STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2006 FEB 15 AM 9:07
MICHAEL A. BROWN
RECORDER

2006 012257

TICOR TITLE INSURANCE

3

SURVIVORSHIP AFFIDAVIT

STATE OF: Indiana)
) SS:
COUNTY OF: Lake)

On this 2-10-06 Before me personally appeared Anthony G. Pishkur

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 owner
(state interest of affiant in the above premises as owner)
3. Said premises described as follows: A part of the Northeast 1/4 of the Northwest 1/4 of Section 15, Township 35 North, Range 8 West of the 2nd Principal Meridian, described as follows: Beginning at a point on the East line of said ¼¼ Section, which is 535.3 feet South of the Northeast corner thereof; thence West 160 feet; thence South 80 feet; thence East 160 feet to the East line thereof; thence North 80 feet to the place of beginning, in Lake County, Indiana.

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4. Said premises were formerly owned as joint tenants or as tenants by entireties by Anthony G. Pishkur and Elsie A. Pishkur
5. Said Elsie A. Pishkur
(fill in name of co-tenant who died)
died on 9-29-98
leaving no 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 $____ 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.) ____
8. Affiant's relationship to the deceased was husband

Signature: Anthony G. Pishkur
Anthony G. Pishkur
Address: 1830 Evergreen Ct
Crown Pt. Ind

State of Indiana)
)
County of Lake)

Before me, the undersigned, a Notary Public in and for said County and State, this ____ personally appeared Anthony G. Pishkur

and acknowledged the execution of the foregoing Affidavit.

Paula Barrick
Notary Public
Resident of Lake County
My Commission expires: 10-2-09

Prepared by: Atty. Mark S. Lucas, 300 E. 90th Dr. Merrillville, IN 46410

TICOR MO
920060496

FILED
FEB 14 2006
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

PAULA BARRICK
Lake County
My Commission Expires
October 2, 2009

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Zp
TJ

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* **ATTENTION ESTATE:** The Social Security # is being requested by this state agency in order to pursue its statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 2205-98

43567

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Key # State No. 15-29-64

TYPE/PRINT IN PERMANENT BLACK INK

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

DECEDENT

- 1. DECEASED—NAME (First, Middle, Last): ELSIE A PISHKUR
- 2. SEX: FEMALE
- 3a. TIME OF DEATH: M
- 3b. DATE OF DEATH (Month, Day, Yr): SEPT. 29, 1998
- 4. *SOCIAL SECURITY NUMBER: [redacted]
- 5a. AGE—Last Birthday (Years): 74
- 5b. UNDER 1 YEAR: Months / Days
- 5c. UNDER 1 DAY: Hours / Minutes
- 6. DATE OF BIRTH (Mo, Day, Yr): JULY 30, 1924
- 7. BIRTHPLACE (City and State or Foreign Country): GARY IN
- 8a. WAS DECEDENT A U.S. VETERAN?: NO
- 8b. YEAR LAST SERVED IN U.S. ARMED FORCES?: N/A
- 9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) XX Residence
- 9b. FACILITY NAME (If not institution, give street and number): 6945 CAROLINA PLACE
- 9c. CITY, TOWN, OR LOCATION OF DEATH: MERRILLVILLE
- 9d. COUNTY OF DEATH: LAKE
- 10. MARITAL STATUS (Specify): MARIED
- 11. SURVIVING SPOUSE (If wife, give maiden name): ANTHONY PISHKUR
- 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOMEMAKER
- 12b. KIND OF BUSINESS/INDUSTRY: AT HOME
- 13a. RESIDENCE—STATE: INDIANA
- 13b. COUNTY: LAKE
- 13c. CITY, TOWN, OR LOCATION: MERRILLVILLE
- 13d. STREET AND NUMBER: 6945 CAROLINA PLACE
- 13e. ZIP CODE: 46410
- 13f. INSIDE CITY LIMITS: ☐ No XX Yes
- 13g. ON A FARM?: XX No ☐ Yes
- 14. CITIZEN OF WHAT COUNTRY?: U.S.A.
- 15. WAS DECEDENT OF HISPANIC ORIGIN?: XX No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
- 16. RACE—American Indian, Black, White, etc. (Specify): WHITE
- 17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5+):

PARENTS

- 18. FATHER'S NAME (First, Middle, Last): PAUL STARKEY
- 19. MOTHER'S NAME (First, Middle, Maiden Surname): DIANA

INFORMANT

- 20a. INFORMANT'S NAME (Type/Print): ANTHONY PISHKUR
- 20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 6945 CARLINA PL., MERRILLVILLE, IN 46410
- 20c. Relationship: HUSBAND

