

FILED

Jul 12 2021 SLG
JOHN E. PETALAS
LAKE COUNTY AUDITOR

SURVIVORSHIP AFFIDAVIT

STATE OF Indiana

File No.: FNW2103074-SMS

COUNTY OF Lake

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

That, Jeannine Saporito, is the surviving spouse of Paul A. Saporito, deceased, who died domiciled in Lake County, Indiana, on May 27, 2014.

That Jeannine Saporito and Paul A. Saporito acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

For APN/Parcel ID(s): 45-11-16-253-003.000-036

Lot 70 in Sherwood Forest Sixth Addition to the Town of Schererville, as per plat thereof, recorded in Plat Book 41 page 143, in the Office of the Recorder of Lake County, Indiana.

Affiant states that Jeannine Saporito and Paul A. Saporito 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 Paul A. Saporito'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 Jeannine Saporito.

IN WITNESS WHEREOF, the undersigned have executed this document on July 9, 2021.



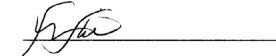
Signature

Jeannine Saporito
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 Jeannine Saporito who personally appeared on this 9th day of July, 2021 and acknowledged the execution of the foregoing instrument.



Notary Public: Shannon Stierer
Resident of Lake County
My Commission expires: 3-14-23



FIDELITY NATIONAL TITLE FNW2103074

Affidavit (Survivorship)
IND1079.doc / Updated: 01.02.20

SURVIVORSHIP AFFIDAVIT
(continued)

Prepared by:
Timothy R. Kuiper
Austgen Kuiper Jasaitis P.C.
130 North Main Street, 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

Shannon Stener

Property of Lake County Recorder

NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 0621-477-07, I

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 19467



Local No 001670

EDR No 00000387029

State No 023630

1. Decedent's Legal Name (First, Middle, Last) **PAUL ANGELO SAPORITO** 2. Sex **MALE** 3. Sex **MALE** 4. Date of Death (Month/Day/Year) **05/27/2014** 5. Social Security Number **05- Age - Yrs** 6. Under 1 Year **7. Date of Birth (Month/Day/Year)** **06:40 AM** 8. Birthplace (City and State or Foreign Country) **CHICAGO, IL**

9. Ever in U.S. Armed Forces? Yes No Unknown 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 (Specify)

11. Facility Name (If Not Institution, Give Street and Number) **RILEY HOSPICE RESIDENCE** 15. County Of Death **LAKE** 14. Marital Status At Time Of Death: Married Married, But Separated Divorced Widowed Never Married Unknown

12. City Or Town, State, And Zip Code **MUNSTER, IN, 46321** 15a. (If Widely/Single Maiden Last Name) **LAKE** 16. Decedent's Usual Occupation **PARALEGAL** 17. Kind Of Business/Industry **LAW**

15. Surviving Spouse's Name **JEANNINE SAPORITO** 18a. County **LAKE** 18b. City Or Town **SCHERERVILLE**

19. Decedent - State **INDIANA** 18c. Street And Number **347 FRIAR TUCK DRIVE** 18d. Apt. No. **46375** 18e. Inmate City Limits? Yes No

19. Decedent's Education **BACHELOR'S DEGREE (BA, AB, BS)** 20. Decedent Of Hispanic Origin **NOT HISPANIC** 21. Decedent's Race **White**

22. Father's Name (First, Middle, Last) **ANGELO SAPORITO** 23. Mother's Name (First, Middle, Last) **RACHEL SAPORITO** 24. Mailing Address (Street And Number, City, State, Zip Code) **347 FRIAR TUCK DRIVE, SCHERERVILLE, IN 46375**

24. Informant's Name **JEANNINE SAPORITO** 24a. Relationship To Decedent **WIFE** 24b. Mailing Address (Street And Number, City, State, Zip Code) **347 FRIAR TUCK DRIVE, SCHERERVILLE, IN 46375**

25. Was Coroner Contacted? Yes No 25a. Place Of Disposition (Name Of Crematory, Cemetery, Other Place) **REGIONAL CREMATION SERVICES** 25b. Location - City, Town, And State **MUNSTER, IN**

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27a. Signature Of Indiana Funeral Service Licensee: **RONALD SCOTT SWETS, BY ELECTRONIC SIGNATURE** 27c. License Number Of Licensee: **FD20700015** 27e. Funeral Home License Number: **FH10700038**

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. PANCREATIC CANCER**

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41. Signature, Of Person Certifying Cause Of Death: **LYLE R MUNN, BY ELECTRONIC SIGNATURE** 42. Certifier (Check Only One): Physician Nurse Dentist Health Officer Coroner Other (Specify) None

43. Name, Address And Zip Code Of Person Certifying Cause Of Death: **LYLE R MUNN, 85 E. U.S. HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383** 44. License Number: **01031582A** 45. Type Certified: **05/28/2014**

46. Additional Funeral Service Provider: **SWETS FUNERAL SERVICE** 48. Signature of Local Health Officer: **SUSAN W. BEST, VIA ELECTRONIC SIGNATURE** 49. For Registrar Only - Date Filled (Month/Day/Year): **MAY 28 2014**

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

Stain Form 53385 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and required by law. RAISED SEAL AFFIXED