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2019-088014

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

2019 Dec 19 10:07 AM

SURVIVOR'S AFFIDAVIT

JAMES E. IGNAS, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with BARBARA A. IGNAS, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy/Tenancy by the Entirety Deed, said property located in Lake County, State of Indiana and legally described as follows:

PARCEL 1

THE NORTH 5½ FEET OF LOT 110, TOGETHER WITH LOT 111 AND THE SOUTH HALF OF LOT 112 IN BLOCK 1, IN STAFFORD AND TRANKLE'S SOUTH CENTRAL CALUMET ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 10, PAGE 30, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No: 45-03-30-457-022.000-023

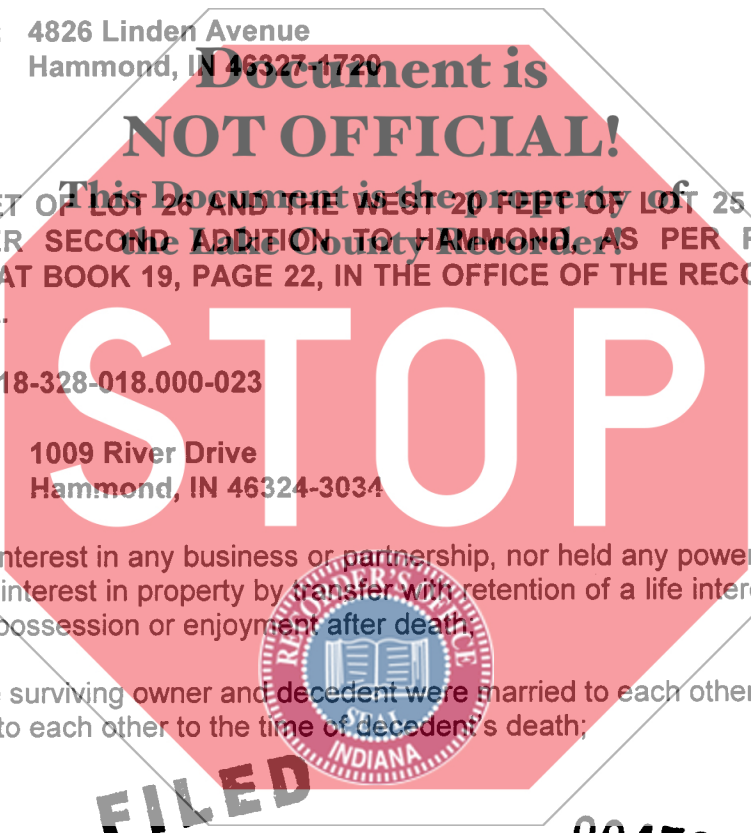
Property Address: 4826 Linden Avenue
Hammond, IN 46327-1720

PARCEL 2

THE EAST 20 FEET OF LOT 26 AND THE WEST 20 FEET OF LOT 25 IN BLOCK 7, IN CALUMET CENTER SECOND ADDITION TO HAMMOND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 19, PAGE 22, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Parcel No: 45-07-18-328-018.000-023

Property Address: 1009 River Drive
Hammond, IN 46324-3034



That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death.

That JAMES E. IGNAS, the surviving owner and decedent were married to each other at the time they acquired title and remained married to each other to the time of decedent's death;

FILED

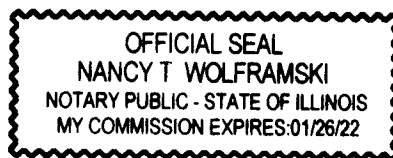
004593

DEC 18 2019

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$ 25.00
#7094
E

Nancy T. Wolframski
Notary Public



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 - PETER B. CANALIA

PREPARED BY, RECORD AND RETURN TO:

Peter B. Canalia, Esq.
Canalia & Clark, LLC
8840 Calumet Avenue, Suite 205
Munster, IN 46321-2546

That the decedent died on November 8, 2019, per attached copy of Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$0.00;

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The Affiant states no more.

Dated: Dec 9, 2019, 2019

James E. Ignas
JAMES E. IGNAS

Subscribed and sworn to before me this 9th day of December, 2019.

Nancy J. Wolframski
Notary Public

Document is NOT OFFICIAL!

This Document is the property of the Lake County Recorder!



