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SURVIVORSHIP AFFIDAVIT

ROBERT J. PHARAZYN, being duly sworn upon his oath, deposes and says:

- 1. That **KIMBERLY A. PHARAZYN** and **ROBERT J. PHARAZYN**, husband and wife, obtained title to the below described real estate by Warranty Deed recorded on September 2, 2005, as Document No. 2005-078694:

Lot 44 in Camden Woods, an Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 97 page 13, in the Office of the Recorder of Lake County, Indiana.

Tax Key#: 45-11-14-329-013.000-036
Commonly Known As: 7368 Winchester Lane, Schererville, IN 46375

- 2. That the marital relationship which existed between **KIMBERLY A. PHARAZYN** and **ROBERT J. PHARAZYN** at the time they acquired title to said real estate remained in effect and unbroken until **MAY 24, 2019**, the date of **KIMBERLY A. PHARAZYN'S** death.

- 3. That **KIMBERLY A. PHARAZYN** passed away on **MAY 24, 2019**, thus leaving her husband, **ROBERT J. PHARAZYN**, as surviving owner in fee simple of the subject real estate. (See Certificate of Death for Kimberly A. Pharazyn attached as Exhibit "A").

FILED

- 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.

JOHN E. PETALAS
LAKE COUNTY AUDITOR

003257



[Signature]

ROBERT J. PHARAZYN, Affiant

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 14th day of August, 2019.

[Signature]
Notary Public - Printed Name

My Commission Expires: 4-15-24
County of Residence: Lake

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]
Randy H. Wyllie, Attorney



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

\$25.00
V# 5546
[Signature]

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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 197157

Local No 901985

EDR No 00000712051

State No 026830

1. Decedent's Legal Name (First, Middle, Last) KIMBERLY A PHARAZYN				1a. Maiden Name (If female) ROSSI		2. Sex FEMALE	3. Time Of Death 06:17 AM	4. Date Of Death (Month/Day/Year) 05/24/2019	
5. [REDACTED]	6a. Age - Yrs 51	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) 07/05/1967		8. Birthplace (City and State or Foreign Country) HARVEY, IL	
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 checked="" 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 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) COMMUNITY HOSPITAL									
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321				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 ROBERT PHARAZYN			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation HAIR STYLIST		17. Kind Of Business/Industry SALON	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town SCHERERVILLE			18c. Street And Number 7368 WINCHESTER LANE		18d. Apt. No.
18e. Zip Code 46375		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White	
22. Parent's Name (First, Middle, Last) ROY ROSSI			23. Parents Name (First, Middle, Last) JANE ROSSI			23a. Parent's Last Name Before First Marriage TOKARZ			
24. Informant's Name ROBERT PHARAZYN			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 7368 WINCHESTER LANE, SCHERERVILLE, IN 46375				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) ELMWOOD CHAPEL CREMATORY		25c. Location - City, Town, And State CEDAR LAKE, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373					27a. Funeral Home License Number: FH19900052		
27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE						27c. License Number Of Licensee: FD09200077			
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. COLON CANCER Due to (Or As A Consequence Of): B. Due to (Or As A Consequence Of): C. Due to (Or As A Consequence Of): D. Approximate Interval: Onset To Death 18 MONTHS									
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (Event 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 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 checked="" 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) NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: MOHAMAD KASSAR, 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: MOHAMAD KASSAR, 10110 DONALD POWERS DRIVE, MUNSTER, IN 46321						44. License Number 01064684A		45. Date Certified 06/03/2019	
46. Additional Funeral Service Provider: LAKE COUNTY HEALTH OFFICER						47. *Akas:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 03 2019			

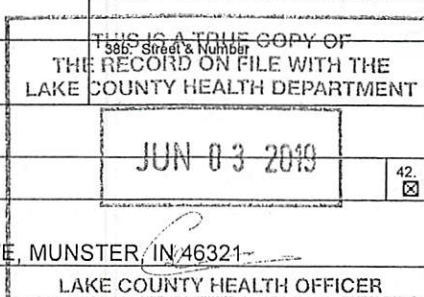


Exhibit "A"