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Affidavit of Survivorship

State of Indiana

2019-080955

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

County of Lake

2019 Nov 22

12:22 PM

I Terry Shocaroff, residing at 8050 Chapel Drive, Merrillville, Indiana 46410, being of legal age, depose and say that:

- On October 09, 2018, by quit claim deed recorded in Book/Volume 1184, Page 173-174, of the Lake County records as document number 355394 ("the Deed"), the Affiant and Mary Shocaroff and Dana Shocaroff become owners of the following legally described property:

Parcel 1: Lot 26, except therefrom 3 feet on the Northeast side of said lot measured by a line parallel to said Northeast side lot line) in Chapel Manor, Section Two, as shown in Plat Book 33, page 60, in Lake County, Indiana. Parcel 2 : An easement to go over, upon and across 3 feet on the Northeast side of Lot 26 measured by a line parallel to said Northeast side lot line in Chapel Manor, Section Two, as shown in Plat book 33, page 60, in Lake County, Indiana.

- Affiant and Mary Shocaroff and Dana Shocaroff own the property in joint tenancy with right of survivorship.

- On December 15, 2018 and December 26, 2018 Mary Shocaroff and Dana Shocaroff, died, thereby terminating Mary Shocaroff and Dana Shocaroffs interest in the above-described real property. A certified copy of the death certificates of Mary Shocaroff and Dana Shocaroff is attached hereto as Exhibit A.

Oath or Affirmation

I certify under penalty of perjury under Indiana law that I know the contents of this affidavit signed by me and that the statements are true and correct.

FILED

NOV 22 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

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25.00
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AR

Terry Shocaroff

11-22-2019

Terry Shocaroff

Date

STATE OF INDIANA, COUNTY OF LAKE, ss:

This Affidavit was acknowledged before me on this 22nd day of November, 2019 by Terry Shocaroff, who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters stated herein are true to the best of his/her information, knowledge and belief.



Melissa Shocaroff
Notary Public

Nataya
Title (and Rank)

