

STATE OF INDIANA

COUNTY OF LAKE, SS: 2003 106006

SURVIVORSHIP AFFIDAVIT

Key 27 - 17 - CCG 7 - CCG STOCK AGENTS CASE NO. 03-0672LG 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 tenats 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.
- 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 2003 said spouse on _______, at which time this affiant acquired interesting real estate as surviving tenant by the entireties, and that all debts, funeral 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.

FEY TO

03-0672

THE GUARANTEE TITLE & TRUST COMPANY

7895 BROADWAY * SUITE A MERRILLVILLE, IN 46410

000335

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

Dana M. Matusife 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 voluntary and there will be no penalty for usal.*

ical No. 13.75-01

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

	THE RECOR	DS IN THIS SEF	RIES ARI	E CONFIDENTIAL PER	R IC 16-1, 19	-3									
'PE/PRINT	1 DECEASED - N		2. SEX			a TIME OF DEATH 3b DATE OF DEATH Month			dh Day Vi i						
IN	- Peter				Yaselskv		v Mal				:20 PM	1	June 16, 2001		
ERMANENT BLACK INK	4 *SOCIAL SECURITY NUMBER		ER	5a. AGE - Last Birthday	5b UNDER 1 YEAR		5c. UNDER					1.	7 BIRTHPLACE (City and State or Foreign Country		
SLACK INK	312-16	-0743	1	(Years) 7.8			Hours	Hours Minutes				Gary	Gary		
	8a. WAS DECEDE		8b YE	AR LAST SERVED IN				PLACE	June			Indi	Indiana		
	A U.S. VETE	RAN?		S ARMED FORCES?	HOSPITAL Inpatient			- Dioc	OF DEATH (Check only one See ins			Other (Specify			
	Yes			1946		☐ ER/Outpatient ☐ DOA						, ۱۰۰۰۰۰	1-P 3 7		
	9b. FACILITY NAM				TOWN, OR L	WN, OR LOCATION OF DEATH			9d COUNTY OF DEATH						
CEDENT	St Ant	hony Me	dic:	al Center	Coor	norm Doint									
	10. MARITAL STA			VIVING SPOUSE			Crown Point OCCUPATION (Give kind of work			Liake					
	(Specify) (If			give maiden name)			done du	one during most of working		ng life Do not use retired)		126 KIND OF	12b KIND OF BUSINESS/INDUSTRY		
				nia Kalin	iowski Seci			rity Officer					Gainer Bank		
i			13b. CO	j	13c CITY, TOWN OR LOCATION						TREET AND NUMBI				
	Indiana L			~	Hobar				910 W. 38ti		h Place				
	13e. ZIP CODE 13f. INSIDE CITY I □ No ☑ 13g. ON A FARM?			14. CITIZEN OF WHAT COUNTRY?			ISPANIC ORIG			16 RACE— American Indian, Black, White, etc.		17 DECEDENT'S EDUCATION			
				WIAI COOKINI	MINO LI			cny Cuban.		ick, White pecify)			(Specify only highest grade completed)		
				TICA	Мехю	an, Puerto F	Rican, etc.)				Ì	Elementary/Secon	ementary/Secondary (0-12) Coffege (1-4 or 5+)		
	46342 18. FATHER'S NA	⊠ No □		USA					,	ite			12	N/A	
RENTS	/				19. MOTHER					NAME (First, Middle, Maiden Su			urname)		
	Michael Yaselsky 20a INFORMANT'S NAME (Type/Print) 20b MAILING ADDRESS (Street and Number or Rural Route Number. City or Town State. Zip Code)														
FORMANT			·		1										
		Yasels			910 W. 38th Pla				ce, Hobart, IN 463			342	Wife Wife		
	21a. METHOD OF	DISPOSITION	Entor	mbment	21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) 21c 1							c LOCATION - C	ify or Town Sta	ite	
	Burial	X Cremation	Rem	oval from State		June 20, 2001									
	☐ Donation	Other (Specify)			NW Indiana Cremation				Servi	Service Cr			own Point, Indiana		
