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CITY OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2005 MAR 16 AM 10:30

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

MICHAEL Key No. 14-19-0050-0049
RECORDER

IN RE: PETER A. ZAKUTANSKY, DECEDENT

SMALL ESTATE AFFIDAVIT

1. Peter A. Zakutansky, deceased ("Decedent") died on April 1, 1984, domiciled in Lake County, Indiana.

2. Forty five (45) days have elapsed since the death of the Decedent.

3. The value of the Decedent's gross probate estate, less liens and encumbrances, did not exceed the sum of Fifteen Thousand Dollars (\$15,000.00) as provided by I.C. § 29-1-8-1B.

4. No personal representative was appointed in any jurisdiction.

5. The following named persons are the only heirs of the Decedent:

Peter Zakutansky, Adult son
Helen Sprowis, Adult daughter
Ann Chrison, Adult daughter

6. The following is the legal description of the real estate owned by the Decedent:

The North 8 ft. 4 inches of Lot 53, all of Lot 54, and the South 12 ft. 6 inches of Lot 55, in Block 4, in First Sub. to East Gary, as per plat thereof, recorded in Plat Book 7, Page 9, in the Office of the Recorder of Lake Co., Ind.

Commonly known as 2684 Decatur Street, Lake Station, Indiana 46405.

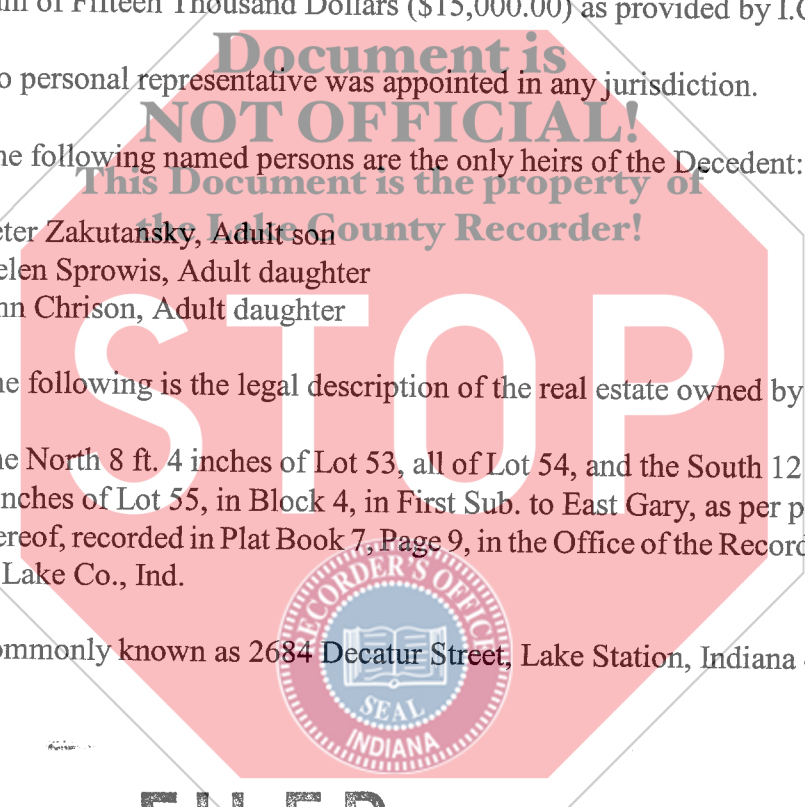
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MAR 16 2005

STEPHEN R. STIGLICH
LAKE COUNTY AUDITOR

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7. Pursuant to the laws of intestate succession, and in accordance with the provisions of I.C. §§ 29-1-8-1 and 29-1-8-2, the above-described real estate bested in Peter Zakutansky, Helen Sprowis and Ann Chrison, as tenants in common.

8. This Affidavit is made by the undersigned to induce the Auditor of Lake County, Indiana to reflect correct ownership of such real estate on said Auditor's records.

Dated: March 4, 2005.

Peter Zakutansky
PETER ZAKUTANSKY

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Peter Zakutansky, and he, being first duly sworn by me upon his oath, states that the facts alleged in the foregoing instrument are true.

Signed and sealed this 4th day of March, 2005.

My Commission Expires: 1-5-08
A resident of Porter County. Kevin E. Steele, Notary Public
Printed Name

This instrument prepared by
and after recording return to:

Alissa F. Resop, with the firm Burke Costanza & Cuppy LLP
9191 Broadway, Merrillville, Indiana 46410

TYPE OR I
PLAINLY WITH
FADING INK
THIS IS A
PERMANENT
RECORD

For State Office Use

EMBALMER'S NAME Charles W. Wells LICENSE No. 4237

FUNERAL DIRECTOR'S SIGNATURE [Signature] LICENSE No. 1448 FUNERAL HOME No. 245

Local No. 602-84

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No.

