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GINA PIMENTEL
RECORDER
STATE OF INDIANA
LAKE COUNTY
RECORDED AS PRESENTED

2023-018302

1:08 PM 2023 Jul 18

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN THE MATTER OF THE
ESTATE OF GARY A. GRAH,
DECEASED

Mail Tax Bills to:
Debbie J. Grah
8324 107th Place
St. John, Indiana 46373

Tax Key Numbers
45-15-03-477-024.000-015

SURVIVING SPOUSE AFFIDAVIT

I, **Debbie J. Grah**, being duly sworn upon my oath, do depose and state as follows:

1. That Affiant has personal knowledge of the events contained in this Affidavit;
2. That Affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

The West 43.00 Feet (measured at right angles) of Lot S in the Gates of St. John – Unit 4F, being a subdivision of Part of the South half of the Section 3, Township 34 North, Range 9 West of the Second Principal Meridian, according to the Plat thereof recorded in Plat Book 111, Page 46, in the Office of the Recorder of Lake County, Containing 0.1303 acres, more or less, all in Lake County, Indiana

Commonly known as: 8324 W. 107th Place, St. John, Indiana 46373

3. That **Gary A. Grah and Debbie J. Grah** were Husband and Wife at the time title to said real estate was acquired by them as Husband and Wife (Tenants by the Entirety) under a Corporate Warranty Deed dated on or about the 20th day of April, 2021 and recorded in the Office of the Recorder of Lake County, Indiana, on or about the 28th day of April, 2021 as Instrument Number 2021-506303.
4. That the Marital Relationship which existed between **Gary A. Grah and Debbie J. Grah** continued unbroken from the time they so acquired title to said real estate until the death of **Gary A. Grah** on the 18th day of December, 2021, at which time **Debbie J. Grah** acquired title to the real estate as surviving (Spouse) Tenant by the Entirety. A copy of **Gary A. Grah's** death certificate, with Social Security Number redacted is attached hereto, made a part hereof and labeled Exhibit "A";

FILED

JUL 19 2023

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25-
1598
RM

NOT AN OFFICIAL DOCUMENT

5. That the gross value of the Decedent's estate as determined for Federal Estate Tax purposes, was less than that value required for filing a Federal Estate Tax Return and the Decedent's Estate was not subject to Federal Estate Tax;
6. That the Decedent's estate was not subject to Indiana Inheritance Taxes;
7. That no probate proceedings have been initiated for the Decedent and none are anticipated in that the gross value of the Decedent's estate does not require probate.

FURTHER AFFIANT SAYETH NOT


Debbie J. Grah

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary public in and for said County, this 17th day of July, 2023, came **Debbie J. Grah**, and acknowledged the execution of the foregoing Surviving Spouse Affidavit as her free and voluntary act.

Witness my hand and official seal.


Christopher W. Yugo, Notary Public
Notary License No.: NP0681709



My Commission Expires: 3/27/24
County of Residence: Lake

I affirm under the penalties of perjury that I have taken reasonable care to redact each Social Security Number in this document, unless required by law.

Christopher W. Yugo, Esq. _____

NOT AN OFFICIAL DOCUMENT

**Record and Return to: Christopher W. Yugo
Attorney at Law
1313 White Hawk Drive
Crown Point, IN 46307**

Property of Lake County Recorder

**Prepared by
Christopher W. Yugo, Indiana Attorney No. 17624-45
1313 White Hawk Drive
Crown Point, Indiana 46307**

NOT AN OFFICIAL DOCUMENT

Exhibit "A"

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 305283

Local No 005183

EDR No 000011213154

State No 2021-073850

1. Decedent's Legal Name (First, Middle, Last) Gary A. Grah				1a. Maiden Name (if female)		2. Gender Male		3. Time of Death 03:34 AM		4. Date of Death (Month/Day/Year) 12/18/2021	
5. Social Security Number [REDACTED]		6a. Age - Yrs 77		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		7. Date of Birth (Month/Day/Year) 07/02/1944	
8. 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				11a. 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)		8. Birthplace (City and State or Foreign Country) Hammond, Indiana			
11. Facility Name (If Not Institution, Give Street and Number) 8324 W 107th Place											
12. City or Town, State, and Zip Code St. John, Indiana 46373						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 Debbie J. Grah				15a. Last Name Before First Marriage McCoy				16. Decedent's Usual Occupation Sales		17. Kind Of Business/Industry Insurance	
18a. Residence - State IN		18b. County Lake		18c. City Or Town St. John		18d. Apt. No.		18e. Zip Code 46373		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number 8324 W 107th Place				19. Decedent's Education Associate's degree (e.g. AA, AS)		20. Decedent Of Hispanic Origin Not Spanish/Hispanic/Latino		21. Decedent's Race White			
22. Parent's Name (First, Middle, Last) Charles A. Grah				23. Parent's Name (First, Middle, Last) Virginia M. Grah				23a. Parent's Last Name Before First Marriage Burns			
24. Informant's Name Debbie J. Grah		24a. Relationship To Decedent Wife		24b. Mailing Address (Street And Number, City, State, Zip Code) 8324 W 107th, St. John, IN, 46373							
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 Of Cemetery, Crematory, Other Place) Geisen Cremation Centre				25c. Location - City, Town, And State Crown Point, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility Geisen Funeral, Cremation & Reception Centre 606 East 113th Avenue, Crown Point, Indiana, 46307				27a. Funeral Home License Number: FH10700031			
27b. Signature Of Indiana Funeral Service Licensee: Larry Allen Geisen				27c. License Number (Of Licensee): FD09000013				27d. License State: IN			
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. Acute Myeloid Leukemia											
B. Cardiorenal Syndrome											
C. Acute Renal Failure											
D. Coronary Artery Disease status post CABG											
28. Part II. Enter The Underlying Cause Of Death - 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. Acute Myeloid Leukemia											
B. Cardiorenal Syndrome											
C. Acute Renal Failure											
D. Coronary Artery Disease status post CABG											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
30. Was 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 checked="" type="checkbox"/> Probably <input 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 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 checked="" 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"/> Other/Driver <input checked="" type="checkbox"/> NOT VALID UNLESS			
41. Signature, Of Person Certifying Cause Of Death: Geeta Kurra				42. Certifier (Check One, Only): <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				43. Date Of Signature: 12/21/2021			
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Geeta Kurra 200e 89th Ave, 2a, Merrillville, IN 46410				44. Coroner Number: 01067866A				45. Date Of Entry: 12/21/2021			
46. Additional Funeral Service Provider:				47. Date:				48. Signature of Local Health Officer: Chandana Varadla			
48. Signature of Local Health Officer: Chandana Varadla				49. For Registrar Only - Date Filed (Month/Day/Year): 12/22/2021				49. For Registrar Only - Date Filed (Month/Day/Year): 12/22/2021			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)