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STATE OF INDIANA

COUNTY OF LAKE, SS: 2003 106006

**SURVIVORSHIP AFFIDAVIT**

AGENTS CASE NO. 03-0672LG

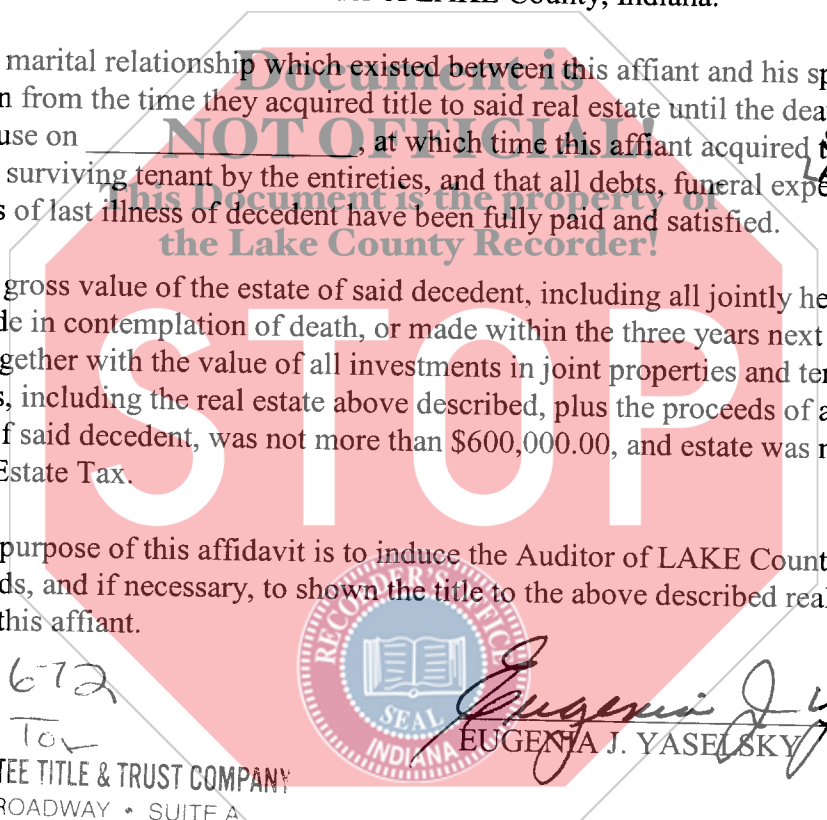
Key 27-17-0097-000510006

EUGENIA J. YASELSKY, being first duly sworn, on oath states as follows:

1. That he/she is the owner in fee simple of the following described real estate located in LAKE County, Indiana, to-wit:
2. That EUGENIA J. YASELSKY and her now deceased spouse, PETER YASELSKY, were husband and wife at the time they acquired title as tenants by the entireties to said real estate by deed of conveyance dated 10/5/65 and recorded 2/4/66 in Document No. 653240, in the Office of the Recorder of LAKE County, Indiana.
3. That the marital relationship which existed between this affiant and his spouse continued unbroken from the time they acquired title to said real estate until the death intestate of said spouse on \_\_\_\_\_, at which time this affiant acquired said real estate as surviving tenant by the entireties, and that all debts, funeral expenses, and expenses of last illness of decedent have been fully paid and satisfied.
4. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in contemplation of death, or made within the three years next preceding said death, together with the value of all investments in joint properties and tenants by the entireties, including the real estate above described, plus the proceeds of all insurance on the life of said decedent, was not more than \$600,000.00, and estate was not subject to a Federal Estate Tax.
5. That the purpose of this affidavit is to induce the Auditor of LAKE County to change the tax records, and if necessary, to shown the title to the above described real estate in the name of this affiant.

**FILED**

OCT 3 2003  
STEPHEN R. STIGLICH  
LAKE COUNTY AUDITOR



03-0672  
Rel To

THE GUARANTEE TITLE & TRUST COMPANY  
7895 BROADWAY • SUITE A  
MERRILLVILLE, IN 46410

*Eugenia J. Yaskell*  
EUGENIA J. YASELSKY

000335

16.00 RM  
1184

Subscribed and sworn to before me a Notary Public, this 23RD day of SEPTEMBER, 2003.

Dana M. Matusik  
NOTARY PUBLIC

My Commission Expires:

County of Residence:

THIS INSTRUMENT WAS PREPARED BY: DEBORAH FINGERMAN, ATTORNEY AT LAW



ATTENTION ESTATE: Disclosure of the # we need to pursue our responsibilities voluntarily and there will be no penalty for usual.

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 1375-01

State No.

