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LAKE COUNTY
FILED FOR RECORD

2003 079088

2003 JUL 25 10:51 AM

REC'D

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now **Martin Sharik, Jr.**, being duly sworn upon his oath, and states as follows:

That Affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lots ten (10) and eleven (11) in Block eleven (11), in Ridgewood Addition of Griffith, as per plat thereof, recorded in Plat Book 2, Page 80, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 229 North Wiggs Street, Griffith, Indiana 46319
Key Number: 26-148-10

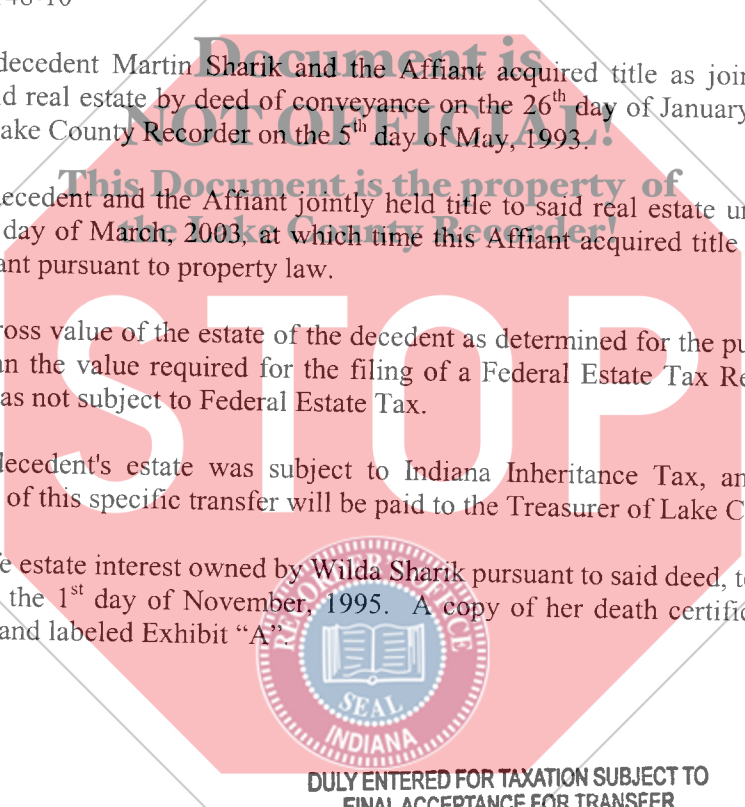
That the decedent Martin Sharik and the Affiant acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 26th day of January, 1993, and recorded in the Office of the Lake County Recorder on the 5th day of May, 1993.

That the decedent and the Affiant jointly held title to said real estate until the death of Martin Sharik on the 26th day of March, 2003, at which time this Affiant acquired title to the real estate as the surviving joint tenant pursuant to property law.

That the gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return and therefore, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was subject to Indiana Inheritance Tax, and the Inheritance Tax assessed as a result of this specific transfer will be paid to the Treasurer of Lake County by the Affiant.

That the life estate interest owned by Wilda Sharik pursuant to said deed, terminated on her death, which occurred on the 1st day of November, 1995. A copy of her death certificate is attached hereto, made a part hereof and labeled Exhibit "A".



DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

JUL 25 2003

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

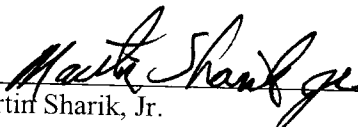
001805

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M.L.
52281

Centier Bank
P.O. Box 1109
Crown Point, IN 46308-9983

Affidavit of Survivorship
Affiant: Martin Sharik, Jr.
Affecting: 229 North Wiggs, Griffith, Indiana 46319
Page Two

Further Affiant Sayeth Not.



Martin Sharik, Jr.

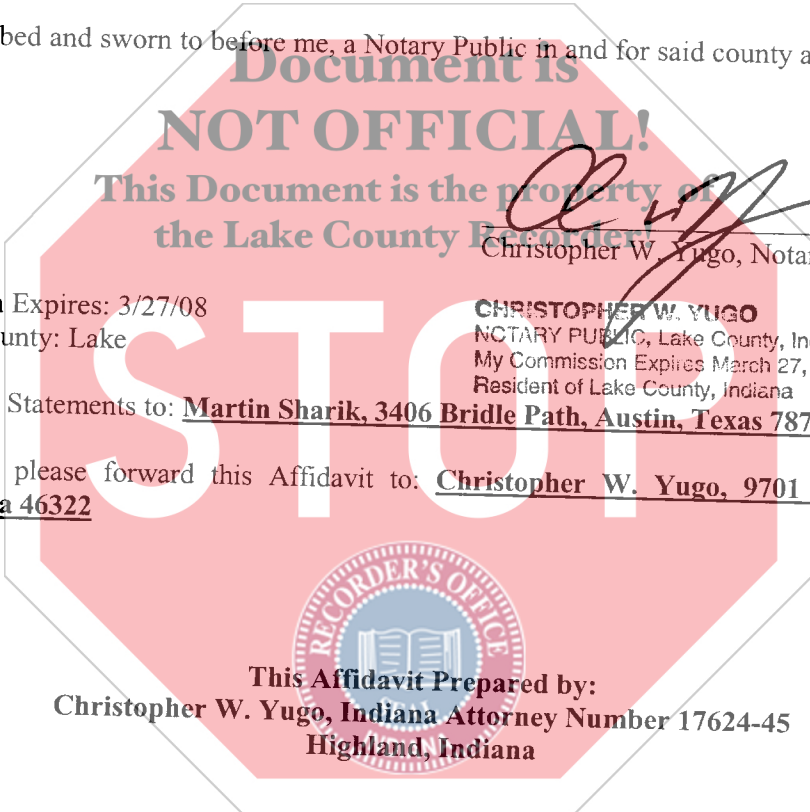
STATE OF INDIANA)

