

2004 096699

2004 NOV 15 AM 9: 20

THEOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

| STATE | OF: Inhann) |
|--------|---|
| |) SS: |
| COUN | TY OF: Kake) |
| Or | n this |
| | this October 20, 2004 Before me personally appeared |
| to me | personally known, who being duly sworn on oath did say that: |
| 1. | Affiant resides at the address given below affiant's signature; |
| 2. | Affiant is personal representative |
| 3. | (state interest of affiant in the above premises as owner) Said premises described as follows: Auth 65.38 feet of South 67.38 feet |
| | of Rat 2 in block 14 in Jake Kramer graden to Hobert |
| | as per plat thereof, reducted in RB11, pg 22, in Office |
| | of Keender of bake County In |
| | 1336 Lines Street Hobart Ahon |
| | the Lake County Recorder! |
| 4. | Said premises were formerly owned as joint tenants or as tenants by entireties |
| | by albera bukowski and and wilyn M. Bukowski |
| 5, | Said Othera Bukawski (fill in name of co-tenant who died) |
| | died on_ Quly 19,1984 |
| | leaving will; (insert "a" or "no" if a will has been left, attach a copy) |
| 6. | The total value of the taxable estate of said deceased including joint tenancies, tenancies by the |
| - | entireties, individual ownerships of both real and personal property, and insurance does not exceed the |
| | sum of \$ 70,000 and to the best of affiant's knowledge there is no estate |
| | or inheritance tax liability by reason of the death of the said descendent: |
| 7. | Where this affidavit relates to a tenancy of the entireties, were the parties ever divorced? |
| | (If answer is YES, identify the dissolution proceedings.) |
| | WOLANA STEEL |
| 8. | Affiant's relationship to the deceased was |
| | Signature Journ Yavy |
| | Address: 4461 Park and |
| State | of Indiana) Lake Station, on 46 405 |
| County | /of Lake) |
| Before | me, the undersigned, a Notary Public in and for said County and State, this |
| person | nally appeared Joann Pavy |
| | |
| and ac | eknowledged the execution of the foregoing Affidavit. |
| | CHERI M. JOLLIGE |
| | Porter County Notary Public |
| | My Commission Expires Resident of County |
| _ | Oct. 8, 2010 My Commission expires: Oct 8, 2010 |
| Prepar | ed by: Joann Tavy |

DULY ENTERED FOR TAXATION SUBJECT TO FINAL ACCEPTANCE FOR TRANSFER

NOV 12 2004

STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

ITIGLICH AUDITOR



M TICOR TITLE INSURANCE

SURVIVORSHIP AFFIDAVIT

| STATE | EOF: Indian) | |
|------------|---|---|
| |) SS: NTY OF: Lake) | |
| COUN | ITY OF: Lake) | |
| Or | n this October 20, 2004 Before me | e personally appeared |
| O. | Joan Pavy | |
| to me | personally known, who being duly sworn on oath did s | say that: |
| 1. | Affiant resides at the address given below affiant's si | |
| | Affiant is Phone representation (state interest of affiant in the above | <u>.</u> |
| 2. | (state interest of affiant in the above | premises as owner) |
| 3. | Said premises described as follows: North & | 5.38 feet of South 61.38 feet |
| | of hat 2 in block 14 in Joke to as per plat thereof, recorded or | rame for talker to Hohart |
| | as per plat thereof, recorded or | ABII, py dd, in Office of |
| | Lunder of take County In | AII |
| | | AL. |
| | 1336 Lincoln Someten Hobacor | deduni |
| | the Lake County Rec | order! |
| 4. | Said premises were formerly owned as joint tenants | or as tenants by entireties |
| | by Whena hukowski ar | nd Evelyn m Bukowski |
| 5, | by Alberta Bukowski ar Said Evelyn n yukowski (fill in name of co-tenant | |
| • | (fill in name of co-tenant | who died) |
| | died on 3 chrusy 14, 2004 | |
| | leaving will; (insert "a" or "no" if a will has been left, attach a copy) | |
| 6. | The total value of the taxable estate of said dece | ased including joint tenancies, tenancies by the |
| | entireties, individual ownerships of both real and pers | |
| | TO DECE OF | to the best of affiant's knowledge there is no estate |
| | or inheritance tax liability by reason of the death of the | |
| 7. | Where this affidavit relates to a tenancy of the entire | |
| 7. | | ntify the dissolution proceedings.) |
| | (II allower is TEG, idel | tilly the dissolution proceedings.) |
| o | Affiant's relationship to the deceased was | 2 4 |
| 8. | Time it o location in to also document was | |
| | | Signature Gram Gara |
| O | | Address: 4461 fark are Rake Station, on 46405 |
| State | of Indiana) | 1 12 3 carer , on 7640 5 |
| County | y of Lake) | |
| | e me, the undersigned, a Notary Public in and for said | County and State, this |
| persor | nally appeared Joenn Pavy | |
| | , | |
| and ac | cknowledged the execution of the foregoing Affidavit. | ala In |
| | CHERI M. JOLLIFF | com my sury |
| | Porter County | Notary Publid) |
| | My Commission Expires | Resident of Partu County |
| | | My Commission expires: Oct 8, 2010 |
| Prepai | red by: Jeann Pary | |
| <u>-</u> - | | |