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

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

PARENTS

FORMANT

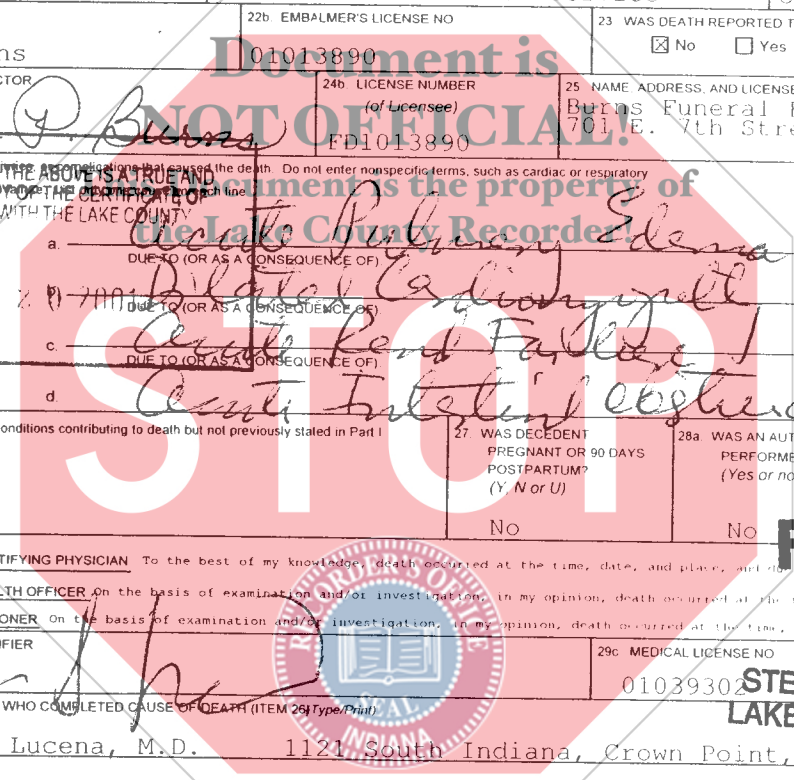
DISPOSITION

USE OF DEATH

CERTIFIER

HEALTH OFFICER

Form containing fields for: 1 DECEASED - NAME (Peter Yaselsky), 2 SEX (Male), 3a TIME OF DEATH (7:20 PM), 3b DATE OF DEATH (June 16, 2001), 4 SOCIAL SECURITY NUMBER (312-16-0743), 5a AGE (78), 5b UNDER 1 YEAR, 5c UNDER 1 DAY, 6 DATE OF BIRTH (June 29, 1922), 7 BIRTHPLACE (Gary, Indiana), 8a WAS DECEDENT A U.S. VETERAN? (Yes), 8b YEAR LAST SERVED IN U.S. ARMED FORCES? (1946), 9b FACILITY NAME (St. Anthony Medical Center), 10 MARITAL STATUS (Married), 11 SURVIVING SPOUSE (Eugenia Kalinowski), 12a DECEDENT'S USUAL OCCUPATION (Security Officer), 12b KIND OF BUSINESS/INDUSTRY (Gainer Bank), 13a RESIDENCE - STATE (Indiana), 13b COUNTY (Lake), 13c CITY, TOWN OR LOCATION (Hobart), 13d STREET AND NUMBER (910 W. 38th Place), 13e ZIP CODE (46342), 13f INSIDE CITY LIMITS (Yes), 14 CITIZEN OF WHAT COUNTRY? (USA), 15 WAS DECEDENT OF HISPANIC ORIGIN? (No), 16 RACE (White), 17 DECEDENT'S EDUCATION (Elementary/Secondary), 18 FATHER'S NAME (Michael Yaselsky), 19 MOTHER'S NAME (Eva), 20a INFORMANT'S NAME (Eugenia Yaselsky), 20b MAILING ADDRESS (910 W. 38th Place, Hobart, IN 46342), 20c Relationship (Wife), 21a METHOD OF DISPOSITION (Cremation), 21b DATE AND PLACE OF DISPOSITION (June 20, 2001, NW Indiana Cremation Service), 21c LOCATION (Crown Point, Indiana), 22a EMBALMER'S NAME (Terrence P. Burns), 22b EMBALMER'S LICENSE NO (01013890), 23 WAS DEATH REPORTED TO CORONER? (No), 24a SIGNATURE OF FUNERAL DIRECTOR (Terrence P. Burns), 24b LICENSE NUMBER (FD1013890), 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME (Burns Funeral Home, 701 E. 7th Street, Hobart, Indiana, FH83002380), 26 PART I IMMEDIATE CAUSE OF DEATH (Dilated Cardiac Myocardium, Acute Renal Failure, Acute Intestinal Obstruction), 27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (No), 28a WAS AN AUTOPSY PERFORMED? (No), 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (No), 29a CERTIFIER (Certifying Physician), 29b SIGNATURE AND TITLE OF CERTIFIER (Stephen R. Stogach, Lake County Auditor), 29c MEDICAL LICENSE NO (01039302), 29d DATE SIGNED (OCT 3 2003), 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Dr. Bernardo S. Lucena, M.D., 1121 South Indiana, Crown Point, IN 46307), 31 HEALTH OFFICER'S SIGNATURE (Susan J. Best, D.O.), 32 DATE FILED (June 20, 2001), 33 MANNER OF DEATH (Natural), 34a DATE OF INJURY, 34b TIME OF INJURY, 34c INJURY AT WORK?, 34d DESCRIBE HOW INJURY OCCURRED (000336), 34e PLACE OF INJURY, 34f LOCATION, 34g DATE PRONOUNCED DEAD (June 16, 2001), 34h MOTOR VEHICLE ACCIDENT? (No).



FILED

OCT 3 2003

STEPHEN R. STOGACH LAKE COUNTY AUDITOR

000336

LEGAL DESCRIPTION

LOTS 5 AND 6 IN BLOCK 3 IN CRESSMOOR 1ST SUBDIVISION, HOBART, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 21, PAGE 25, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 910 W. 38TH PLACE, HOBART, IN 46342

