## NOT AN OFFICIAL DOCUMENT

**FILED** 

May 16 2023 LM PEGGY HOLINGA-KATONA LAKE COUNTY AUDITOR

Affidavit (Survivorship) IND1079.doc/Updated: 03.28.23 2023-514751 05/16/2023 02:48 PM TOTAL FEES: 25.00 BY: JAS PG #: 2

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD GINA PIMENTEL RECORDER

## SURVIVORSHIP AFFIDAVIT

| STATE OF INDIANA WI -K.Z. File No.: CTNW2301342-KZ  |
|---|
| Case No.:   |
| Comes now Rose Marie Rossa, who being duly sworn upon her oath, deposes and says:   |
| That, Rose Marie Rossa is the surviving spouse of David Jeffrey Rossa, deceased who died domiciled in Lake County, Indiana, on April 23, 2021. *see attached death certificate .K.Z.  |
| That Rose Marie Rossa and David Jeffrey Rossa acquired title to certain real estate as husband and wife, said real<br>estate being described as follows:  |
| For APN/Parcel ID(s): 45-12-07-281-002.000-030  |
| LOT 7 IN INNSBROOK UNIT NO. 7, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 96, PAGE 18, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.   |
| Property: 3147 W 65th Ave, Merrillville, IN 46410   |
| Affiant states that Rose Marie Rossa and David Jeffrey Rossa 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 David Jeffrey Rossa's death. The Parties acquired title to the premises by Deed recorded March 18, 2021 as Instrument No. 2021-024747 in the Office of the Recorder of Lake County, Indiana. |
| 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.   |
| 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 Rose Marie Rossa.   |
| IN WITNESS WHEREOF, the undersigned have executed this document on May <u></u>  |
| n 0   |
| Rose Marie Rossa  |
| Rose Marie Rossa  STATE OF INDIANA WI -K.Z.   |
| UH  |
| Subscribed and sworn to before me, a Notary Public in and for said county and state, by Rose Marie Rossa, this  |
| Signature:  Printed: **Merry Parentine-Steven Andrew Adams  Resident of: **Leven Andrew Adams  **Resident of: **Leven County***   |
| Resident of: Letter County** Dev E - K.Z. State of: INDIANTA W Z  My Commission expires: Beeember 9, 2027   |
| Prepared by: Dena Phillips Farling, for the benefit of Chicago Title Company, LLC   |
| 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. <u>Qena Phillips Farling</u> .   |
| Return to:  |

