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SURVIVORSHIP AFFIDAVIT

AMASA G. COLBY
CHIEF DEP. RECORDER

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STATE OF INDIANA)
COUNTY OF LAKE)

SS:

WILLIAM MICHAEL TAKACS, being duly sworn upon his oath, deposes and says:

1. That William D. Takacs died on January 31, 1993, at Crown Point, Indiana, a certified copy of his death certificate being identified herein as Exhibit "A", attached hereto and incorporated herein by reference.
2. That William D. Takacs and Grace Takacs were duly and legally married at the time they acquired title as husband and wife, to the real estate commonly known as 5427 W. 78th Lane, Schererville, Indiana 46375, and legally described as follows:

Lot 26, Unit 1, C. Gorley's Rolling Hill Estates
Subdivision as per plat thereof, recorded in Plat
Book 35, Page 22, in the Recorders Office of
Lake County, Indiana.

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of his death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for federal estate tax purposes including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of federal estate tax.
6. That affiant herein is the surviving adult son of the decedent and is competent and qualified to provide this affidavit herein.

Further, affiant sayeth not.

STATE OF INDIANA)
COUNTY OF LAKE)

SS:



William Michael Takacs
WILLIAM MICHAEL TAKACS

FILED

Before me, a Notary Public, in and for said County and State, on this 11th day of January, 1995, personally appeared William Michael Takacs and acknowledged the execution of the above and foregoing Survivorship Affidavit to be his voluntary act and deed.

SAM ORLICH
AUDITOR LAKE COUNTY

WITNESS my hand and Notarial Seal.

Sue A. Langer
Sue A. Langer, Notary Public

My Commission Expires:
December 19, 1998

County of Residence:
Lake

This instrument prepared by: Rhett L. Tauber, Esq. #807-45/
Anderson, Tauber & Woodward, P.C.
8935 Broadway, Merrillville, Indiana 46410
Phone: 219/769-1892

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EXHIBIT "A"

INDIANA STATE DEPARTMENT OF HEALTH

Local No. 0223-93

CERTIFICATE OF DEATH

State No.

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

CORONER USE ONLY

1 DECEASED—NAME (First Middle Last) William D. Takacs		2 SEX Male	3a TIME OF DEATH 6:00 A.	3b DATE OF DEATH (Month Day Yr) January 31, 1993	
4 SOCIAL SECURITY NUMBER 312-09-6495	5a AGE—Last Birthday (Years) 74	5b UNDER 1 YEAR Months Days None None	5c UNDER 1 DAY Hours Minutes None None	6 DATE OF BIRTH (MM Day Yr) Jan. 7, 1919	
7 BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana	8a WAS DECEDENT A U.S. VETERAN? NO				
8b YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	8c PLACE OF DEATH (Check only one See instructions) HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				
9b FACILITY NAME (if not institution give street and number) St. Anthony Hospital	9c CITY TOWN OR LOCATION OF DEATH Crown Point	9d COUNTY OF DEATH Lake			
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (if wife give maiden name) Grace Sharkozy	12a DECEDENT'S USUAL OCCUPATION (Give kind of work some during most of working life. Do not use retired) Maintenance	12b KIND OF BUSINESS/INDUSTRY Hotel		
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY TOWN OR LOCATION Schererville	13d STREET AND NUMBER 5427 W. 78th Lane		
13e ZIP CODE 46375	13f INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15 WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if yes specify Cuban Mexican Puerto Rican etc)	16 RACE—American Indian Black White etc. (Specify) White	
17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5)	18 FATHER'S NAME (First Middle Last) Louis Takacs				
19 MOTHER'S NAME (First Middle Maiden Surname) Unavailable		20a INFORMANT'S NAME (Type/Print) Grace Takacs			
20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5427 W. 78th Lane Schererville, Indiana		20c Relationship Wife			
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory or other place) February 7, 1993 Oakland Memory Lane		21c LOCATION—City or Town, State Dolton, Illinois		
22a EMBALMER'S NAME N/A	22b EMBALMER'S LICENSE NO. N/A	23 WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
24a SIGNATURE OF FUNERAL DIRECTOR <i>A. Kusek</i>	24b LICENSE NUMBER (of Licensee) FDO 1014511	25 NAME, ADDRESS AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Rd. Highland, Indiana FDH 300-7500			
26 PART I: IMMEDIATE CAUSE (Final disease or condition resulting in death) (Specify one cause on each line.) META STATIC MENOCARCINOMA OF PROSTATE JUN 23 1994 Conditions if any which gave rise to the immediate cause, stating the underlying cause if any. <i>Alvin S. Williams, MD</i>					
27 PART II: LAKE COUNTY HEALTH COMMISSIONER'S CONTRIBUTING CAUSES (Contributing to death but not previously stated in Part I) ANEMIA OF BLOOD LOSS MALNUTRITION THROMBOCITOPENIA					
28a WAS AN AUTOPSY PERFORMED? (Yes or no) NO					
28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)					
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Alvin S. Williams, MD</i>		29c MEDICAL LICENSE NO. SIGNED (Month, Day, Year) 0000000000 FILED 1, 1993			
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) DANIEL J. MOTYKARDO 297 FRANCISCON - Suite 208 - Crown Point - IN 46301					
31 HEALTH OFFICER'S SIGNATURE <i>Alvin S. Williams, MD</i> JAN 1 1993 FILED (Month, Day, Year) <i>26164612 1993</i>					
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED SAM ORLICH AUDITOR LAKE COUNTY
34e PLACE OF INJURY—At home farm street factory, office building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRONOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) if yes, specify driver passenger pedestrian etc 000543			