My commission expires February 3, 2021





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

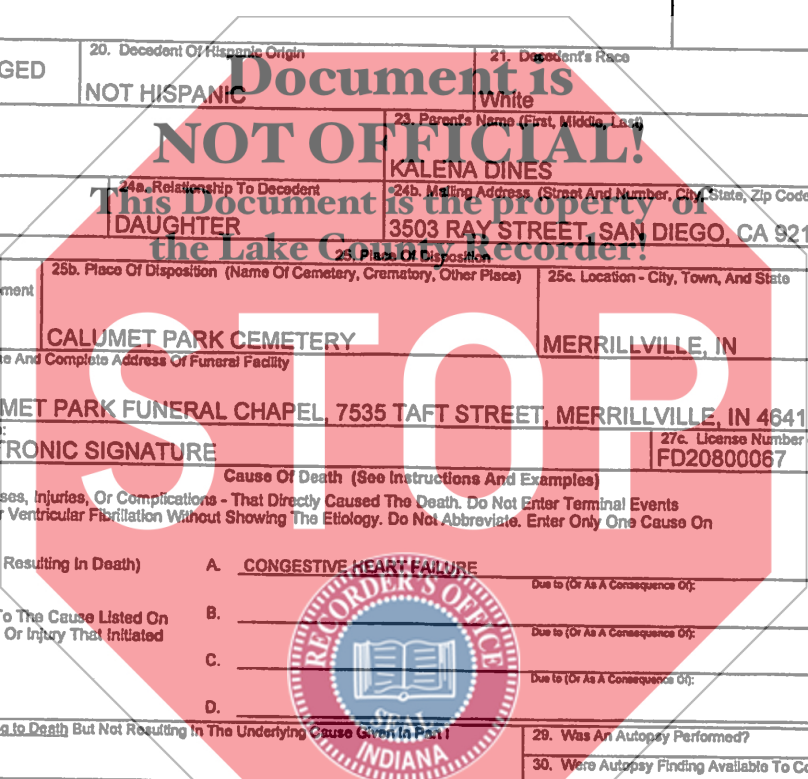
Tracking No. 180415

Local No 904290

EDR No 00000682225

State No 062368

1. Decedent's Legal Name (First, Middle, Last) MARY A SHOCAROFF				1a. Maiden Name (If female) DINES		2. Sex FEMALE	3. Time Of Death 07:16 PM	4. Date Of Death (Month/Day/Year) 12/15/2018	
5. Social Security Number [REDACTED]	6a. Age - Yrs 93	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) 09/02/1925		8. Birthplace (City and State or Foreign Country) SKOPJE, MK	
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) METHODIST HOSPITAL SOUTHLAKE MERRILLVILLE									
12. City Or Town, State, And Zip Code MERRILLVILLE, IN, 46410-7099					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 RUBBER CUTTER		17. Kind Of Business/Industry FABRICATION		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town MERRILLVILLE		18d. Apt. No.		18e. Zip Code 46410
18c. Street And Number 8050 CHAPEL 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) ANASTAS DINES			23. Parent's Name (First, Middle, Last) KALENA DINES			23a. Parent's Last Name Before First Marriage TURPOFF			
24. Informant's Name DANA SHOCAROFF			24a. Relationship To Decedent DAUGHTER		24b. Mailing Address (Street And Number, City, State, Zip Code) 3503 RAY STREET, SAN DIEGO, CA 92104				
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) CALUMET PARK CEMETERY			25c. Location - City, Town, And State MERRILLVILLE, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility CALUMET PARK FUNERAL CHAPEL, 7535 TAFT STREET, MERRILLVILLE, IN 46410						27a. Funeral Home License Number: FH10400032	
27b. Signature Of Indiana Funeral Service Licensee: RAQUEL A. SANTOS, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD20800067							
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. <u>CONGESTIVE HEART FAILURE</u> Due to (Or As A Consequence Of): _____ 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 B. _____ Due to (Or As A Consequence Of): _____ C. _____ Due to (Or As A Consequence Of): _____ D. _____									
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I HYPERTENSION									
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) LAKE COUNTY DEPARTMENT OF HEALTH			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: ANGELIQUE D BROWN, 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 01045670A		45. Date Certified 12/20/2018	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: ANGELIQUE D BROWN, 8777 BROADWAY STE C, MERRILLVILLE, IN 46410				46. Additional Funeral Service Provider:		47. *AKA:			
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE				49. For Registrar Only - Date Filed (Month/Day/Year): DEC 20 2018					