CDOCITION	22a. EMBALMER'S	NAME		/			ICENSE NO				ATH REPORTED 1	O CORONER?	7111.	inu tana	
SPOSITION	Terrence	e P. Bur	ns	./ .	010	1 3 8 9 0	2041	4 3			No Yes				
ŀ	24a. ŞIGNATURE			< /	1010.	246 LICENSE NUMBER 25 NAME ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME									
i	(1)		6	12		1	of Licensee)		Buri	ns E	'uneral	Home	ETTE	2900 2200 -	
	122	rence	- 13	-/DL642	24.)	Proj	013890			E.	Ÿth Str	eet,Hob	art, Ir	idí ana	
ľ	26. PARTI I	THIS CERTIFIE	CITTIPE B	Homeligeligne Balleaused	the death. Do	1	0 1 0 0 0 0	such as card	fiac or resour	ratory			4634		
		GONPLETE DO	No As Obset	BOVE'S ATRUE'AND	enti	ent	is the	pro	pert	y 0	f \			Approximate Interval Between	
	IMMEDIATE CAUSI	DEATH ON FILE	MITHI	HE LAKE COUNTY	To Wa	CH	mater B	ACO:	rder	70				Onset and Death	
İ	disease or condition			DUE TO (OR.	AS A CONSEC	UENCE OF	1 Kyr	26-71	1	-00	52260				
USE OF	resulting in death		۱ i	5 200 / 1 /A	10	0	(g)	G^{∞}	1		170				
	Conditions if any, which gave														
	rise to the infinediate cause stating the ulderlying c.														
	cause last			DUE TO (OR	AS A TONSEO	UENCE OF		Z . C		C V	-				
			(1.	arti	-6	200	V_{s}	116	261	eli 2 x	Tion of			
	PART II Other sigi	nificant conditions -	Condition	s contributing to death but r	not previously st	lated in Part	27	WAS DEC		-	28a. WAS AN AU	IOPSY 78	b WERE ALITI	OPSY FINDINGS	
ł								PREGNAL	NT OR 90 D	AYS	PERFORMI	:0?	AVAILABL	E PRIOR TO	
								(Y, N or			(Yes or no	"		FTION OF CAUSE 12 (Yes or not	
								No			No		-		
[:	29a. CERTIFIER (Check only	√ ⊠ ce	RTIFYING	PHYSICIAN To the be	et of my ko	TITLL	Die								
	one)	1		ICER On the basis of		CHARLE	SANGER BY THE					to the duse	e e seu g e d e	1.	
1	10			On the basis of exam							courred at the	OCT -	66 (14) 16 E	trace to the care	
-	96. SIGNATURE A	ND TITLE OF CER	TIFIER		macron and	Invest	Igation, in	my opinio			AL LICENSE NO	OCT 3		it the entry	
RTIFIER	XV	11		X	E	خلا لا	إ الكيا:				/	1		(Month Day, Year)	
13	O NAME AND ADD	RESS OF PERSO	N WHO C	MILETED CAUSE OF O	FARE (ITEM 26	V Tyne/Print	CA V	3		010	39302 STE		v ~ r · r -	4070	
-	_ //			X	V	S. 140		5/			LAKE	COUN.	TY AUL	лтон ч	
- -	Dri/Berr 11. HEALTH OFFICI	iardo S.	Luc	cena, M.D.	1	121 S	outh I	ndiar	na, e	row	n Point,	IN 46	307		
ALTH		EN O OIGHAT DICE						- /				32 C	ATE FILED (M	onth, Day Year)	
FICER	3 MANNER OF DE	· A T.1.1	1.	34a. DATE OF INJURY	204000	- (4_	10	1.	D.O.				uni	0,2001	
ľ	3 MARIAER OF DE	AIH	- 1	(Month, Day, Year)	34b. TIME OF INJURY		34c INJUI	RY AT WORL	K?	34d DESCRIBE HOW INJU		URY OCCURRED		/	
1			l				ł			1		¥			
	Natural Pending Investigation									000			1220		
- 1	☐ Accident			4e. PLACE OF INJURY -	- At home, fa	At home, farm, street, factory, office			34f. LOCATION (Street and			d Number or Rural Roule Number Cily or Town, State)			
	☐ suicide ☐ Could not be building, etc. (Specify)											. Giale)			
<u> </u>	Homicide	Determined												į	
3.	4g DATE PRONOL	INCED DEAD (Mo	nth, Day,	Year) 34h. MOTOR VI	EHICLE ACCID	ENT?(Yes o	r No) If yes, sp	ecify driver, p	oassenger, p	edestrian	. etc				
1	June 16	2001													
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	5	tate Fo	riii 1	ULLU (K4/	3-931	veat.	hcer/P	D = 1							

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