DISPOSITION

- 21a. METHOD OF DISPOSITION: XX Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from State ☐ Other (Specify)
- 21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): OCT. 2, 1998 CALUMET PARK CEMETERY
- 21c. LOCATION—City or Town, State: MERRILLVILLE INDIANA
- 22a. EMBALMER'S NAME: DAVID W. SEMPLINSKI
- 22b. EMBALMER'S LICENSE NO.: FD08600686
- 23. WAS DEATH REPORTED TO CORONER?: XX No ☐ Yes
- 24a. SIGNATURE OF FUNERAL DIRECTOR: Jovan Savich
- 24b. LICENSE NUMBER (of Licensee): FD08601292
- 25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: BURNS FUNERAL HOME, 10101 BROADWAY CROWN POINT, IN 46307 FDH83002445

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. — Approximate Interval Between Onset and Death

- IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Melanoma
- b. DUE TO (OR AS A CONSEQUENCE OF):
- c. DUE TO (OR AS A CONSEQUENCE OF):
- d. DUE TO (OR AS A CONSEQUENCE OF):

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

PART II. Other significant conditions - conditions contributing to death but not previously stated in Part I: Metastatic Disease

- 27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
- 28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
- 28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): N/A

CERTIFIES THE ABOVE IS A TRUE COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT SEP 08 1998 Alexander S. Hillanes COMMISSIONER

CERTIFIER

- 29a. CERTIFIER (Check only one): XX 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: [signature] MD
- 29c. MEDICAL LICENSE NO.: 31289
- 29d. DATE SIGNED (Month, Day, Year): 10/6/98
- 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): DR. NCHEKWUBE, 5495 BROADWAY, MERRILLVILLE, IN

HEALTH OFFICER

- 31. HEALTH OFFICER'S SIGNATURE: Alexander S. Hillanes MD
- 32. DATE FILED (Month, Day, Year): October 7, 1998

- 33. MANNER OF DEATH: ☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending Investigation ☐ Could not be Determined
- 34a. DATE OF INJURY (Month, Day, Year):
- 34b. TIME OF INJURY:
- 34c. INJURY AT WORK? (Yes or no):
- 34d. DESCRIBE HOW INJURY OCCURRED:
- 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? (Specify driver, passenger, pedestrian, etc.)

FILED 001877 JAN 29 2004 STEPHEN R. STIGLICH LAKE COUNTY AUDITOR

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RECORDER'S OFFICE

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

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

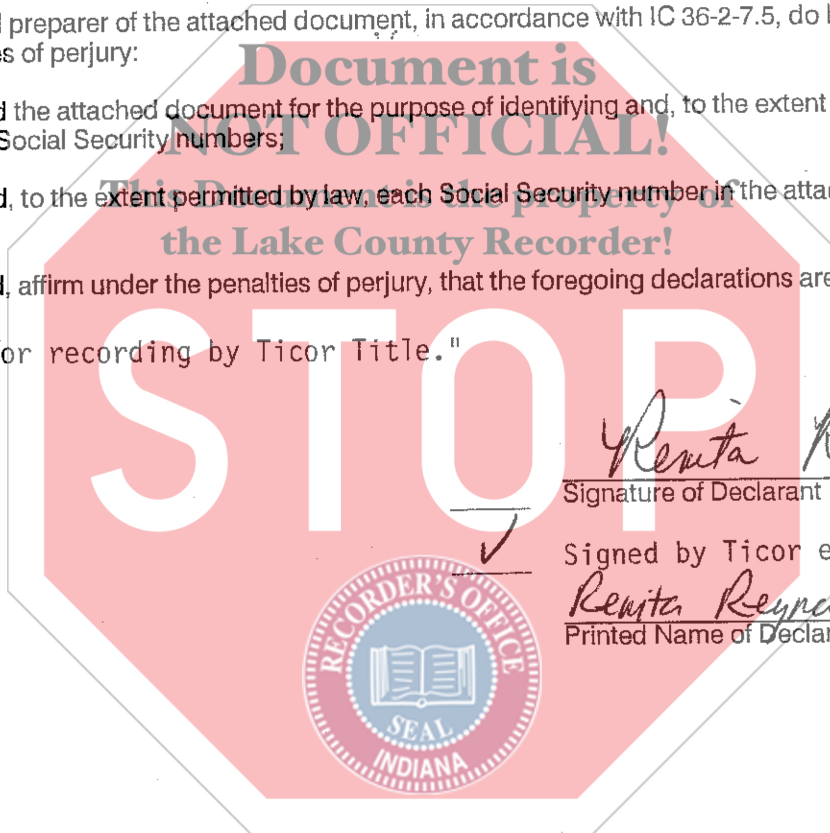
I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do herby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security numbers;

2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, the undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.

"Verified for recording by Ticor Title."



Renita Reyna

Signature of Declarant

Signed by Ticor employee

Renita Reyna

Printed Name of Declarant

decl170 12/2005 pm