2019-086264

2019 Dec 13

9:10 AM

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

STATE OF INDIANA	) ) SS:	SURVIVORSHIP AFFIDAVIT
COUNTY OF LAKE	)	

## BARBARA J. RUSSO, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, VINCENT M. RUSSO, died on June 19, 2018, intestate, at Crown Point, Indiana.

2. That the parties were duty and legally married at the time they acquired title as husband and wife to the following described real estate:

LOT 27 IN PARRISH FIELDS PHASE 2, AN ADDITION TO CEDAR LAKE, AS PER PLAT THEREOF RECORDED IN PLAT BOOK 91 PAGE 84, AND AS CORRECTED BY A CERTIFICATE OF CORRECTION RECORDED JUNE 5, 2002 AS DOCUMENT NO. 2002-051713, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 9309 West 143<sup>rd</sup> Lane, Cedar Lake, IN 46303. Tax Parcel No. 45-15-34-153-009.000-014

- 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 VINCENT M. RUSSO's death; that a redacted copy of the Death Certificate of VINCENT M. RUSSO is attached hereto
  - 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 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.

Further Affiant sayeth not.

044337

BARBARA J. RUSSO, Affiant

DEC 12 2019

JOHN E. PETALAS LAKE COUNTY AUDITOR 2330

(1 M

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STATE OF INDIANA COUNTY OF LAKE	) ) SS: )
SUBSCRIBED A	<b>ND SWORN</b> to before me, a Notary Public, 6 <sup>th</sup> this day of November, 2019.
Prepared by: MARGO R. BABINEAU MEINZER & BABINEAU Attorneys at Law 10115 Raven Wood Drive P. O. Box 111, St. John, II (219) 365-4321 Fax: (219) Email: stjohnlaw@sbcglo I affirm, under the penaltic this document, unless requ	Social Security number in

