

5

STATE OF INDIANA)
COUNTY OF LAKE)

SS: 98048789

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER
MORRIS W. GILBERT
JUN 30 1998

AFFIDAVIT OF SURVIVORSHIP SAM ORLICH
AUDITOR LAKE COUNTY

Susan J. Macak, being first duly sworn, upon her oath deposes and says:

1. Affiant, *Susan J. Macak*, is 53 years old, resides at 1305 W. 142nd Street, East Chicago, Indiana, and makes this affidavit based upon her personal knowledge.

2. *Susan J. Macak* is the only child born to *Bernice L. Macak* and *Joseph J. Macak*, who were married prior to April, 1948, and who lived together as husband and wife until the death of *Joseph J. Macak* on July 9, 1958, in Lake County, Indiana.

3. During their marriage, *Joseph J. Macak* and *Bernice L. Macak*, as Husband and Wife, purchased the real estate legally described as:

Lot No. Three (3) and the East 8 1/3 feet of Lot No. Four (4), in Block No. Nine (9), as marked and laid down on the recorded plat of Steel Workers Addition to East Chicago, Indiana, as the same appears of record in Plat Book 16, page 2 in the Recorder's Office of Lake County, Indiana, together with all improvements, fixtures, and appurtenances, thereto belonging.

Commonly known as 1305 W. 142nd Street, East Chicago, Indiana

Tax Key #30-563-3

where they continued to reside until their respective deaths.

4. Upon the death of *Joseph J. Macak*, her husband, *Bernice L. Macak*, as the survivor of a tenancy by the entireties, became the sole owner of the real estate described in paragraph 3.

5. *Bernice L. Macak* died testate in Lake County, Indiana, on June 12, 1997 leaving her only child, *Susan J. Macak*, as her sole heir and devisee. Because of the death of *Bernice L. Macak*, and

002128 1800
su
1222

because of her Will, *Susan J. Macak* is the sole owner of the fee simple title to the real estate described in paragraph 3. A copy of said Death Certificate and Will are attached hereto.

6. Because of the death of *Bernice L. Macak*, no Federal Estate Taxes are due, an Indiana Inheritance Tax Return, with Will attached, has been filed in the Lake Superior Court, Civil Division, Room Two, East Chicago, Indiana, under Cause No. 45D02-9804-ES- 78, an order determining Indiana Inheritance Taxes to be \$ 3018.65 was issued therein, and said taxes paid in full in the amount of \$ 2867.72 on JUN 4, 1998, giving credit for 5% reduction as provided by law, and all debts of the decedent including burial expenses have been paid in full. A copy of the Indiana Inheritance Tax Receipt is attached.

7. Affiant makes this affidavit for the purpose of inducing the proper public officials of Lake County, Indiana to transfer the ownership of the above described real estate to the name of *Susan J. Macak*, on their tax and real estate record.

Susan J. Macak
Susan J. Macak

Subscribed and sworn to before me a Notary Public this 9th day of JUN 2, 1998.

My Commission Expires
April 13, 200

Richard J. Lesniak
Richard J. Lesniak, Notary Public
Resident of Lake County

Prepared by: Richard J. Lesniak
LESNIAK & ASSOCIATES
1802 E. Columbus Drive
East Chicago, IN 46312
(219)398-6200