refusal.*
Local No. 4/4-04

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

CERTIFICATE OF DEATH

| State | No. | | | | | | | | | | | |
|-------|-----|--|--|--|--|--|--|------|--|--|--|--|

| | THE RECORD | S IN THIS SEF | RIES ARE | CONFIDENTIAL PE | R IC 16-1 | , 19-3 | | | | | | y | | |
|-------------|--|--|---|---|----------------------|--|--------------------------------|----------------------|-------------------|--|---------------------------------------|--|---|--|
| TYPE/PRINT | 1. DECEASED - NA | AME (First, N | fiddile, Last, | · · · · · · · · · · · · · · · · · · · | | | | 2. SEX | | 3a. TIME | OF DEATH | 3b. DATE | OF DEATH(Month | , Day, Yr.) |
| IN | Evelyn | | | М. | : | Zukowsk | i | Fem | ale | 10:2 | 5 AM | Febr | lary 14 | , 2004 |
| PERMANENT | 4. *SOCIAL SE | CURITY NUMB | ER T | 5a. AGE - Last Birthday | 5b. UN | DER 1 YEAR | 5c. UNDER 1 | DAY | 6. DATE C | F BIRTH(Mo., D | ay, Yr.) | 7.BIRTHPL | ACE (City and St | ate or Foreign Country) |
| BLACK INK | | | | (Years) | Months | Days | Hours | Minutes | т 1 | 12 104 | | Gar | | - |
| | 307-54- | | | 57 | | | | | | (Check only | | | iana | |
| | 8a. WAS DECEDE A U.S. VETER | | | AR LAST SERVED IN S. ARMED FORCES? | HOSPI | TAL: Inpatie | | PLACE | | THER Nursing | | Other (Specif | v) | |
| | No | | | | 1.00. | | | | - | | _ | | ,, | |
| | 9b. FACILITY NAM | E (If not inst | itution of | re street and number | , | LI ER/OL | atpatient 🗌 | | OWN, OR | Reside | | 9d. COUN | ITY OF DEATH | |
| | | - (n not ma | nadon, gn | to direct and names. | , | | | | | | | | | |
| DECEDENT | 1336 Li | ncoln S | Stree | t | | | | Hoba | rt | | <u> </u> | Lake |) | |
| | 10. MARITAL STA | การ | | IVING SPOUSE | | | 12a. DECEDE | NT'S USUAL | OCCUPAT | ION(Give kind of Do not use retire | work | 126. KIND O | F BUSINESS/IND | USTRY |
| | (Specify) Never | | N/A | give maiden name) | | | Clerk | any most of v | мыкніў ше. | Do not use reare | u.) | E .T | e e e | ailroad |
| | 13a. RESIDENCE | STATE | 13b. COL | INTY | 13c, CIT | Y, TOWN OR LOC | | | | 13d. STREET | AND NUMBE | | <u> </u> | arrioud. |
| | 1 . | | _ | | | | | | | 1336 1 | [inao | ln C+r | 00+ | |
| | Indiana | | Lake | T | Hob | | | | 1.0 5 | | | ln Str | | I CATION |
| | 13e. ZIP CODE | 13f. INSIDE CIT | | 14. CITIZEN OF WHAT COUNTRY | 1 | DECEDENT OF H | es (If yes, sp | ilN? ecify Cuban, | | ACE American ick, White, etc. | ingian, | | DECEDENT'S ED only highest grade | |
| | | □ No E | | | 1 | Mexican, Puerto R | | | (S | pecify) | ŀ | Elementary/Seco | | College (1-4 or 5+) |
| | | 13g. ON A FARM | A? | L.C. | 1 | мехісап, Риело н | rican, etc.) | | 7.71- | 2.4. | l | Eloinollar y 1000 | | |
| | 46342 | ⊠ No [| | USA. | <u> </u> | | | 172 772 | | ite | | n Surname) | 12 | N/A |
| | 18. FATHER'S NAI | | | | | | | 19. MOTHE | | | | n Surname) | | |
| PARENTS | Martin | | | ·-······· | | т | | | | Yurjevi | | | 100 0 | |
| OUTODIANIT | 20a. INFORMANT | S NAME (Type/I | Print) | | | 20b. MAILING | ADDRESS (S) | eet and Numi | per or Rural | Route Number, C | aty or rown, | , State, Zip Code) | 20c. Rel | ationship |
