

2019 056636

2019 AUG 21 AM 10:45

MICHAEL B. BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-07-18-484-016.000-027

DAVID A. VRBANICH, being first duly sworn upon oath, deposes and says:

1. That Affiant's wife, JULIA E. VRBANICH, died on April 22, 2019 at Munster, Lake County, Indiana.
2. That DAVID A. VRBANICH AND JULIA E. VRBANICH were duly and legally married at the time they acquired title and at the time of his death as Husband and Wife in the following described real estate:

LOT 42, BOLING GREEN THIRD SUBDIVISION, IN THE TOWN OF MUNSTER, AS SHOWN IN PLAT BOOK 37, PAGE 97, IN LAKE COUNTY, INDIANA.

Commonly known as: **1429 RIVER DR., MUNSTER, IN 46321**

3. 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.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. 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.

FURTHER, your Affiant saith naught.

David A. Vrbnich
DAVID A. VRBANICH

STATE OF Indiana, COUNTY OF Lake SS:

Before me, the undersigned, a Notary Public in and for said county and state this 16th day of August, 2019, personally appeared DAVID A. VRBANICH, and acknowledged the execution of the foregoing Affidavit. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

Commission Number: 0699646

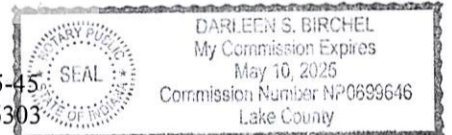
My Commission Expires: 5/10/25

County of Residence: Lake



Darleen S. Birchel
Signature

Printed Darleen S. Birchel, Notary Public



This instrument prepared by:

NATHAN D. VIS, Attorney at Law, ID No. 29535-45
VIS LAW, LLC, P.O. Box 980, Cedar Lake, IN 46303

No legal opinion given to Grantor(s) or Grantee(s) in preparation of deed or form of holding ownership. All information used 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.

Nathan D. Vis
Signature

Darleen S. Birchel
Printed

COMMUNITY TITLE COMPANY
FILE NO. 1916989

FILED

AUG 21 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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CK 11067
D
27937



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 193602

Local No 901466

EDR No 00000706129

State No 019763

1. Decedent's Legal Name (First, Middle, Last) JULIA E VRBANICH				1a. Maiden Name (if female) IDZIK		2. Sex FEMALE	3. Time Of Death 12:20 AM	4. Date Of Death (Month/Day/Year) 04/22/2019	
5. Social Security Number [REDACTED]		6a. Age - Yrs 98	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) 08/17/1920		8. Birthplace (City and State or Foreign Country) EAST CHICAGO, 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"/> Died on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input checked="" type="checkbox"/> Hospice Facility <input 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation METALLURGICAL TECHNICIAN		17. Kind Of Business/Industry STEEL	
18. Residence - State INDIANA		18a. County LAKE			18b. City Or Town MUNSTER				
18c. Street And Number 1429 RIVER DRIVE						18d. Apt. No.	18e. Zip Code 46321	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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) JOHN IDZIK				23. Parent's Name (First, Middle, Last) ANNA IDZIK			23a. Parent's Last Name Before First Marriage LORENC		
24. Informant's Name DAVID VRBANICH			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 1429 RIVER DRIVE, MUNSTER, IN 46321				
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) HOLY CROSS CEMETERY			25c. Location - City, Town, And State CALUMET CITY, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321					27a. Funeral Home License Number: FH10700038		
27b. Signature Of Indiana Funeral Service Licensee: SALLY A. SZUMSKI, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700071			
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. END STAGE RENAL DISEASE									Approximate Interval Onset To Death 2 YEARS
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									
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			
CHRONIC DIASTOLIC HEART FAILURE DUE TO AORTIC STENOSIS						30. Were Autopsy Findings 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input 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									
41. Signature. Of Person Certifying Cause Of Death: LEONARD JOSEPH BUCCELLATO, BY ELECTRONIC SIGNATURE						42. Signature Of Person Certifying Cause Of Death (Check Only One): <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: LEONARD JOSEPH BUCCELLATO, 761 45TH STREET, 108, MUNSTER, IN 46321						44. License Number 01058760A		45. Date Certified 04/24/2019	
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) APR 24 2019			



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
APR 26 2019
LAKE COUNTY HEALTH DEPARTMENT

NOT VALID UNLESS