

2019-076011

2019 Nov 5

10:07 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

SURVIVORSHIP AFFIDAVIT

4

STATE OF IN
COUNTY OF Lake

File No.: FNW1904548-DS
Case No.:

Comes now Albert Louis aka Albert James Louis, who being duly sworn upon his/her oath, deposes and says:

That, Albert Louis aka Albert James Louis is the surviving son of Albert James Yanuzzi aka Albert Yanuzzi, deceased who died domiciled in Lake County, Indiana, on September 30, 2019.

That Albert Louis aka Albert James Louis and Albert James Yanuzzi aka Albert Yanuzzi acquired title to certain real estate as Joint Tenants with Rights of Survivorship, said real estate being described as follows:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

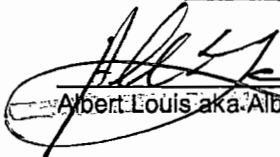
Affiant states that Albert Louis aka Albert James Louis and Albert James Yanuzzi aka Albert Yanuzzi continued to own said real estate together as Joint Tenants with Rights of Survivorship continuously from the date they took title to the above described real estate, until the date of Albert James Yanuzzi aka Albert Yanuzzi's death.

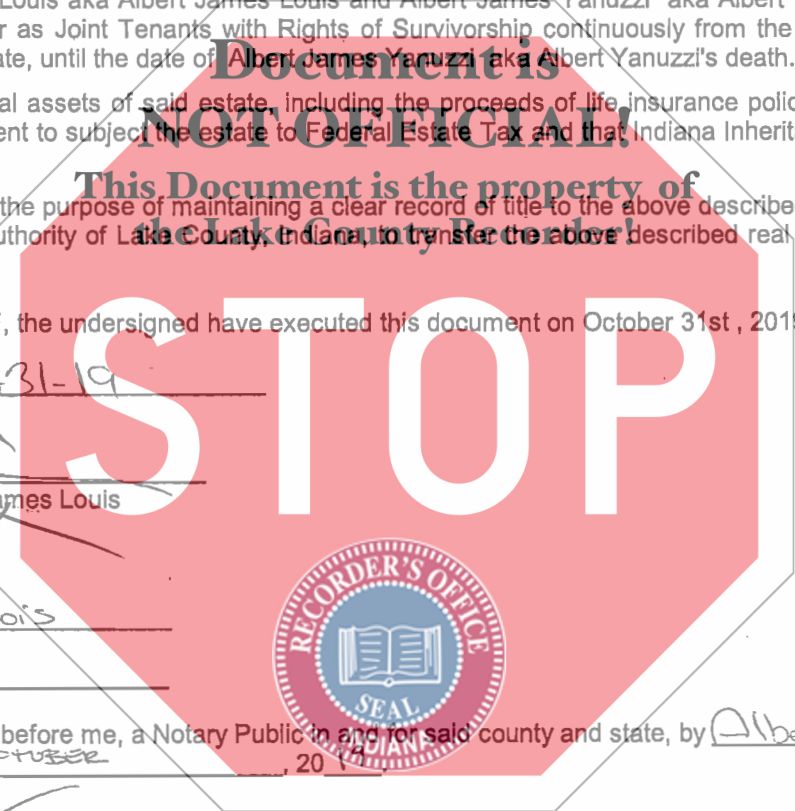
Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above described real estate to Albert Louis aka Albert James Louis

IN WITNESS WHEREOF, the undersigned have executed this document on October 31st, 2019.

Executed: 10-31-19

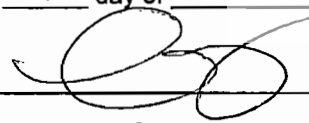

Albert Louis aka Albert James Louis



STATE OF Illinois

COUNTY OF Wau

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Albert Louis aka Albert James Louis this 31 day of October, 2019


Notary Public Pamela S. Ostapkowicz
Resident of Wau County
My Commission expires: 2/16/2020



Affidavit (Survivorship)
IND1079.doc / Updated: 08.31.17

FIDELITY NATIONAL
TITLE COMPANY

Printed: 10.30.19 @ 04:06 PM by DS
IN-FT-FIDS-01040.246347-FNW1904548

FILED

NOV 05 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

043787

FNW1904548

1820704307

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SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by:
Albert Louis aka Albert James Louis

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law

Dawn Stanley.

Return to: Albert Louis aka Albert James Louis

22 W345 Teakwood Dr

Glen Ellyn, IL 60131



EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-07-22-402-031.000-026

THE SOUTH 42.0 FEET, BY PARALLEL LINES, OF LOT 13 IN SANDALWOOD SUBDIVISION, PHASE 1, AN ADDITION TO THE TOWN OF HIGHLAND, INDIANA, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 82 PAGE 91 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 209399

Local No 903547

EDR No 00000734405

State No

1. Decedent's Legal Name (First, Middle, Last) ALBERT JAMES YANUZZI				2. Sex MALE		3. Time Of Death 09:56 AM		4. Date Of Death (Month/Day/Year) 09/30/2019	
5. Social Security Number		6a. Age - Yrs 84		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) 07/31/1935		8. Birthplace (City and State or Foreign Country) CHICAGO, 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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility		10b. Other (Specify)			
11. Facility Name (If Not Institution, Give Street and Number) HARTSFIELD CARE CENTER				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 BOILERMAKER		17. Kind Of Business/Industry UNION	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HIGHLAND		18c. Apt. No.		18d. Zip Code 46322	
18e. Street And Number 8546 ORCHARD DRIVE		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) LOUIS YANUZZI				23. Parent's Name (First, Middle, Last) MARY YANUZZI				23a. Parent's Last Name Before First Marriage GALLICHO	
24. Intermarriage Name ALBERT JAMES LOUIS		24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 22 WEST 32nd STREET WOOD DRIVE, GLEN ELLEN, IL 60137		25. Place Of Disposition AQUAGREEN DISPOSITIONS SOUTH HOLLAND, IL			
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify)		25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place)		25c. Location - City, Town, And State					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility RIDGELAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46405				27a. Funeral Home License Number FH10200097			
27b. Signature Of Indiana Funeral Service Licensee JOSE G FLORES, BY ELECTRONIC SIGNATURE				27c. THIS IS AN ORIGINAL COPY OF FILED WITH THE LAKE COUNTY HEALTH DEPARTMENT					
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 On A Line. Add Additional Lines If Necessary.				28a. Cause Of Death (See Instructions And Examples) ACUTE MYOCARDIAL INFARCTION		28b. Date Of Death OCT 02 2019		Approximate Interval: Onset To Death MINUTES	
28c. Immediate Cause (Final Disease Or Condition Resulting In Death)				28d. Due to (Or As A Consequence Of)		28e. Due to (Or As A Consequence Of)		28f. Due to (Or As A Consequence Of)	
28g. 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				28h. Due to (Or As A Consequence Of)		28i. Due to (Or As A Consequence Of)		28j. Due to (Or As A Consequence Of)	
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 checked="" 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"/> Pregnant 8 Months 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)			
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 checked="" 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 Transporting Injury, Specify <input type="checkbox"/> Overboard <input checked="" type="checkbox"/> NO INVALID UNLESS					
41. Signature, Of Person Certifying Cause Of Death ASHIR WAHAB, BY ELECTRONIC SIGNATURE				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number 01067982A		45. Date Certified 10/02/2019	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death ASHIR WAHAB, 1573 N. CLINE AVENUE, GRIFFITH, IN 46319				47. State LAKE		49. For Registrar Only - Date Filed (Month/Day/Year) OCT 02 2019			
48. Signature of Local Health Officer CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					