| INFORMANT | Joann E | avy | | | | 4401 F | ark A | venue | , Lal | ce Stat | ion, | IN 464 | 05 Sis | ter |
| | 21a. METHOD OF | DISPOSITION | ☐ Entor | nbment | | TE AND PLACE O | F DISPOSITIO | N (Name of c | emetery, cr | ematory, or | 21 | c. LOCATION - | City or Town, Stat | e |
| | Burial | Cremation | Rem | oval from State | Feb | erplace) ruary 1 | 8, 200 | 4 | | | 1 | | | |
| | 1 — | Other (Specif) | - | | 1 | Indiana | • | | Corr | 100 | ا ا | crown P | oint I | ndiana |
| | 22a. EMBALMER'S | | 7 | | | . EMBALMER'S | | 11011 | | . WAS DEATH R | | | OTILC, 1 | Ilurana |
| DISPOSITION | | | | | | CITITE | | 12 | | ⊠ No | ☐ Yes | | | |
| | James F | | | | | 1009461 | | - A- T | | | | ···- | | <u>-</u> |
| | 24a SIGNATURE | OF FUNERAL DI | RECTOR | | | | ENSE NUMBE of Licensee) | | | me, address, a ns Fune | | | | 3002380 |
| | 11 | 2 | 1 | Layin | _ | , | | | | E. 7th | îŝtr | eet, Hol | part, In | diana |
| | 1 X/9 | mes | | Juni | and | IIC LO-CI | 100946 | | 1y (| of \ | | · | 4634 | 2- |
| | | | | r complications that cause | | | | | | iratory | e e e e e e e e e e e e e e e e e e e | وسنهد معادره ميتسنيوا ويورد والمادوان والمراج | فعاصده أوعالهم فهير سادها والبراي ويدرون | Approximate Interval Between |
| | 1// | arrest, shock, or h | eart failure. | List only one cause on e | | ✓ | | | | THIS OF | RTIFIES 1 | THE ABOVE IS | A TRUE AND | Onset and Death |
| | IMMEDIATE CAUS | E (Final | | Hypert | ensi | ive Ca | rdio- | -vasc | ulai | Dise | ase" | Y OF THE CER | CHEICATE OF | |
| | disease or condition | 1 | | a. DUE TO (O | R AS A CC | NSEQUENCE OF |): | | | DEATH HEALTH | ON THE Y I NEBT | (() | P LALAMATI | |
| CAUSE OF | resulting in deat | h) | | b | | | | | | ALL PARTY. | | | | g _e |
| DEATH | Conditions, if any, v | vhich gave | | | R AS A CC | NSEQUENCE OF |): | | | 20000 | 775 | 1 - 70 | WA. | |
| | rise to the immediate cause stating the underlying | | | С. | - | | | | E | rtb | 174 | 7 2004 | | |
| | cause last | i9 | | DUE TO (O | R'AS A CO | NSEQUENCE OF |); | | ileor L | | | 25-46-6 | | |
| | | | | d. | | | | | | Emineration and a series | and the second second | one in the second secon | THE CHARLES STATE OF THE PARTY | and the second s |
| | PART II Other sig | mificant conditions | s - Condition | is contributing to death bu | it not previo | ously stated in Par | 1 2 | 7. WAS DEC | EDENT | 28a. 1 | WAS AN AU | TOPSY 2 | 86. WERE AUT | OPSY FINDINGS |
| | PART II Other alguments conditions - con- | | | | | | | | PREGNANT OR 90 DA | | 0 DAYS PERFORM | | | E PRIOR TO TION OF CAUSE |
| • | | | | | | | | (Y, Na | | | (Yes or n | 10) | | 1? (Yes or no) |
| | | | | | | THE RICE | TITE . | ٨ | / | | NIO | * | | - |
| | OS OFFICIES | | | | | OUDK 3 | | | | | No | | | |
| | 29a. CERTIFIER (Check on | rv 🖾 🔻 | CERTIFYIN | G PHYSICIAN To the be | est of my ki | nowledge, death or | courred at the ti | ime, date, and | i place, and | due to the cause | (s) as stated | I. | | |
| | | , | | | | | | | | | | | | |
| | one) | , | HEALTH OF | FICER On the basis of e | xamination | and/or investigation | on, in my opinio | on, death occi | urred at the | time, date, and pl | ace, and du | e to the cause(s) | as stated. | |
