NOT AN OFFICIAL 2013-1991 C A E OF ANI ILED FOR RECORD

PEGGY HOLINGA-KATONA

LAKE COUNTY AUDITOR

STATE OF INDIANA

FILED May 30 2024 LM

) 88:

PG #: 2 RECORDED AS PRESENTED

BY: JAS

GINA PIMENTEL RECORDER

AFFIDAVIT OF SURVIVORSHIP

COUNTY OF LAKE

Elizabeth A. Ring, being first duly sworn upon her oath, deposes and says:

- That she is the grandmother of Rafeal Jose Marcano and is knowledgeable of the facts stated herein.
- That Elizabeth A. Ring and Rafeal Jose Marcano, acquired interest as joint tenants with rights of survivorship to certain real estate by deed recorded on December 18th, 2018 as Document No. 2018-086924 in the Office of the Recorder of Lake County, Indians, more particularly described as follows. to-wit:

Lot Numbered 8, except that part described as beginning at the Northeast Corner thereof; thence West along the North line of said Lot, a distance of 70.00 feet; thence South 6.00 feet; thence East 70.00 feet to a point on the East line of said Lot that is 5.3 feet South of the point of beginning; thence North 5.3 feet to the point of beginning and also the North 1/2 of Lot 10, all in Block 5 as shown on the recorded Plat of Stockyard Addition to Tolleston recorded in Plat Book 2 page 48 in the Office of the Recorder of Labe County. Indiana. Lake County, Indiana.

Commonly known as 3816 Swift Street, Hobart, IN 46342

TAX KEY NO.: 45-08-26-105-025.000-018

- 3. That the relationship which existed Elizabeth A. Ring and Rafeal Jose Marcano continued unbroken from the time they so acquired title to said real estate until the death of Merfeal Jose Marcano on April 16th, 2021 at which time Klizabeth A. Ring acquired title to said real estate as joint tenant with rights of survivorship. Alony of the Certificate of Death is attached.
- That the purpose of this affidavit is to induce the Lake County Auditor to show the transfer of such property on his/her records.

AFFIANT FURTHER SAVETH NOT

Elizabeth A. Ring, Affiant

Before me, Before me, a Notary Public in and for said County and State personally appeared Elizabeth A. Ring, who acknowledged the execution of the foregoing Affidavit of Survivorship.

WITNESS my hand and Notarial Seal this 21st day of May, 2024.

Notary Public: Commission Expr County of Residence:

JENNIFER C. WATERS SEAL mmission Number NP0705218 My Commission Expires September 20, 2026

MAIL TAX BILLS TO: Elizabeth A. Ring

3816 Swift Street, Hobart, IN 46342 3816 Swift Street, Hobart, IN 46342

JENNIFER C. WATERS Notary Public, State of Indiana Lake County SEAL * mmission Number NP07036 My Commission Expires September 20, 2025

THIS INSTRUMENT PREPARED BY: DOUGLAS R. KVACHKOFF, #5575-56 Atterney at Law 325 N. Main Street, Crown Point, IN 46307 (219) 662-2977. File No.: IN-24-69066-02 I affirm, under penalties for perjury, that I have taken reasonable care to Security Number in this document, unless required by law redact each Social