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

CERTIFICATE OF DEATH

3201837022300

STATE AND FEDERAL REGISTRATION NUMBERS		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST IS only DANA		2. MIDDLE MARIE	
3. LAST (Family) SHOCAROFF		4. DATE OF BIRTH (month/day/year) 10/10/1955	
5. AGE (years) 63		6. SEX F	
7. DATE OF DEATH (month/day/year) 12/26/2018		8. HEALTH (day-month-year) 2035	
9. BIRTH STATE OR FOREIGN COUNTRY IN		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		12. MARITAL STATUS (M) or (W) or (D) or (S) NEVER MARRIED	
13. EDUCATION - Highest Level (Elementary, High School, College, Postgraduate) BACHELOR		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? (If yes, no number or race) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
15. USUAL OCCUPATION - Type of work by kind of job. DO NOT USE RETIRED		16. DECEASED'S RACE - Use to check only on label (see instruction on back) WHITE	
17. USUAL OCCUPATION - Type of work by kind of job. DO NOT USE RETIRED ESCROW MANAGER		18. KIND OF BUSINESS OR INDUSTRY (e.g. grocery store, retail merchant or wholesaler agency etc.) REAL ESTATE	
19. YEARS IN OCCUPATION 30		20. DECEDENT'S RESIDENCE (Street and number or location) 3503 RAY ST	
21. CITY SAN DIEGO		22. COUNTY (Province) SAN DIEGO	
23. ZIP CODE 92104		24. YEARS IN COUNTY 35	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP SAMANTHA MUFFETT, NIECE	
27. INFORMANT'S FULL ADDRESS (Street and number or railroad route, city or town, state and zip) 7147 W 800 S, UNION MILLS, IN 46382		28. NAME OF SURVIVING SPOUSE(SPOUSE) - First BORIS	
29. MIDDLE T		30. LAST (BIRTH NAME) SHOCAROFF	
31. NAME OF FATHER (Name of his) MARY		32. MIDDLE A	
33. LAST (BIRTH NAME) DINES		34. BIRTH STATE CANADA	
35. NAME OF MOTHER (Name of her) MARY		36. BIRTH STATE MACEDONIA	
37. DECEASED'S DATE (month/day/year) 01/03/2019		38. PLACE OF FINAL DISPOSITION RES. OF SAMANTHA MUFFETT 3355 N. LA JOLLA VILLAGE RD., SAN DIEGO, CA 92121	
39. TYPE OF DISPOSITION CRURES		40. SIGNATURE OF EMPLOYER (If not employed) NOT EMPLOYED	
41. NAME OF FUNERAL ESTABLISHMENT BALBOA CREMATION SERVICE		42. SIGNATURE OF EMBALMER WILMA J WOOTEN, MD MPH	
43. LICENSE NUMBER FD1370		44. SIGNATURE OF LOCAL REGISTRAR WILMA J WOOTEN, MD MPH	
45. LICENSE NUMBER FD1370		46. DATE (month/day/year) 01/03/2019	
47. PLACE OF DEATH OWN RESIDENCE		48. IF RESIDENT (Specify race) <input type="checkbox"/> CA <input type="checkbox"/> HI <input type="checkbox"/> IL <input type="checkbox"/> IN <input type="checkbox"/> MD <input type="checkbox"/> MI <input type="checkbox"/> MN <input type="checkbox"/> MO <input type="checkbox"/> NY <input type="checkbox"/> OH <input type="checkbox"/> OK <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> RI <input type="checkbox"/> TN <input type="checkbox"/> TX <input type="checkbox"/> VA <input type="checkbox"/> WI <input type="checkbox"/> WY <input type="checkbox"/> Other	
49. COUNTY SAN DIEGO		50. CITY SAN DIEGO	
51. ADDRESS (Street and number or location where all grounds rest and house of residence) 3503 RAY ST		52. CITY SAN DIEGO	
53. CAUSE OF DEATH UNSPECIFIED MALIGNANT NEOPLASM OF BILIARY TRACT		54. PERIODIC EXAMINATION (year) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. MANNER OF DEATH (Natural causes or other) UNSPECIFIED MALIGNANT NEOPLASM OF BILIARY TRACT		56. COPY PERFORMED? (1st) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
57. MANNER OF DEATH (Natural causes or other) UNSPECIFIED MALIGNANT NEOPLASM OF BILIARY TRACT		57. COPY PERFORMED? (2nd) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
58. MANNER OF DEATH (Natural causes or other) UNSPECIFIED MALIGNANT NEOPLASM OF BILIARY TRACT		58. COPY PERFORMED? (3rd) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
59. MANNER OF DEATH (Natural causes or other) UNSPECIFIED MALIGNANT NEOPLASM OF BILIARY TRACT		59. INTERVIEWING CAUSE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
60. OTHER CAUSE OF DEATH (Specify cause of death - If not reported in the above cause given in 53) CHOLANGIOCARCINOMA, UNSPECIFIED CARCINOMA OF LIVER, NEOPLASM RELATED PAIN		61. THIS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10? (If not reported, see item 10) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
62. THIS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 10? (If not reported, see item 10) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		63. SIGNATURE OF REGISTRAR ROBERT STEPHEN YUHAS M.D.	
64. LICENSE NUMBER G32144		65. DATE (month/day/year) 01/03/2019	
66. SIGNATURE OF REGISTRAR ROBERT STEPHEN YUHAS M.D.		67. SIGNATURE OF REGISTRAR ROBERT STEPHEN YUHAS M.D.	
68. DATE (month/day/year) 12/22/2018		69. DATE (month/day/year) 12/26/2018	
70. PLACE OF BIRTH (City, State and zip) 5301 OMAS SANTA FE DR STE O, SOLANA BEACH, CA 92075		71. PLACE OF BIRTH (City, State and zip) 5301 OMAS SANTA FE DR STE O, SOLANA BEACH, CA 92075	
72. DESCRIBE HOW INJURY OCCURRED (Specify when on job or in play)		73. HOUR OF DEATH 12:00	
74. LOG NUMBER (Health and number or other on card and on file)		75. SIGNATURE OF REGISTRAR WILMA J WOOTEN, MD MPH	
76. SIGNATURE OF REGISTRAR WILMA J WOOTEN, MD MPH		77. DATE (month/day/year) 1/4/2019	
78. TYPE, NAME, TITLE or POSITION/DEPUTY REGISTRAR WILMA J WOOTEN, MD MPH		79. TYPE, NAME, TITLE or POSITION/DEPUTY REGISTRAR WILMA J WOOTEN, MD MPH	
80. STATE REGISTRAR A		81. STATE REGISTRAR A	
82. STATE REGISTRAR B		83. STATE REGISTRAR B	
84. STATE REGISTRAR C		85. STATE REGISTRAR C	
86. STATE REGISTRAR D		87. STATE REGISTRAR D	
88. STATE REGISTRAR E		89. STATE REGISTRAR E	
90. STATE REGISTRAR F		91. STATE REGISTRAR F	
92. STATE REGISTRAR G		93. STATE REGISTRAR G	
94. STATE REGISTRAR H		95. STATE REGISTRAR H	
96. STATE REGISTRAR I		97. STATE REGISTRAR I	
98. STATE REGISTRAR J		99. STATE REGISTRAR J	
99. STATE REGISTRAR K		100. STATE REGISTRAR K	
101. STATE REGISTRAR L		102. STATE REGISTRAR L	
103. STATE REGISTRAR M		104. STATE REGISTRAR M	
105. STATE REGISTRAR N		106. STATE REGISTRAR N	
107. STATE REGISTRAR O		108. STATE REGISTRAR O	
109. STATE REGISTRAR P		109. STATE REGISTRAR P	
111. STATE REGISTRAR R		112. STATE REGISTRAR R	
113. STATE REGISTRAR S		113. STATE REGISTRAR S	
115. STATE REGISTRAR T		116. STATE REGISTRAR T	
117. STATE REGISTRAR V		117. STATE REGISTRAR V	
119. STATE REGISTRAR X		119. STATE REGISTRAR X	
121. STATE REGISTRAR Z		121. STATE REGISTRAR Z	

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STOP

County of San Diego - Health & Human Services Agency - 3851 Rosecrans Street, This is to certify that, if bearing the OFFICIAL SEAL OF THE STATE OF CALIFORNIA, the OFFICIAL SEAL OF SAN DIEGO COUNTY AND THEIR DEPARTMENT OF HEALTH SERVICES EMBOSSED SEAL, this is a true copy of the ORIGINAL DOCUMENT FILED. This copy not valid unless prepared on engraved border displaying seal and signature of Registrar

Wilma J. Wooten, M.D.

DATE ISSUED: 1/4/2019 WILMA J. WOOTEN, M.D., M.P.H.
 REGISTRAR OF VITAL RECORDS
 County of San Diego

A003430580

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



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