STOP

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 - PETER B. CANALIA

PREPARED BY, RECORD AND RETURN TO:

Peter B. Canalia, Esq.
Canalia & Clark, LLC
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Munster, IN 46321-2546





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

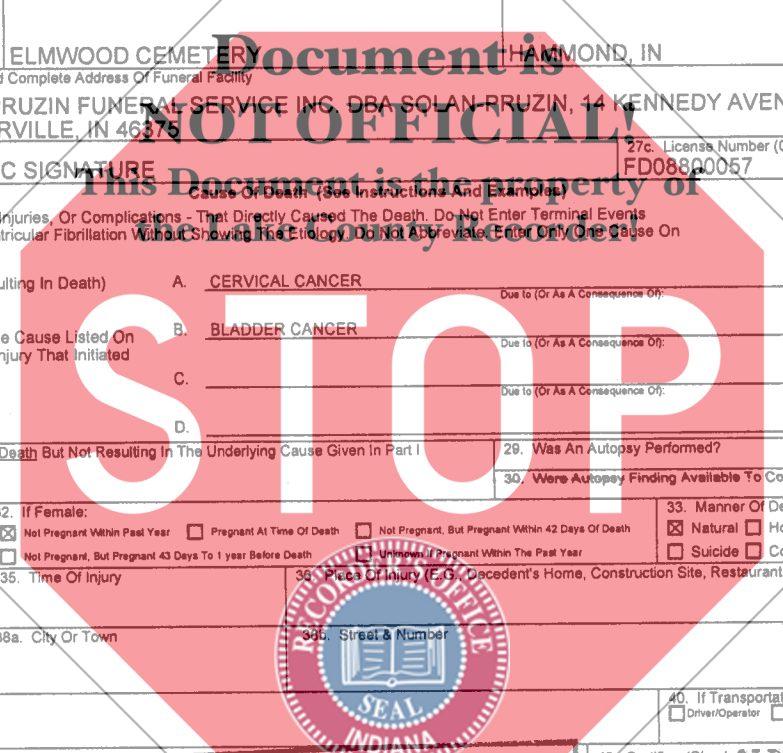
Tracking No. 213450

Local No 904100

EDR No 00000741608

State No 055619

1. Decedent's Legal Name (First, Middle, Last) BARBARA A IGNAS				1a. Maiden Name (If female) BELKO		2. Sex FEMALE	3. Time Of Death 12:40 PM	4. Date Of Death (Month/Day/Year) 11/08/2019		
5. Social Security Number [REDACTED]		6a. Age - Yrs 65	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) 01/17/1954		8. Birthplace (City and State or Foreign Country) HAMMOND, IN	
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 checked="" 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) WILLIAM J. RILEY MEMORIAL RESIDENCE, HOSPICE									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 JAMES E IGNAS			15a. Last Name Before First Marriage			16. Decedent's Usual Occupation ACCOUNTANT		17. Kind Of Business/Industry HAMMOND SANITARY DISTRICT		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town HAMMOND		18d. Apt. No.	18e. Zip Code 46327	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 4826 LINDEN AVENUE		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) EMIL BELKO			23. Parent's Name (First, Middle, Last) ELEANOR BELKO			23a. Parent's Last Name Before First Marriage KILAR				
24. Informant's Name JAMES E IGNAS			24a. Relationship To Decedent HUSBAND		24b. Mailing Address (Street And Number, City, State, Zip Code) 4826 LINDEN AVENUE, HAMMOND, IN 46327					
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) ELMWOOD CEMETERY, HAMMOND, IN		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 SOLAN-PRUZIN FUNERAL SERVICE INC, DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375					27a. Funeral Home License Number: FH10200037			
27b. Signature Of Indiana Funeral Service Licensee: DEAN G WAGNER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08890057				
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.									Approximate Interval: Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death) A. <u>CERVICAL CANCER</u> Due to (Or As A Consequence Of):									<u>THREE MONTHS</u>	
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. <u>BLADDER CANCER</u> Due to (Or As A Consequence Of):									<u>THREE MONTHS</u>	
C. _____ Due to (Or As A Consequence Of):										
D. _____ 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 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 checked="" 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)			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):				
41. Signature, Of Person Certifying Cause Of Death: MICHAEL TALLARICO, 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: MICHAEL TALLARICO, 10110 DONALD S POWERS DR, STE 104B, MUNSTER, IN 46321						44. License Number 01078614A		45. Date Certified 11/13/2019		
46. Additional Funeral Service Provider:						47. Akas:				
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed: (Month/Day/Year) NOV 14 2019				



THIS IS A TRUE COPY OF
THE RECORD ON FILE WITH THE
LAKE COUNTY HEALTH DEPARTMENT
NOV 15 2019
LAKE COUNTY HEALTH OFFICER