COUNTY OF LAKE)

SS:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 18th day of July, 2003

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder





Christopher W. Yugo, Notary Public

My Commission Expires: 3/27/08
My Resident County: Lake

CHRISTOPHER W. YUGO
NOTARY PUBLIC, Lake County, Indiana
My Commission Expires March 27, 2008
Resident of Lake County, Indiana

Mail Future Tax Statements to: Martin Sharik, 3406 Bridle Path, Austin, Texas 78703

After recording, please forward this Affidavit to: Christopher W. Yugo, 9701 Indianapolis Blvd. Highland, Indiana 46322


This Affidavit Prepared by:
Christopher W. Yugo, Indiana Attorney Number 17624-45
Highland, Indiana

ATTENTION: Disclosure of the information on this form is the responsibility of the person who provides the information. If we need to pursue our responsibilities voluntarily and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

Exhibit "A"

Local No. 2517-95

CERTIFICATE OF DEATH

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

INFORMANT

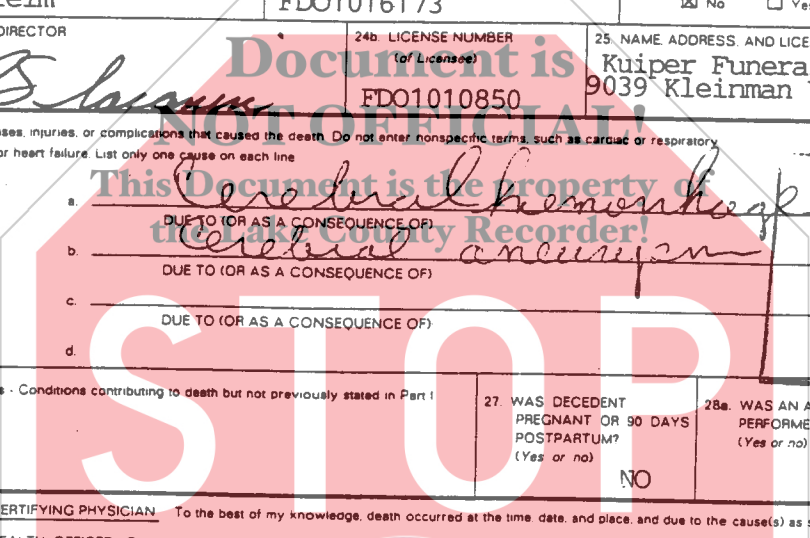
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1 DECEASED—NAME (First, Middle, Last) Wilda D. Sharik		2 SEX Female	3a. TIME OF DEATH 8:25 p.m.	3b. DATE OF DEATH (Month, Day, Yr.) November 1, 1995	
4. *SOCIAL SECURITY NUMBER 287-07-7451	5a. AGE—Last Birthday (Years) 80	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo. Day, Yr.) February 7, 1915	
8a. WAS DECEDENT A U.S. VETERAN? No	8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A	9a. PLACE OF DEATH (Check only one. See instructions) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence			
9b. FACILITY NAME (If not institution, give street and number) Munster Community Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Munster, In.	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If wife, give maiden name) Martin Sharik	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Home Maker		12b. KIND OF BUSINESS/INDUSTRY Own Home	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION Griffith		13d. STREET AND NUMBER 229 N. Wiggs	
13e. ZIP CODE 46319	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13g. ON A FARM? <input checked="" type="checkbox"/> No <input 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) 10 College (1-4 or 5 +)					
18. FATHER'S NAME (First, Middle, Last) Clarence Smith		19. MOTHER'S NAME (First, Middle, Maiden Surname) Aletta Macy			
20a. INFORMANT'S NAME (Type/Print) Martin Sharik		20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 229 N. Wiggs Griffith, In. 46319		20c. Relationship Husband	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <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) November 7, 1995 Monroe Cemetery		21c. LOCATION—City or Town, State West Manchester, Ohio	
22a. EMBALMER'S NAME Edgar C. Gleim		22b. EMBALMER'S LICENSE NO. FDO1016173	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>James B. ...</i>		24b. LICENSE NUMBER (of Licensee) FDO1010850	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home FH83007500 9039 Kleinman Rd. Highland, In. 46322		
26. PART I: Enter the diseases, 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) a. Cerebral hemorrhage b. cerebral aneurysm c. hypertension d. hypertension Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last.					
PART II: Other significant conditions - Conditions contributing to death but not previously stated in Part I					
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) N/A		
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>Gerard M. Davidson, D.O.</i>			29c. MEDICAL LICENSE NO. 000745	29d. DATE SIGNED (Month, Day, Year) 11-4-95	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Gerard M. Davidson, D.O. 840 Richard Road, Dyer, IN 46311					
31. HEALTH OFFICER'S SIGNATURE <i>Gerard M. Davidson, D.O.</i>					
32. DATE FILED (Month, Day, Year) November 1, 1995					
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <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
		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.			



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

NOV 17 2003