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

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 126

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

TYPE/PRINT IN PERMANENT BLACK INK

1 DECEASED—NAME (First, Middle, Last) Bernice L. Macak		2 SEX Female	3a TIME OF DEATH 11:40 a.m.	3b DATE OF DEATH (Month, Day, Yr) June 12, 1997
4 SOCIAL SECURITY NUMBER 311-10-8986	5a AGE—Last Birthday (Years) 81	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) Dec. 24, 1915
7 BIRTHPLACE (City and State or Foreign Country) Seymour, Indiana	8a WAS DECEDENT A U.S. VETERAN? No			
8b YEAR LAST SERVED IN U.S. ARMED FORCES? -	8c PLACE OF DEATH (Check only one. See instructions) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> OOA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) XIX Residence			
9a FACILITY NAME (If not institution, give street and number) 1305 West 142nd Street		9c CITY, TOWN OR LOCATION OF DEATH East Chicago		9d COUNTY OF DEATH Lake
10 MARITAL STATUS (Specify) Widowed	11 SURVIVING SPOUSE (If wife, give maiden name) -	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Clothing Store Worker		12b KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Lewin's Clothing Store
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY, TOWN OR LOCATION East Chicago	13d STREET AND NUMBER 1305 West 142nd Street	
13e ZIP CODE 46312	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) 12		College (1-4 or 5+) -		
18 FATHER'S NAME (First, Middle, Last) Thomas Cox		18 MOTHER'S NAME (First, Middle, Maiden Surname) Sadie Green		
20a INFORMANT'S NAME (Type/Print) Susan Macak		20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1305 W. 142nd St., East Chicago, IND 46312		20c Relationship Daughter
21a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input 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) June 16, 1997 Riverview Cemetery		21c LOCATION—City or Town, State Seymour, Indiana
22a EMBALMER'S NAME James H. Fife		22b EMBALMER'S LICENSE NO. FD01010795	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
24a SIGNATURE OF FUNERAL DIRECTOR D. Mark Adams		24b LICENSE NUMBER (of Licensee) FD08600709	25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Voss & Sons Funeral Home, INC.—FH83006114 316 N. Chestnut St., Seymour, IND 47274	
26 PART I Enter the disease, injuries, or complications that caused the death. Do not enter nonspecific terms such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) 1. Unilateral phlebotitis DUE TO (OR AS A CONSEQUENCE OF) Cronary artery disease Conditions if any which gave rise to the immediate cause, stating the underlying cause last. DUE TO (OR AS A CONSEQUENCE OF) PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I Pulmonary emphysema				Approximate Interval Between Onset and Death
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) No		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 [Signature]		29c MEDICAL LICENSE NO. 118389
29d DATE SIGNED (Month, Day, Year) June 12, 1997				
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Ronald R. Reed, M.D., 3641 Ridge Road, Highland, Indiana 46322				
31 HEALTH OFFICER'S SIGNATURE [Signature]				32 DATE FILED (Month, Day, Year) 6-12-97
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		
		34a 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.		

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

Last Will and Testament
of

BERNICE L. MACAK

I, BERNICE L. MACAK, at this time a resident of East Chicago, Lake County, Indiana, and being of sound and disposing mind, memory and understanding, do make, publish and declare this to be my Last Will and Testament, hereby revoking any and all former wills and testamentary papers by me at any time heretofore made.

ITEM 1

I direct that all of my just debts, expenses of my last sickness and burial and the costs of administration shall first be paid out of my estate by my Executrix, hereinafter named, as soon after my decease as may by her be found convenient.

ITEM 2

I direct that transfer, estate, inheritance, succession and other taxes which shall become payable by reason of my death shall be paid by my Executrix out of my general estate as an administration expense without apportionment, irrespective of whether assessed in respect of property owned by me at the time of my death, or in respect of any other property included in the computation of such taxes.

ITEM 3

All the rest, residue and remainder of my estate, both real, personal and mixed, of whatsoever kind and nature, and wheresoever situated, of which I die seized or possessed, or in which I have an interest, or to which I may be entitled at the time of my death, I give, bequeath and devise unto my daughter, SUSAN J. MACAK; provided, however, if my daughter dies before I do, or if my daughter and I die as a result of a common disaster or accident, or under such circumstances that there is no sufficient evidence that my daughter and I died other than simultaneously, then and in either of these events, all the rest, residue and remainder of my estate aforesaid, I give, bequeath and devise unto my sister, PAULINE NOBLITT.

ITEM 4

I nominate, constitute and appoint my daughter, SUSAN J. MACAK, as Executrix of this, my Last Will and Testament, and in case of her death, inability, refusal, or failure to act as Executrix, then and in that event, I nominate, constitute and appoint my sister, PAULINE NOBLITT, as Executrix of this, my Last Will and Testament. No bond shall be required of my Executrix, the same being hereby specifically waived.

Bernice L. Macak

IN WITNESS WHEREOF, I have herounto set my hand and seal
at the City of East Chicago, Indiana, this 29th day of
October, 1965.

Bernice L. Macak (SEAL)

Document is

NOT OFFICIAL!

The foregoing instrument was subscribed by the Testatrix,
BERNICE L. MACAK, on the 29th day of October, 1965, in our
presence, and also at the same time declared by her to be her
Last Will and Testament, and we, at the same time, in her
presence, at her request, and in the presence of each other,
have hereunto subscribed our names as attesting witnesses and
do hereby declare that at the time of the execution of said
Last Will and Testament, said BERNICE L. MACAK was of sound
mind, memory and understanding.

WITNESS

ADDRESS

Gene W. McAtie

East Chicago, Indiana

Edward Cooper

Wheaton, Indiana

Helen Hamrick

Gary, Indiana