NOT AN OFFICIAL DOCUMENT INDIANA STATE DEPARTMENT OF HEALTH Tracking No. 278865

CERTIFICATE OF DEATH

Tracking No. 278865

	_									7.40		
Local No 00191 1. Decedent's Legal Name (First, Middle, Last)	EDI	EDR No 000011096497				2 Gender 3 "Ima Of Death				5746 4. Date Cl Death (Month-Day/Year)		
					- 1	Male	Male 09:51		1 AM		04/16/2021	
Rafeal J. Marcano 5. Social Security Number Ga. Age - Yes			Sd. Under 1 Day	Se. Linder 1 Hour	7. Date of E	Date of Birth (Month/Day/Year) E		8. Birti	i. Birthplace (City and State or Foreign Cou			
2446455555555555555555	Months	Days	Hours	Minutes		/1994	Gary, Indiana					
	Occurred in A Hosp		Hous		red Somewh	ed Somewhere Other Than A Hospital						
Yes 20 No Lrknown Inpatier	cartment Outpatient	Hospics Facility Decement's Home Nursing Home/U						e/Long-term	Care Facil	ty		
11. Facility Name in Not Institution Give Street and Numberl St. Marry Medical Center Hobart												
12. City Or Town, State. And Zip Code			13. Courty Of Death						14. Marital Status At Time Of Death Married Married, But Separated Divorced			
Hobart, Indiana 46342			Lake					18	☐ Widowed ■ Never Merried □ Unknown			
15. Surviving Spouse's Name			15a. Last Name Before First Marriage 16. Decedent's Usual Oc					notsqu	on 17. Kind Of Business/Industry			
18 Residence State			Unavailable							Unavailable		
18. Residence - State	19a i			Hobart	in							
18c. Street And Number	Lak			Hopan			18d. Apt. No.		18e. Zp 0		181. Inside City Limits?	
3816 Swift Street	5						160. Apt. No.			008	191. Inside City Limits?	
	<u> </u>								46342		; ME 185 [] 140	
18. Decedent's Education 21. Decedent O'Hapanic Origin 21. Decedent S Race With S shared ground also as CED ground stated.												
might school graudate of GED completed Phoponic												
22. Parent's Name (First, Middle, Last)			23. Pasent's Nerre (First, Widdle, Last)			Last)				rent's Last	Name Berole First Marriage	
Jose Rafeal Marcano			Jacinta M. McMaster					Ring				
			g To Decembers 24b. Ma ling Address: (Street And Number, City, State, Zp Cod- ther. 145 S Delaware Street, Hobart, IN, 46342						6)			
Elizabeth Ring		Grandinoine			re Sueet,	HODAI	i, IIV, 4034					
25a. Method Ol Disposition		oe Of Disposition (N.	arre Of Cemetery, Cr	co Of Disposition emalory, Other Place;	25c. Loca	dion - City.	Town, And Sta	ne				
Barial M Cremation Constan Linterstreet												
☐ Revenoval From State ☐ Other: (Specify): Gary, IN												
26. Was Coroner Consisted? 27. Name And Complete Address Of Funeral Hacility 27e. Funeral Home Likemse Number:												
DX Yes No Chapel 600 W Old Ridge Road, Hobart, Indiana, 46342									FH83003069			
27b. Signature Cf. Indurus Farenal Swiket Leonage. Journal of Reference Swiket Leonage 27c. License Number (Of Leonage) FD29700036 Journal of Reference Swiket Leonage FD29700036 FD297000												
		Co	ause Of Death (Se	e Instructions And	Examples)	ed Superior					Approximate Interval: Onset	
Such As Cardiac Areas, Respiratory Ament, Or Veneticular Pibrillation Without Showing This Elicitopy, Co Not Abtrovision, Enter City One Gaute On To Death At time, And Another Land And Another Control of the Cardian Another Ca										To Oeath		
Immediate Cause (Final Disease Or Cond	Exsanguination							Immediate				
Sequentially List Conditions, If Any, Leadi	no To The Cause I	isted On B.	Multiple (5) in	cised Wounds	DON DOM	<u> </u>					Intermediate	
Line A. Enter The Uncerlying Cause (Disc The Events Resulting in Death) Last	ase Or Injury That	Initiated			SHI GOVE	Constitution	A.					
The Events residently in Dentily Cast	This Event's Resulting in Death) Lists C. Bank/SchademannerCts											
		D.				_						
Part T. Enter Other Sign Scare Contitions Contri	curing to Death But I	Not Resulting in The	Underlying Gause Gh	en in Patil			Performed? ding (walluste	To Com	Yes	□ No	u6v2	
3". Did Tobacco Use Contribute To Death?	32. If Fema	ie:			Jo. Mela /	Company -	33. Manne				Yes No	
□ NetFrequet With Past Year			Proposit At Time Of Ducks The Proposit, But Proposit Witten 42 Days C Out The Natural						sicide 🔲	kooider: [Pending Investigation	
34. Date Of Injury (Month Day/Year)	35. Time (Interhapment Authorized at Days Ten your before Death University Progress Within Tim Press Year Solicide Coupt Right Be Description 35. Time Cit Injury 36. Place Of Injury (E.G., Deposition's Home, Constitution Site, Restaurant, Wooded Acces) 37. Injury At Work?								7. Injury At Work?		
04/16/2021	08:59 Al								O_{λ}		☐ Yes 🗷 No	
38. Location Of Injury - State	38e. City C	r Town		Maria Nation		_			38c. Apt. N	0 3	ld. Zip Code	
Indiana	Hobart	- 1		Y TOO TEUM FOR						4	6342	
39. Describe How Injury Occurred		I,		ON FILE W		17	40. Il Trans	ропабо	r Injury, Spe	elly:		
Multiple Incised Wounds 41. Signature, Of Person Certifying Cause O' Ceath			LAKE COUNTY HEALTH DEPARTMENT					IND TOTAL TOTALESS IND TOTALESS IN INC. INC. INC. INC. INC. INC. INC. IN				
Merrilee D. Frey			MA	Everanically 6	gned	44 Ce	sifier (Check C tifying Physicis	di .	Corone		Health Officer	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:				11 1 2 2021	J	1	44. L	dense N	umber		5. Date Certified	
Merritoc D. Frey 2900 W 93rd Avenue, Crown Point, IN 4									360	0	5/12/2021	
46 Additional Funeral Service Provider:	(h						11.55		triul ing Hair			
48 Signature of ucost Health Officer: LAKE COUNTY HEALTH OFFICER 49. For Registrar Dely "Otto Hes (Month Dely Your Chandana Vavifafa								Day Year)	05/12/2021			
Changana vavidad AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												
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