| | one) | | | FICER On the basis of e | - cim | | | | | | | | | |
| | 29b. SIGNATURE | | CORONER | | - cim | | | | the time, d | ate, and place, an | d due to the ENSE NO. | cause(s) and ma | nner as stated. | (Month, Day, Year) |
| CERTIFIER | | | CORONER | | - cim | | | | the time, d | ate, and place, an | d due to the ENSE NO. | cause(s) and ma | nner as stated. | |
| CERTIFIER | 29b. SIGNATURE | | CORONER | On the basis of examina | tion and/or | investigation, in m | ny opinion, deat | | the time, d | ate, and place, an | d due to the ENSE NO. | cause(s) and ma | nner as stated. | |
| CERTIFIER | 29b. SIGNATURE | AND TITLE OF C | CORONER ERTIFIER SON WHO | On the basis of examina | tion and/or | investigation, in m | ny opinion, deat | th occurred at | the time, d | ate, and place, an 96. MEDICAL LIC 01027 | d due to the ENSE NO. 425 | cause(s) and ma | nner as stated. DATE SIGNED 2/16/2 | |
| CERTIFIER | 29b. SIGNATURE 30. NAME AND AC | AND TITLE OF CO | CORONER ERTIFIER SON WHO | On the basis of examina | tion and/or | investigation, in m | ny opinion, deat | th occurred at | the time, d | ate, and place, an | d due to the ENSE NO. 425 | cause(s) and ma | nner as stated. | 004 |
| HEALTH | 29b. SIGNATURE | AND TITLE OF CO | coroner ertifier son who | On the basis of examina | DEATH (I | TEM 26/Type/Prio | u opinion, deat u Centra | th occurred at | the time, d | ate, and place, an 96. MEDICAL LIC 01027 | d due to the ENSE NO. 425 | cause(s) and ma | nner as stated. DATE SIGNED $2/16/2$ 46405 | 004 |
| HEALTH | 29b. SIGNATURE 40°. NAME AND AC Fernand 31. HEALTH OFFI | AND TITLE OF CO | coroner ertifier son who | On the basis of examina COMPLETED CAUSE OF | DEATH (I | TEM 26/Type/Prio | y opinion, dead y Centra | th occurred at | the time, d | ate, and place, and see. MEDICAL LICE 01027 Lake S | d due to the SENSE NO. 425 | on, IN | nner as stated. DATE SIGNED 2/16/2 46405 DATE FILED (M.) | 004 |
| HEALTH | 29b. SIGNATURE 30. NAME AND AC | AND TITLE OF CO | coroner ertifier son who | On the basis of examina COMPLETED CAUSE OF D. USCAN 34a. DATE OF INJURY | DEATH (I | TEM ZETTYPE/PO | y opinion, dead | th occurred at | the time, d | ate, and place, and see. MEDICAL LICE 01027 Lake S | d due to the SENSE NO. 425 | cause(s) and ma | nner as stated. DATE SIGNED 2/16/2 46405 DATE FILED (M.) | 004 |
| HEALTH | 29b. SIGNATURE 40°. NAME AND AC Fernand 31. HEALTH OFFI | AND TITLE OF CO | coroner ertifier son who | On the basis of examina COMPLETED CAUSE OF | DEATH (I | TEM 26/Type/Prio | y opinion, dead | 1 Ave | the time, d | ate, and place, and see. MEDICAL LICE 01027 Lake S | d due to the SENSE NO. 425 | on, IN | nner as stated. DATE SIGNED 2/16/2 46405 DATE FILED (M.) | 004 |
| HEALTH | 29b. SIGNATURE 40°. NAME AND AC Fernand 31. HEALTH OFFI | AND TITLE OF CONTROL OF PERCERS SIGNATURE Pending | CORONER ERTIFIER SON WHO | On the basis of examina COMPLETED CAUSE OF D. USCAN 34a. DATE OF INJURY | DEATH (I | TEM ZETTYPE/PO | y opinion, dead | 1 Ave | the time, d | ate, and place, and see. MEDICAL LICE 01027 Lake S | d due to the SENSE NO. 425 | on, IN | nner as stated. DATE SIGNED 2/16/2 46405 DATE FILED (M.) | 004 |
