Divorce er Married Unknown Of Business/Industry OCO 18f. Inside City Limits?
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41. Signature, Of Person Certifying Cause Of Death: OBAID SHAFIQ, BY ELECTRONIC SIGNATURE THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE OBAID SHAFIQ, 85 E. US HIGHWAY 6, VALPARAIS ON MASSEALTH DEPARTMENT 48. Signature of Local Health Officer: 49. For Registrar Only - Date Filed (Month/Day/Year):	38. Location Of Injury - State	38a. City Or	r Town	38b. St	reet & Number			111515	38c. Apt. N	0. 38	3d. Zip Code
OBAID SHAFIQ BY ELECTRONIC SIGNATURE 3. Name, Address And Zip Code Of Person Certifying Cause Of Death THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE OBAID SHAFIQ 85 E. US HIGHWAY 6, VALPARAIS ON 1638 € ALTH DEPARTMENT 46. Additional Funeral Service Provider: 47. *Agas: 18. Signature of Local Health Officer: UN 14. License Number 45. Date Certified 46. Doi: 10.070252B 06/03/2019 47. *Agas: 18. Signature of Local Health Officer: 48. For Registrar Only - Date Filed (Month/Day/Year):	39. Describe How Injury Occurred	EEE				引起). If Transportat Driver/Operator	on Injury, Spe	cify;	D'UNLESS
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