## NOT AN OFFICIAL DOCUMENT

Tracking No. 277071
INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

| Local No - IX  1. December Legal Name (Part Marie Li  David Jeffrey Rossa  |  | 11 11 11  |  |   | Male 05  | No 2021-022   | 4. Date Of Death Blonds Day Yes  |
|--|--|---|--|---|--|---|--|
| 6. Social Security Number   St. Age - Yra  | Mo. Under 1 Year   6s. Linder  | I Mouth Ed Linder   Day                                   | y . Se. Under  |   | (Monthy Day Yang)  |   | 04/23/2021   |
| 9. Ever in U.S. Armed Forces? 10. 9 D.   | Months: Days -   | Holm  | Winter   | 02/06/1   | 968  | Chicago, Illin  | and State or Foreign Coursey)  |
|  | eith Documed in A Hospital:  | 11111111  | 10a. II Dea  | th Cocumed Serventers   | Other Than A Hospita   | ***   |  |
| ☐ Yes ☑ No ☐ Unknown ☐ lips<br>11. Facility Name (II Not Insultation, Give St  | Sare C Emergency Department Co.  | medient Deadlor Ann                                       | Hospics  | (pectry)  | Ta Home   News   | ing Home Long-term  | Care Facility  |
| 2. City Or Town, State, And Zip Code   | 3147 W 85th  | Avenue  |  | 4. 1. 1.  |  | 1111 111  |  |
| Merriliville, Indiana 48410  | the street of  | 1 11 11   | 19. (  | County Of Death   |  | 14. Martin Sun  | at At Time Of Death  |
| 5. Surviving Spouse's Name   | P. A. C. D. T. J.  |   | Lak  | 0   |  | Married -   | Married, Sky Separated Divon   |
|  |  | 15a. Last Name Before                                     | First Marriage   | 16.   | Decederry Usual Occ  | spetion   | 17. Kind Of Business Industry  |
| Rose Rodriguez<br>8. Residence - State   |  | Rossa   |  | - Fig   | ht Attendant   |   | South West   |
| N  | 18e. County  |   | 186, Ck)   | Or Town   | 10.00  |   |  |
| Sc. Street And Number  | Lake   |   | Memily   | ille.   |  |   |  |
| 147 W 65th Avenue  | )  | ,   |  | . 7   | . 19d. Apt. No.  | 184. Zp C   | ode 18t. make City Limit   |
| Decements Education  |  | 1000  | ,  | 3.7   |  | 46410   | BYes □ No  |
| lachelor's degree (e.g. BA, AB,  | 20. Decedent Of  |   |  | 21, Decedent's Race   |  |   |  |
| Parents Name (First, Middle, Last)   | , BS) Not Spanish/I  | ImpanioLatino   |  | White   |  |   |  |
| /allace Rossa  | 1/1  |   | 23. Parents  | Same (First, Middle, Las  | ,  | 23a Pa  | and's Last Name Belone First Marri   |
|  |  |   | Leta Ros   | \$8. · .  |  | Stove   |  |
| Informant's Name   |  | schip To Decedeni   | 245. Making  | Address (Street And No.   | nber, City, State, Zip C   | odel  |  |
| 030 10334  | Wife   | 20  | 3147 W 6   | Sth Avenue, Me.   | riliville, IN, 464   | 10  | V 3 7 7 7  |
| L Method Cf Disposition .  | 129 Place Of Name of   | 25. Pi<br>bn (Name Of Cerretary, C                        | Sace Of Discoults  | n   |  |   |  |
| Burtal Cremation Donation En<br>Removal From State   | numbraent  | or (region or density), o                                 | Jamasory, Other  | Place) 25c Location   | City, Town, And Stat.  | •   | Maria  |
| Other (Specific)   | Calumet Perk C   | rematory  |  | Hobart, II  | 600  |   |  |
| Was Coroner Contacted? 27.   | Name And Complete Actives Of Fallumet Park Funeral Cha   | orecal Facility   |  |   | 1  |   | 27a Funarai Home Ukansa Numb   |
| Yes □ No   75  | alumet Park Funeral Cha<br>35 Taft Street, Memiliville   | pel   |  |   |  | 3 B 3 d   | FH10400032   |
| <ol> <li>Signature Of Indiana Funeral Service   Ive</li> </ol>   | erace:   | , indiana, 46410  | V) :   |   | 148 11   | 45.   | FH10400032   |
| elly A. Ableidinger  |  | Cause Of Death (Se  | Electronica  | ly Signed   | 27c. License Numa  | e (or tropy rest). E  | D21900048  |
| 8. Pen I. Enter The Chain Of Events Couch As Carolec Arrest, Respiratory Arrest Line. Add Additional Lines If Necessary Introduction Cause (Final Disease Or Cond  | Hiton Resulting in Death)  | A Glioblastoma  | melignant  | Water Enter Only One  | Cause On   | 14  | To Death<br>months   |
| equentially List Conditions, If Any, Lead<br>Ine A. Enfer The Underlying Cause (Disa<br>he Events Resulting in Death) Last   | ing To The Cause Listed On<br>ease Or Injury That Initiated  | В   | 111  | Serio No April Corpo  | penw Dir   | +   |  |
| A Crayle Hallowing in Despity Case   |  | ٠   | elien i  | DANGE AND ALL PROPERTY.   | -  |   | <u> </u>   |
|  |  | 0 1   | ( · · · · ·  | 4 1813  |  |   |  |
| II. Erner Other Significant Conditions Const   | outing to Death But Not Resulting in   | The Underlying Cause Gir                                  | ven lo Part I  | 29. Was An Aus  | (Ay Performed?)  | □ Yes   | ⊠ No<br>se Of Deasty? . ☐ Yes ☐ No   |
|  |  |   | 201  | 30. Ware Autop  | ly Finding Available To  | Compare The Caus  | e Of Death?  |
| Did Toharon Usa Contributa To David?   | 20 W Earnale   |   |  |   |  |   | Yes ∐ No   |
|  | 32. If Female:   |   |  |   |  | Homeste D Acc   |  |
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