| HEALTH | 29b. SIGNATURE 80. NAME AND AC Fernand 31. HEALTH OFFE 33. MANNER OF C | AND TITLE OF C | CORONER ERTIFIER SON WHO | On the basis of examina COMPLETED CAUSE OF D. 34a. DATE OF INJURY (Month, Day, Year) | DEATH (I | TEM 2017 ype/Prin 3099 (| centra 34c. INJ (Yes | L Ave | the time, d | ate, and place, and see. MEDICAL LICE 01027 Lake S | d due to the SENSE NO. 425 | on, IN 290 On, IN 322 UNY NUMBER NURY OCCURR | nner as stated. DATE SIGNET 2/16/2 46405 DATE FILED (M | onth, Day, Year) 12004 |
| | 29b. SIGNATURE 30. NAME AND AC Fernand 31. HEALTH OFFE 33. MANNER OF C | AND TITLE OF C AND TITLE OF C DECEMBERS OF PER ORIVET CER'S SIGNATUR DEATH Pending Investigation | CORONER ERTIFIER SON WHO | On the basis of examina COMPLETED CAUSE OF D. USCAN 34a. DATE OF INJURY | DEATH (I | TEM 2017 ype/Prin 3099 (| centra 34c. INJ (Yes | L Ave | the time, d | ate, and place, and pl | d due to the SENSE NO. 425 | on, IN 290 On, IN 322 UNY NUMBER NURY OCCURR | nner as stated. DATE SIGNET 2/16/2 46405 DATE FILED (M | onth, Day, Year) 12004 |
| HEALTH | 29b. SIGNATURE 30. NAME AND AC Fernand 31. HEALTH OFFE 33. MANNER OF C | AND TITLE OF CONTROL OF PERCERS SIGNATURE Pending | CORONER ERTIFIER SON WHO | On the basis of examina COMPLETED CAUSE OF D. 34a. DATE OF INJURY (Month, Day, Year) 34e. PLACE OF INJURY | DEATH (I | TEM 2017 ype/Prin 3099 (| centra 34c. INJ (Yes | L Ave | the time, d | ate, and place, and pl | d due to the SENSE NO. 425 | on, IN 290 On, IN 322 UNY NUMBER NURY OCCURR | nner as stated. DATE SIGNET 2/16/2 46405 DATE FILED (M | onth, Day, Year) 12004 |
| HEALTH | 29b. SIGNATURE 40°. NAME AND AC Fernand 31. HEALTH OFFI 33. MANNER OF C Natural Accident Suicide | AND TITLE OF C AND TITLE OF C DECEMBER OF PER ORIVET CER'S SIGNATUR DEATH Pending Investigation Could not be Determined | CORONER ERTIFIER | On the basis of examina COMPLETED CAUSE OF 34a. DATE OF INJURY (Month, Day, Year) 34e. PLACE OF INJUR building, etc. | Y — At ho((Specify)) | TEM 2017 ype/Prin 3099 (| Centra 34c. INJ (Yes | 1 Ave | the time, d | ate, and place, and pl | d due to the SENSE NO. 425 | on, IN 290 On, IN 322 UNY NUMBER NURY OCCURR | nner as stated. DATE SIGNET 2/16/2 46405 DATE FILED (M | onth, Day, Year) 12004 |
| HEALTH | 29b. SIGNATURE 80 NAME AND AD Fernand 31. HEALTH OFFE 33. MANNER OF D Natural Accident Suicide Homicide 34g. DATE PRONG | AND TITLE OF C AND TITLE OF C DECEMBER OF PER ORIVET CER'S SIGNATUR DEATH Pending Investigation Could not be Determined | CORONER ERTIFIER SON WHO A M. RE (Month, Day) | On the basis of examina COMPLETED CAUSE OF 34a. DATE OF INJURY (Month, Day, Year) 34e. PLACE OF INJUR building, etc. | Y — At ho((Specify)) | TEM 2017 ype/Prin 3099 34b. TIME OF INJURY | Centra 34c. INJ (Yes | 1 Ave | the time, d | ate, and place, and pl | d due to the SENSE NO. 425 | on, IN 290 On, IN 322 UNY NUMBER NURY OCCURR | nner as stated. DATE SIGNET 2/16/2 46405 DATE FILED (M | onth, Day, Year) 12004 |