STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2004 JUN 30 PM 2:03

MORRIS W. CARTER
RECORDER

2004 055410

Send Tax Statements To:
Mary R. Jaroscak
1601 W. 4th Place
Hobart, IN 46342

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

IN RE: **THE ESTATE OF: DONALD R. JAROSCAK**

SMALL ESTATES AFFIDAVIT AND AFFIDAVIT FOR THE TRANSFER OF REAL PROPERTY

1. That the above-named decedent, **Donald R. Jaroscak,** died on the 4th day of May, 2004, intestate, while domiciled in Lake County, Indiana.

2. That 45 days have elapsed since the death of the decedent.

3. That pursuant to I.C. 29-1-8-1 and 29-1-8-3 et seq, the transfer of real property, with a net value of less than $25,000.00 is permitted by affidavit.

4. That pursuant to 29-1-2-2-, the surviving spouse is entitled to 1/3 of the realty, since the debts of the decedent exceed the value of the real estate, the surviving spouse is entitled to the real estate.

5. That pursuant to 29-1-14-9, the surviving spouse is entitled to survivor allowance.

6. That the value of the real estate transferred less the mortgage and funeral expenses is less than zero.

3. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.

4. That the following persons are the only heirs of the decedent:

Name	Address	Relationship
Mary R. Jaroscak	1601 W. 4th Place, Hobart, IN 46342	Spouse

5. That the value of the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of $25,000.00, the allowance provided by I.C. 29-1-8-3, the costs and expenses of administration and reasonable funeral expenses. The following are the assets held by decedent at the time of death:

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER
JUN 30 2004
STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

002578

1300 BTC 8031

Real Estate (50% interest): 5431 Maryland St., Merrillville, IN FMV $32,000.00

Further described as:

Lot 22, Block "H", Meadowland Manor, Unit No. 2, as per plat thereof, recorded in Plat Book 31, page 97, in the Office of the Recorder of Lake County, Indiana.

Total Estate **$32,000**

That the debts of the estate are as follows:

Funeral Expenses: $8,460
Attorney Fees: $300.00

Total Debt of the Estate **$8,760.00**

NET ESTATE PAYABLE TO THE HEIRS **$23,540**

6. That the individual entitled to the real estate as a result of the decedent's death listed under the laws of intestacy is the **decedent's spouse, Mary R. Jaroscak, pursuant to I.C.29-1-2-1, et seq and I.C.29-1-14-9.**

7. That the gross value of the estate of the decedent as determined for the purposes of Federal Estate tax purposes is less than the value required for filing a form 706 Federal Estate Tax Return and an I.H. 6 Indiana Inheritance Tax Return is not required to be filed.

That this affidavit will hold the Assessor of Lake County harmless for its reliance on this affidavit and for transferring real property pursuant to Indiana Code 29-1-8-3 .

Dated this 29 day of June, 2004.

Mary R. Jaroscak
Mary R. Jaroscak

Before me a Notary Public appeared Mary R. Jaroscak and she did on this date swear to the truth of the foregoing statements.
Subscribed and sworn to before me this 29 day of June, 2004.

Patricia A. Rees Notary Public

My Commission expires: 3/35/10

This Instrument Prepared by:Patricia Rees, ATTORNEY AT LAW
5341 Central Avenue, Portage, IN 46368
Telephone: (219) 947-1692.

* ATTENTION ESTATE: Disclosure of the SS# we need to pursue our responsibilities is voluntary and there will be no penalty for refusal.*

Local No. 1195-04

INDIANA STATE DEPARTMENT OF HEALTH

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

1. DECEASED - NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Donald	R.	Jaroscak	Male	11:02 AM	May 4, 2004

4. *SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo., Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
310-36-6118	66			June 13, 1937	Gary Indiana

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one See instructions)
No	—	HOSPITAL: ☐ Inpatient ☒ ER/Outpatient ☐ DOA — OTHER ☐ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
St. Mary Medical Center	Hobart	Lake

10. MARITAL STATUS (Specify)	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.)	12b. KIND OF BUSINESS/INDUSTRY
Married	Mary Cortese	Construction Engineer	U.S. Steel-Gary

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Hobart	1601 W. 4th Place

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE — American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46342	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	12	2

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Stephen Jaroscak	Sophie Suhanik

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Mary Jaroscak	1601 W. 4th Place, Hobart, IN 46342	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify)	May 7, 2004 Calumet Park Cemetery	Merrillville, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
Terrence P. Burns	01013890	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James E. Burns	FD01009461	Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342-

CAUSE OF DEATH

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. cardiac dysrhythmia — DUE TO (OR AS A CONSEQUENCE OF):

b. atherosclerotic heart disease — DUE TO (OR AS A CONSEQUENCE OF):

c. — DUE TO (OR AS A CONSEQUENCE OF):

d.

Conditions, if any, which gave rise to the immediate cause stating the underlying cause last

Approximate Interval Between Onset and Death: a. minutes; b. years

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
	No	Yes	—

CERTIFIER

29a. CERTIFIER (Check only one)

☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.

☐ 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.

☐ 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Donald M Phillips MD	01020846	5/10/04

HEALTH OFFICER

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 29) (Type/Print): Donald M. Phillips MD 1356 S. Lake Park Avenue, Hobart, IN 46342

31. HEALTH OFFICER'S SIGNATURE

32. DATE FILED (Month, Day, Year): May 11, 2004

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☒ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				MAY 4, 2004

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.
May 4, 2004	002579

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1