

NOT AN OFFICIAL DOCUMENT

FILED

May 16 2023 LM
PEGGY HOLINGA-KATONA
LAKE COUNTY AUDITOR

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.
COUNTY OF ~~LAKE~~ ^{DANE}

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 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.

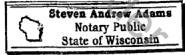
IN WITNESS WHEREOF, the undersigned have executed this document on May 4, 2023.


Rose Marie Rossa

STATE OF ~~INDIANA~~ ^{WI} -K.Z.
COUNTY OF ~~LAKE~~ ^{DANE}

Subscribed and sworn to before me, a Notary Public in and for said county and state, by Rose Marie Rossa, this 4th day of May, 2023.

Signature: 
Printed: Kevin Zarembo Steven Andrew Adams
Resident of: Lake County ^{DANE} -K.Z.
State of: ~~INDIANA~~ ^{WI}
My Commission expires: December 9, 2023 3-20-25



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. Dena Phillips Farling.

Return to: _____

NOT AN OFFICIAL DOCUMENT

Tracking No. 277071



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 2017570

EDR No. 000011097480

State No. 2021-022793

1. Decedent's Legal Name (Last, Middle, First) David Jeffrey Ross		2. Maiden Name (If Any) None		3. Gender Male	4. Date of Birth 02/09/1968	5. Date of Death 04/23/2021	6. Date of Death (Month/Day/Year) 04/23/2021
--	--	---------------------------------	--	-------------------	--------------------------------	--------------------------------	---

7. Social Security Number 53	8. Age - (Yr) 53	9. Under 1 Year None	10. Under 1 Month None	11. Under 1 Day None	12. Under 1 Hour None	13. Date of Death (Month/Day/Year) 02/09/1968	14. Birthplace (City and State or Foreign Country) Chicago, Illinois
---------------------------------	---------------------	-------------------------	---------------------------	-------------------------	--------------------------	--	---

15. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				16. If Death Occurred in a Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department <input type="checkbox"/> Outpatient <input type="checkbox"/> Death at Arrival				17. 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) 3147 W 85th Avenue							
--	--	--	--	--	--	--	--

18. City or Town, State, and Zip Code Merrillville, Indiana 46410				19. County of Death Lake				20. 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 Rose Rodriguez				16a. Last Name Before First Marriage ROSSA				16. Decedent's Usual Occupation Flight Attendant				17. Kind of Business/Industry South West			
---	--	--	--	---	--	--	--	---	--	--	--	---	--	--	--

18. Residence - State IN				19a. County Lake				19b. City or Town Merrillville			
-----------------------------	--	--	--	---------------------	--	--	--	-----------------------------------	--	--	--

16c. Street and Number 3147 W 85th Avenue								19c. Apt. No.				19d. Zip Code 46410				19e. House City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
--	--	--	--	--	--	--	--	---------------	--	--	--	------------------------	--	--	--	--	--	--	--

20. Decedent's Education Bachelor's degree (e.g. BA, AB, BS)				21. Decedent's Race White				22. Decedent's Sex Male				23. Decedent's Age at Death 53			
---	--	--	--	------------------------------	--	--	--	----------------------------	--	--	--	-----------------------------------	--	--	--

24. Parent's Name (First, Middle, Last) Wallace Rossa				25. Parent's Name (First, Middle, Last) Leta Rossa				26. Parent's Last Name (Before First Marriage) Stover			
--	--	--	--	---	--	--	--	--	--	--	--

24. Informant's Name Rose Rossa				24a. Relationship to Decedent Wife				24b. Mailing Address (Street A-10 Number, City, State, Zip Code) 3147 W 85th Avenue, Merrillville, IN, 46410			
------------------------------------	--	--	--	---------------------------------------	--	--	--	---	--	--	--

25a. Method of Disposition <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment				25b. Place of Disposition (Name of Cemetery, Crematory, Other Place) Calumet Park Crematory				25c. Location: City, Town, and State Hobart, IN			
---	--	--	--	--	--	--	--	--	--	--	--

26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name and Complete Address of Funeral Facility Calumet Park Funeral Chapel 7535 Tall Street, Merrillville, Indiana, 46410				27a. Funeral Home License Number FH10400032			
---	--	--	--	--	--	--	--	--	--	--	--

28. Signature of Indiana Funeral Service Licensee: T. A. Adelfinger				29. Cause of Death (See Instructions and Examples) Glycoblasterne malignant				29c. Underlying Cause of Death (See Instructions and Examples) Glycoblasterne malignant				29d. Interval: Enter To Death months			
--	--	--	--	--	--	--	--	--	--	--	--	---	--	--	--

29. 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. Glycoblasterne malignant				B. See 29c for Intermediate Cause				C. See 29c for Intermediate Cause				D. See 29c for Intermediate Cause			
--	--	--	--	-----------------------------	--	--	--	-----------------------------------	--	--	--	-----------------------------------	--	--	--	-----------------------------------	--	--	--

29. Part II. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last				A. Glycoblasterne malignant				B. See 29c for Intermediate Cause				C. See 29c for Intermediate Cause				D. See 29c for Intermediate Cause			
---	--	--	--	-----------------------------	--	--	--	-----------------------------------	--	--	--	-----------------------------------	--	--	--	-----------------------------------	--	--	--

30. Part II. Enter One Significant Condition Contributing to Death, BUT NOT Resulting in the Underlying Cause Given in Part I				31. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				32. Were An Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 12 Months 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. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--

34. Date of Injury (Month/Day/Year)				35. Place of Injury (e.g., Workplace, Home, Construction Site, Recreational, Wooded Area)				36. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
-------------------------------------	--	--	--	---	--	--	--	--	--	--	--

36. Location Of Injury - State				36a. City Or Town				36b. Street & Number				36c. Address				36d. Zip Code			
--------------------------------	--	--	--	-------------------	--	--	--	----------------------	--	--	--	--------------	--	--	--	---------------	--	--	--

37. Describe How Injury Occurred				38. Transportation Injury, Specify: <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)			
----------------------------------	--	--	--	--	--	--	--

41. Signature, Of Person Certifying Cause Of Death: Cathleen McGovern				42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician				43. License Number 02001750A				44. Date 04/27/2021			
--	--	--	--	--	--	--	--	---------------------------------	--	--	--	------------------------	--	--	--

43. Name, Address And Zip Code Of Person Certifying Cause Of Death Cathleen McGovern 1501 Hartford St. LAKE COUNTY HEALTH DEPARTMENT				45. This is a TRUE COPY OF THE ORIGINAL ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.				46. Additional Funeral Service Provider:				47. Date 04/27/2021			
--	--	--	--	---	--	--	--	--	--	--	--	------------------------	--	--	--

48. Signature of Local Health Officer: Chandana Vericela				49. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
---	--	--	--	--	--	--	--

APR 28 2021 LAKE COUNTY HEALTH OFFICER				49. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
---	--	--	--	--	--	--	--

49. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				50. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

50. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				51. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

51. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				52. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

52. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				53. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

53. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				54. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

54. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				55. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

55. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				56. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

56. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				57. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

57. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				58. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

58. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				59. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

59. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				60. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

60. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				61. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

61. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				62. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

62. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				63. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

63. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				64. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

64. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				65. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

65. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				66. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

66. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021				67. For Registrar Only - Date Recd. Month/Day/Year 04/27/2021			
--	--	--	--	--	--	--	--

State Form 53395 ATTENTION: ESTATE: The Social Security # is being requested by this state agency in order to pursue potential. Disclosure is voluntary and there will be no penalty for refusal.

RAISED SEAL AFFIXED