

2019-081981

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

2019 Nov 27 10:08 AM

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA
COUNTY OF LAKE

File No.: FNW1904889S
Case No.:

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

That, Barbara A. Delrio is the surviving spouse of Joseph A. Delrio, deceased who died domiciled in Lake County, Indiana, on January 14, 2019.

That Joseph A. Delrio and Barbara A. Delrio acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

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

Affiant states that Joseph A. Delrio and Barbara A. Delrio continued to live and cohabit together as husband and wife continuously from the date they took title to the above described real estate, until the date of '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 .

IN WITNESS WHEREOF, the undersigned have executed this document on November 22, 2019.

Executed:

Barbara A. Delrio
Signature

Barbara A. Delrio
Print Name

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state by Barbara A. Delrio this 22nd day of November, 2019.

[Signature]

Notary Public Carolyn Sue Soller

Resident of LaPorte County

My Commission expires: 08/21/2027



FILED
NOV 27 2019
044186

**FIDELITY NATIONAL
TITLE COMPANY**
FNW1904889

25-AM
CK# 1820704342

EXHIBIT "A"
Legal Description

For APN/Parcel ID(s): 45-07-27-358-003.000-026

LOT 8 IN BLOCK 1 IN ELLENDALE FIRST ADDITION TO THE TOWN OF HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 32 PAGE 78, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.



SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by: Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C.
180 N. Main St.
Crown Point, IN 46307

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 Carolyn S. Soller.

Return to: Barbara A. Delrio

1254 Roosevelt Circle
Merrillville, In. 46410





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 186364

Local No 900148

EDR No 00000687663

State No 001766

Form fields including: 1. Decedent's Legal Name (JOSEPH A DEL RIO), 2. Sex (MALE), 3. Time Of Death (10:40 AM), 4. Date Of Death (01/14/2019), 5. Social Security Number, 6a. Age - Yrs (70), 6b. Under 1 Year (Months), 6c. Under 1 Month (Days), 6d. Under 1 Day (Hours), 6e. Under 1 Hour (Minutes), 7. Date of Birth (05/17/1948), 8. Birthplace (CHICAGO, IL), 9. Ever In U.S. Armed Forces?, 10. If Death Occurred In A Hospital: (Inpatient, Emergency Department Outpatient, Dead on Arrival), 10a. If Death Occurred Somewhere Other Than A Hospital (Hospice Facility, Decedent's Home, Nursing Home/Long-term Care Facility, Other), 11. Facility Name (HIGHLAND NURSING AND REHABILITATION CENTER), 12. City Or Town, State, And Zip Code (HIGHLAND, IN, 46322), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (BARBARA DEL RIO), 15a. Last Name Before First Marriage (SKODA), 16. Decedent's Usual Occupation (WELDER), 17. Kind Of Business/Industry (STEEL MANUFACTURING), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (HIGHLAND), 18c. Street And Number (3252 GEORGE STREET), 18d. Apt. No., 18e. Zip Code (46322), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (MEXICAN, MEXICAN AMERICAN, CHICANO), 21. Decedent's Race (MEXICAN AMERICAN), 22. Parent's Name (ROY DEL RIO), 23. Parent's Last Name Before First Marriage (GARZA), 24. Informant's Name (BARBARA DEL RIO), 24a. Relationship To Decedent (SPOUSE), 24b. Mailing Address (3252 GEORGE STREET, HIGHLAND, IN 46322), 25. Method Of Disposition (Burial, Cremation, Donation, Entombment, Removal From State, Other), 25a. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) (HILLSIDE CREMATORY), 25b. Location - City, Town, And State (HIGHLAND, IN), 26. Was Coroner Contacted? (Yes), 27. Name And Complete Address Of Funeral Facility (HILLSIDE FUNERAL HOME & CREMATION CENTER, 8941 KLEINMAN ROAD, HIGHLAND, IN 46322), 27a. Funeral Home License Number (FH11700003), 27b. Signature Of Indiana Funeral Service Licensee (KEVIN BRYANT NORDYKE, BY ELECTRONIC SIGNATURE), 27c. License Number Of Licensee (FD29600005), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (Immediate Cause: CARDIOPULMONARY ARREST; Sequentially List Conditions: SEQUELA OF MULTIPLE INJURIES, MOTOR VEHICLE ACCIDENT), 29. Was An Autopsy Performed? (Yes), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (Yes), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death (Accident), 34. Date Of Injury (01/14/2019), 35. Time Of Injury (10:40 AM), 36. Place Of Injury (RESIDENCE), 37. Injury At Work? (No), 38. Location Of Injury - State (INDIANA), 38a. City Or Town (HIGHLAND), 38b. Street & Number (9630 5TH STREET), 38c. Apt. No., 38d. Zip Code (46322), 39. Describe How Injury Occurred (MOTOR VEHICLE ACCIDENT), 40. If Transportation Injury, Specify (Driver/Operator, Passenger, Pedestrian, Other), 41. Signature, Of Person Certifying Cause Of Death (MERRILEE D. FREY, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician, Coroner, Health Officer), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307), 44. License Number, 45. Date Certified (02/14/2019), 46. Additional Funeral Service Provider, 47. *Asas, 48. Signature of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (FEB 14 2019), 21-White: 1, 21-Other: 0, 20-No: 1, 20-Yes, Mexican: 0, 34: 1, 281-Cause C: NO, 281-Cause B: NO, 37: NO, 30: NO, 281-Cause A: DEFERRED PENDING FURTHER INVESTIGATION



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT FEB 09 2019

NOT VALID UNLESS