DECEASED—NAME		FIRST		MIDDLE		LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)	
1. <u>PETER A. ZAKUTANSKY</u>		<u>A.</u>		<u>ZAKUTANSKY</u>		<u>Male</u>		<u>2</u>		<u>April 1, 1984</u>	
RACE— <u>White</u>		AGE— <u>86</u>		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (Mo., Day, Yr.)		COUNTY OF DEATH	
4. <u>White</u>		5a. <u>86</u>		5b. <u>86</u>		5c. <u>86</u>		6. <u>12/5/1897</u>		7a. <u>Lake</u>	
CITY, TOWN OR LOCATION OF DEATH		CITIZEN OF WHAT COUNTRY		HOSPITAL OR OTHER INSTITUTION		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		SURVIVING SPOUSE (If wife, give maiden name)		IF HOSP. OR INST. (Indicate Date of Transfer, if transfered)	
7b. <u>Hobart.</u>		9. <u>USA</u>		8. <u>St. Mary Medical Center Hobart</u>		10. <u>Widowed</u>		11. <u></u>		7d. <u>Inpatient</u>	
STATE OF BIRTH (Mo., Day, Yr.)		SOCIAL SECURITY NUMBER		USUAL OCCUPATION (Give kind of work done during most of working life, except if retired)		KIND OF BUSINESS OR INDUSTRY		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)		12. <u>No</u>	
7c. <u>Aus-Hungary</u>		13. <u>313-07-8355</u>		14a. <u>Retired Steel Worker</u>		14b. <u>Steel Industry</u>		12. <u>No</u>			
RESIDENCE—STATE		COUNTY		CITY, TOWN OR LOCATION		IS RESIDENCE ON A FARM?		INSIDE CITY LIMITS (Specify Yes or No)			
15a. <u>Indiana</u>		15b. <u>Lake</u>		15c. <u>Lake Station</u>		15a. <u>NO</u>		15b. <u>YES</u>			
STREET AND NUMBER		IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY: MEXICAN, CUBAN, PUERTO RICAN, ETC.		FATHER—NAME		MOTHER—MAIDEN NAME		15c. <u>YES</u>			
15d. <u>2684 Decatur St.</u>		15e. <u>NO</u>		16. <u>Andrew</u>		17. <u>Helen</u>		15d. <u>YES</u>			
INFORMANT—NAME (Type or print)		RELATIONSHIP		MAILING ADDRESS		CITY OR TOWN		STATE			
18a. <u>Ann Chrison</u>		18b. <u>Daughter</u>		18c. <u>1723 N. 79th Ave., Elmwood Park, Illinois, 60635</u>		18d. <u>Illinois</u>		18e. <u>60635</u>			
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—FUNERAL HOME		FUNERAL HOME—NAME AND ADDRESS		LOCATION		CITY OR TOWN			
19a. <u>Burial</u>		19b. <u>Ridgelaun Cemetery</u>		19c. <u>PRUZIN FUNERAL HOME 6360 Bdwy., Merrillville, In.</u>		19d. <u>Gary, Indiana</u>		19e. <u>46410</u>			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		CITY OR TOWN		STATE		20b. <u>46410</u>			
20a. <u>April 4, 1984</u>		20c. <u>PRUZIN FUNERAL HOME 6360 Bdwy., Merrillville, In.</u>		20d. <u>Gary, Indiana</u>		20e. <u>46410</u>					
To the best of my knowledge, death occurred at the time, date and place and due to the cause stated.		NAME OF ATTENDING PHYSICIAN (Type or Print)		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH		21c. <u>4:30 AM</u>			
21a. <u>Malvinder Singh</u>		21b. <u>April 2, 1984</u>		21c. <u>4:30 AM</u>							
MAILING ADDRESS—PHYSICIAN		HEALTH OFFICER—SIGNATURE		DATE RECEIVED BY LOCAL HEALTH OFFICER							
21d. <u>Malvinder Singh M.D.</u>		21e. <u>[Signature]</u>		21f. <u>4-2-84</u>							
21g. <u>8500 Broadway, Merrillville, Indiana 46410</u>		21h. <u>[Signature]</u>		21i. <u>4-2-84</u>							
PART I		PART II		PART III		PART IV		PART V		PART VI	
1. <u>Respiratory arrest</u>		2. <u>Cerebrovascular accident</u>		3. <u>Alveolar edema & Arterial Embolism</u>		4. <u>NO</u>		5. <u>NO</u>		6. <u>NO</u>	
7. <u>NO</u>		8. <u>NO</u>		9. <u>NO</u>		10. <u>NO</u>		11. <u>NO</u>		12. <u>NO</u>	

SBH 06-003 State Form 35430
REV. 10/77

EXHIBIT

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