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

**Tracking No. 163069** 

1. Decedent's Legal	Loc:	al No	o 90	<u>2119</u>			EDF		0000 Maiden Nam	00650	<u>)588</u>	1 3 3	' S		0311 Of Death	09	Of Death (Month/Day/
VINCENT M		2	,	•				' '		o (ii romalo)	•	• [ ]				Dui	
5. Social Security N			ge - Yrs	6b. Under	1 Year	6c. Under 1	Month	6d. Un	der 1 Day	6e. Under 1 h	lour. 7. Da		VALE (Month/Day/		23:04 Birthplace (Cit	y and State	06/19/2018 e or Foreign Country)
454	ın l		75	Months		Days		Hours	<u> </u>	Minutes			<b>-</b>	1			1
9. Ever in U.S. Arm				ath Occurred I	n A Hos				_	10a. If Death				Hospital	HICAGO,		
Yes No 1			-	_		epartment Out	patient	☐ Dea	on Arrival	Hospice F		Decedent's	s Home	Nursing	Home/Long-ten	n Çare Fa	cility.
VIBRA HOSP	ITAL	OF N	NORTH			<u>IDI</u> ANA					·						
12. City Or Town, S											unty Of Deat	h ·			14. Marital Sta	Married,	e Of Death  But Separated Div ver Manried Dunkno
15. Surviving Spous			307	<del></del>			15a,	Last Na	ne Before Fi	LAKE rst Marriage	<u> </u>	16. De	cedents Usi	ıal Occupat			d Of Business/Industry
DADDADA II	ou e e	_		•								450	144110				ICAN NATION
BARBARA J 18. Residence - Sta		<u> </u>			18a.	County	CAF	XIX		18b. City C	or Town	MECI	HANIC			CAN	COMPANY
INDIANA					LAKI	=				CEDAR	I AKE						
18c. Street And Nur	nber									CLUAIN			18d. A	pt. No.	18e. Zip (	Code	18f. Inside City Lim
9309 W 143R	D LAI	NE				_					_	·	-		463	103	☑ Yes ☐ No
19. Decedent's Edu					20.	Decedent Of	Hispani	niginO o		4 0	21. Deceden	rts Race			400		
HIGH SCHOO		RADL	JATE C	OR GED	NO	OT HISPA	NIO	CU	me	ent 1	Vinite						
22. Parent's Name (		dle, La	st)			NTO		0			me (First, Mi	iddle, Last)			23a, Pa	arent's Las	t Name Before First Mai
MICHAEL V F	USS	0		/	/ .	NU	T	U.	KK	ANGELA	Aussol				D'AN	IICO	
24. Informant's Name				/ r	rh:	24a Relation	nship To	Decede		24b. Mailing Ad	dress (Street	et And Num	per, City, Sta	te, Zip Cod			
BARBARA J I	RUSS	0_				WIFE	·uii	ICII	t 1s t	9309 W 14	SRD LA	NE, CE	DAR LA	KE, IN	46303		
25a, Method Of Disp	osition		-		_	ce Of Dispositi	ake	ne Of Ce	125 Place	of Disposition	rder	Location -	City, Town, A	nd State			
☐ Burial ☑ Crem	ation 🔲	Donat	don 🔲 En			o o o o opocio		0. 00	,,, O,O,	110.0017, 0010111	200	Localon		.,			
☐ Removal From S ☐ Other (Specify):	tate			1	-I MW	OOD CH	IAPFI	CRI	MATOR	RY	CE	DAR LA	KE IN				
26. Was Coroner Co	ntacted?			Name And C	omplete	Address Of Fo	unerai F	acility								27a. Fu	neral Home License Nur
Yes 🖾 No			EL	MWOOD KE, IN 4	FUN	ERAL CH	HAPE	LAN	D CREM	IATORY, 9	931 LIN	COLN	PLAZA V	VAY, C	EDAR	EW11	200028
27b. Signature Of In	diana Fu	neral S	iervice Lice	ensee:		VO14 TI	-						27c. Licen	se Number	(Of Licensee):	<u>  [                                   </u>	200020
JAMES F BET	KOW	15KI	, BY E	LECTRO	NIC S	SIGNATU		se Of D	eath (See	Instructions A	Ind Example	les)	FD0920	0077			Approximate
28. Part I. Enter T Such As Cardiac	he <u>Chai</u> Amest, F	in Of E	vents - D	Dise <mark>ases, I</mark> nju	uries, Or	Complication	ns - Tha	t Direct	ty Caused T	he Death, Do	Not Enter To	erminal Ev	ents cause On				Interval: Onse To Death
A Line. Add Addi	tional Lin	nes If I	Necessary	/-				wilg III	- Liology.	DO TOUT ADDITION	idio. El nor c	oray orac o	, au 30 O 1				70 5000
Immediate Cause	(Final C	Disease	or Corid	tition Resulti	ng in De	eath)	A. 🖫		WILLIAM CONTRACTOR	<i>1</i> 000	Due to (C	Or As A Conseq.	Jence Off;	_			_
Sequentially List	Conditio	ns, If A	Anv. Lead	ling To The C	Cause Li	isted On	В.	SOF	********					<u> </u>			
Line A. Enter The The Events Resu	Underly	ying C	ause (Dis	ease Or Inju	ry That I	Initiated		$\mathcal{O}$			Due to (C	or As A Consequ	ienca Oi):				
		,					C. 📮			6	Due to (C	X As A Consequ	rengti Oi);		-		_
							D. (	: U		7							
Part II. Enter Other S	gnificant	Condit	tions Contr	ibuting to Dea	ath But N	ot Resulting In	n The Un	derlying	Cause Giver	nn Party			psy Performe		Yes	No Of Do	ndt-1
HYPERTENSION 31. Did Tobacco Us	e Contrib	ute To	Death?	32	If Femal	e:		de	MDIANA	iiii.	80. W	ere Autops)		lanner Of D	•	UT DE	Yes No
☐ Yes ☐ Probab					Not Progra	nt Wilhin Past Year			_	Not Pregnant, But			th 🔯 Na	atural 🔲 H	lomicide		Pending Investigation
34. Date Of Injury (N					Not Pregna.	nt, But Pregnant 43 f Injury	Onyprind.	east tebri	38, Place	Of Injuly (C.C.	Decedent's i				could Not Be De it, Wooded Area		7. Injury At Work?
							1	THE	THIS IS	A TRUE CO	OPY OF		•				☐ Yes ☐ No
38. Location Of Injur	- State			38a.	City Or	Town	70	KE C	OUNTY	A TRUE CO	WITH T DEPART	HE MENT			38c. Apt. N	o. 3	8d. Zip Code
39. Describe How In	игу Осса	urred					+		II		San Contraction of the Contracti	- 1	40. If	Transport	tion Injury, Spe	cify: _	
	_								1 301	2 5 20	18			er/Operator		<b>TÄÄL</b>	ÎD ÜNLESS
41. Signature, Of Pe SURENDRA S					SIGN	IATURE				>		42 D	Certifier (Ch Certifying Pi		Coroner		Health Officer
43. Name, Address	and Zip C	Code O	Person C	ertifying Caus	e Of Dea	ath:			(ke		_	7		44. Licens			5. Date Certified
SURENDRA S	H <u>A</u> H	<u>,</u> 58	25 BR	OADWA	Y SUI	TE A, ME	RRI	AVE:	COHNA	MEALTH	OFFICE		(	10321			06/22/2018
46. Additional Funer	Service	Provid	der.						7790	MONTH MORNING				47. *Akhs		.,	: .
48. Signature of Loc												49. For	Registrar C	nly - Date	Filed (Month/C		
CHANDANA \	AVIL	ALA,	VIA E	LECTRO	NIC S			TO CF	RTIFICATI	OF DEATH (	ENTRY OR	ORIGINAL	L)	- !	JUN 25 2	U18	
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