

**FILED**

Jul 20 2021 VH  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

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

**AFFIDAVIT OF SURVIVORSHIP**

I, Debarthi Das, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. Sanjoy K. Das and Debarthi Das are the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 20 Twin Creek, Block One, to the Town of Munster, as shown in Plat Book 48, Page 68, in Lake County, Indiana.

Commonly Known As: 10043 Twin Creek Blvd., Munster, IN 46321

Affiant's Address: 10043 Twin Creek Blvd., Munster, IN 46321

Tax ID #45-07-31-259-001.000-027

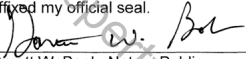
3. Sanjoy K. Das and Debarthi Das acquired title to said real estate as Husband and Wife by Warranty Deed on the 3<sup>rd</sup> day of December, 1993 and recorded in the Office of the Lake County Recorder on the 29<sup>th</sup> day of December, 1993 as Document No. 93088571.
4. Sanjoy K. Das died on August 28, 2018. See attached Death Certificate for Sanjoy K. Das.
5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Debarthi Das  
Debarthi Das, Affiant

LAKE COUNTY, INDIANA, 021-188-4, 1

STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

Before me, the undersigned, a Notary Public in and for said County and State, this 19th day of July, 2021 Personally appeared: Debarthi Das and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

  
\_\_\_\_\_  
Garrett W. Bonk, Notary Public  
My commission expires 1/25/2027  
Resident of Lake County

**Garrett W. Bonk**  
Notary Public - Seal  
State of Indiana  
Commission Number - NP0714853  
My Commission Expires January 25, 2027

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. /s/Gary P. Bonk

This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45), (219) 864-7800  
900 Parker Place, Suite A, Schererville, Indiana 46375

Garrett W. Bonk, Notary Public  
County of Lake, Indiana Recorder

# NOT AN OFFICIAL DOCUMENT

LAKE COUNTY, INDIANA, 021-1288-1

INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 169343



Local No 902908

EDR No 00000662498

State No

1. Decedent's Legal Name (First, Middle, Last) <b>SANJOY K DAS</b>		1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time of Death <b>07:30 AM</b>		4. Date of Death (Month/Day/Year) <b>08/28/2018</b>					
5. Social Security Number <b>70</b>		6a. Age - Yrs Months Days		6b. Under 1 Year Days Hours		6c. Under 1 Month Days Hours		6d. Under 1 Day Hours Minutes		7. Date of Birth (Month/Day/Year) <b>10/22/1947</b>		8. Birthplace (City and State or Foreign Country) <b>UNKNOWN, IND</b>	
8. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input 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 type="checkbox"/> Hospice Facility <input checked="" 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) <b>10043 TWIN CREEK BOULEVARD</b>		12. City or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>		13. County of Death <b>LAKE</b>		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 <b>DEBARTHI DAS</b>		16a. Last Name Before First Marriage <b>BASU</b>		16. Decedent's Usual Occupation <b>ELECTRICAL ENGINEER</b>		17. Kind Of Business/Industry <b>ELECTRICAL</b>							
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City or Town <b>MUNSTER</b>									
18c. Street And Number <b>10043 TWIN CREEK BOULEVARD</b>		18d. Apt. No.		18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
19. Decedent's Education <b>MASTER'S DEGREE (MA, MS, MENG, MED, MSW, MBA)</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>Asian Indian</b>									
22. Parent's Name (First, Middle, Last) <b>BLJOY K DAS</b>		23. Parent's Home (First, Middle, Last) <b>MIRA DAS</b>		23a. Parent's Last Name Before First Marriage <b>MITRA</b>									
24. Informant's Name <b>DEBARTHI DAS</b>		24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>10043 TWIN CREEK BOULEVARD, MUNSTER, IN 46321</b>									
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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, City, County, Crematory, Other Place) <b>KELLY CARROLL CREMATORY</b>		25c. Location - City, Town, And State <b>GARY, IN</b>									
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>BURNS-KISH FUNERAL HOME INC-MUNSTER, 8415 CALUMET AVE, MUNSTER, IN 46321</b>		27a. Funeral Home License Number: <b>FH83004968</b>									
27b. Signature Of Indiana Funeral Service Licensee <b>BRIAN T. BURNS, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD08601763</b>											
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) <b>A. CARDIOPULMONARY ARREST</b>		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 checked="" type="checkbox"/> No		Approximate Interval: Onset To Death							
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>B.</b> <b>C.</b> <b>D.</b>		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, Not Pregnant Within 42 Days Of Death <input type="checkbox"/> Pregnant, Not Pregnant Within 42 Days Of Death		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, Woods, Area)		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
38. Location Of Injury - State		38a. City Or Town		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		41. Signature, Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY, BY ELECTRONIC SIGNATURE</b>		42. Certified (If Only One Person Certifying) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Other		43. License Number: <b>083172018</b>					
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>MERRILEE D. FREY, 2900 W. 93RD. AVE., CROWN POINT, IN 46307</b>		44. Additional Funeral Service Provider: <b>LAKE COUNTY HEALTH OFFICER</b>		45. For Registrar Only - Date Recd (Month/Day/Year) <b>AUG 31 2018</b>		47. *Date Recd (Month/Day/Year) <b>AUG 31 2018</b>							
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>		49. For Registrar Only - Date Recd (Month/Day/Year) <b>AUG 31 2018</b>											

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

AUG 31 2018

NOT VALID UNLESS