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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 037499

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 21 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$ 25.00
CC
AB

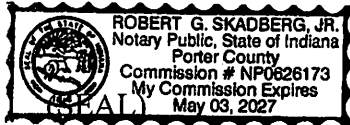
Further Affiant saith not.

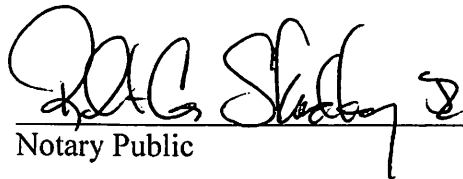

JAMES VARGO, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

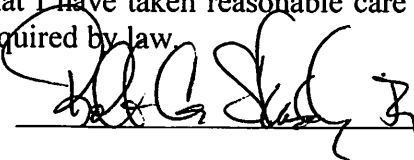
Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared JAMES VARGO, Affiant, and acknowledged the execution of said Affidavit to be his voluntary act and deed for the uses and purposes expressed therein.

WITNESS MY HAND AND SEAL this 20 day of June, 2019.




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

Local No 902004

EDR No 000000713492

State No 027027

1. Decedent's Legal Name (First, Middle, Last) BARBARA J VARGO				1a. Maiden Name (If female) DAVIS		2. Sex FEMALE	3. Time Of Death 03:33 AM	4. Date Of Death (Month/Day/Year) 06/03/2019			
5. Social Security Number [REDACTED]	6a. Age - Yrs 71	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) 08/30/1947		8. Birthplace (City and State or Foreign Country) GARY, IN			
9. 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 type="checkbox"/> Hospice Facility <input checked="" 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) 1303 WEST 61ST PLACE						12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410		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 JAMES D. VARGO			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation CHIEF OPERATOR		17. Kind Of Business/Industry BP AMOCO			
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town MERRILLVILLE			18d. Apt. No.	18e. Zip Code 46410	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 1303 WEST 61ST PLACE		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White					
22. Parent's Name (First, Middle, Last) VIRGIL VARGO				23. Parent's Name (First, Middle, Last) NORMA DAVIS			23a. Parent's Last Name Before First Marriage KLECKNOR				
24. Informant's Name JAMES D VARGO			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 1303 WEST 61ST PLACE, MERRILLVILLE, IN 46410						
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) CHAPEL LAWN CEMETERY			25c. Location - City, Town, And State SCHERERVILLE, IN						
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME (CROWN POINT), 10101 BROADWAY, CROWN POINT, IN 46307						27a. Funeral Home License Number: FH83002445			
27b. Signature Of Indiana Funeral Service Licensee: JAMES E. BURNS, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700059					
Cause Of Death (See Instructions And Examples)										Approximate Interval: Onset To Death	
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.											
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. CREUTZFELDT-JAKOB DISEASE			Due to (Or As A Consequence Of)			MONTHS		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last											
B. _____			C. _____			D. _____					
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 checked="" 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 Death <input type="checkbox"/> Unknown If 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)		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		38a. City Or Town		38b. Street & Number			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: OBAID SHAFIQ, 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: OBAID SHAFIQ, 85 E. US HIGHWAY 6, VALPARAISO, IN 46389						44. License Number 01070252B		45. Date Certified 06/03/2019			
46. Additional Funeral Service Provider:						47. *As:					
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 04 2019					

**THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
INDIANA STATE DEPARTMENT OF HEALTH**

JUN 04 2019

LAKE COUNTY HEALTH OFFICER

NOT VALID UNLESS