BT	705070	
STAT	E OF INDIA	N

) SS: COUNTY OF LAKE)

2007 041650

STATE OF INDIAMA. LAKE COUNTY FILED FOR RECORD

2007 HAY 22 AM 9: 29

MICHAEL A. BROWK RECORDER

AFFIDAVIT OF SURVIVORSHIP

KRYSTAL S. MICHELIN being first duly sworn upon her oath, says:

1. That on the 17th day of August, 2002, Rudolph M. Puhek was the husband of Sheila F. Puhek.

2. That on the 17th day of August, 2002, Rudolph M. Puhek and Sheila F. Puhek were the owners, as husband and wife, of the following described real estate in Lake County, Indiana, and legally described as follows:

Lot 17, Sheridan Park Addition to Whiting as shown in Plat Book 4, page 18, in Lake County, Indiana and commonly known as 1736 Oliver Street, Whiting, IN 46394

NOT OFFICIAL!

- 3. That on said date, the said Rudolph M. Puhek, became deceased in Lake County, Indiana, and that the said Sheila F. Puhek became the owner of said real estate pursuant to operation of law.
- 4. That no estate was opened for the said Rudolph M. Puhek, and that no State or Federal Inheritance or Estate Tax is due or owing.
- 5. That the purpose of the giving of this Affidavit is to establish a survivorship between Rudolph M. Puhek and Sheila F. Puhek.
- 6. That Affiant is the natural daughter of Rudolph M. Puhek and Sheila F. Puhek and has personal knowledge of the above facts:

FURTHER AFFIANT SAYETH NOT.

FILED

(RYSTAL S. MICHELIN

MAY 2 1 2007

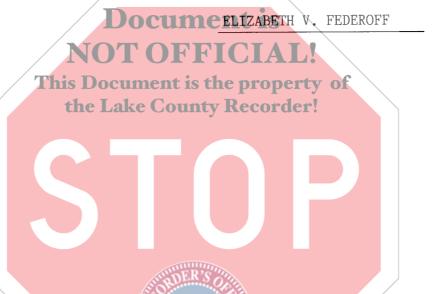
PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

6596 A

(1)

I affirm under the penalties	for perjury that the foregoing representations are true
	Thystol & Muchel KRYSTAL S. MICHELIN
STATE OF INDIANA)) SS:	
COUNTY OF LAKE)	
Subscribed and sworn to be	NOTARY PUBLIC, RESIDENT
MY COMMISSION EXPIRES:	OÉ LAKE COUNTY, INDÍANA *PORTER
OCTOBER 24, 2007	"OFFICIAL SEAL" Elizabeth V Federoff Notary Public, State of Indiana Resident of Porter County My Commission Expires October 24, 2007
1 661 1 (1 1)	. for a subsequent that I have taken recognished care to redec

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.



Prepared by: C. Jerome Smith, Attorney at Law, 5253 Hohman Ave., Hammond, IN 46320 #372-45

*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.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

THIS CERTIFIES THE FOLLOWING IS A TRUE AND COMPLINE COPY OF DEATH ON FILE WITH THE HAMMOND HEALTH DEPARTMENT.

State 1850 AD AL 90 Minus Commissioner

Hammond Health Commissioner

	THE RECORDS IN THIS SE	RIES ARE CONFI	DENTIAL PER	IC 16-37-1-10							
TYPE/PRINT IN	1. DECEASED—NAME (FIRST MICE) RUDOLPH M.	PUHEK				2. SEX			3P м	AUGUST	17, 2002
PERMANENT BLACK INK	4. *social security number -1437		75	Sb. UNDER 1 YEAR Months Days	5c UNDER Hours	Minutes	PR.	17,192 16 (Mo. Day.) 15 192 16 18 (Chack o	27 W	HITING,	d State or Foreign Country) INDIANA
	88. WAS DECEDENT A U.S VETERAN? YES	86 YEAR LAST SE U.S. ARMED FO 1946	RCES?	OSPITAL: XXInpetier	nt tpatient [] (OTHER	-	Home C	Other (Specify)	
DECEDENT	96 FACILITY NAME (If not instituti						OWN. OR LO	OND	ATH	9d. COUNTY OF D	
	10. MARRIED	11. SURVIVING SP (If wife, give mail SHEILA	OUSE den name)	IETERS	DECEDENT DECEDENT POLI	NT'S USUAL ng most of w	ETEC	ON (Give kind oi o not use retired) TIVE	C	ZITY OF	SS/INDUSTRY WHITING
	INDIANA	LAKE	=	C. CITY, TOWN, OR LO	ING			1736 STREET AF	OLIV	ER STRE	·····
	130. ZIP CODE 131. INSIDE CIT No XP		T COUNTRY?	5. WAS DECEDENT OF A Property of the State	s (Ifyes.s	ORIGIN? specify Cuba	in. Blac	EAmerican Ind k, White, etc. ecify)			
PARENTS	18 FATHER'S NAME (First Middle.	Yes	S.A.			19. MOTI		(First Middle, M.	aiden Surnam		2
	STEVEN		P	UHEK			ANN		· · · ·	MII	
INFORMANT	MRS. SHEIL	F. PUL		206 MAILING A	<u>OL I VE</u>	R ST	., W	HITI N (i, IN	46394	WIFE
	21a METHOD OF DISPOSITION Burial Cremation Donation Other (Specif	☐ Entombment ☐ Removal from S		b. DATE AND PLACE (other place) AU	GUST	21,	2002	rematory, or		OCATION—City or 1	OWN. State
DISPOSITION	226. EMBALMER'S NAME: HFNRY	BLAKE	D	22b EMBALMERS L	1940F	tis	23	WAS DEATH F			ININ
	24a. SIGNATURE OF FUNERAL DI	RECTOR	NO	24b, LiC	ENSE NUMBE	R	25. NAME		D LICENSE N	NUMBER OF FUNERA	AL HOME
	Nactor	-97hi	afte	el FD	E010I	9456	BAR 123	AN & S 5-119	SON, [H, W	INC., F HITING.	DH83007267 In 46394
		es, injuries, or complice heart failure. List only	one cause on ea		ty Re	erms, such as	cardiac or re	espiratory			Approximate Interval Between Onset and Death
CAUSE OF	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. 2		AS A CONSEQUENCE							DX43 3-4
DEATH	Conditions, if any, which gave rise to the immediate cause, stating the underlying	c.		AS A CONSEQUENCE							•
	cause last	d.	DUE TO (OR A	AS A CONSEQUENCE	OF)						
	PART II Other significant conditions	- Conditions contribu	ting to death but n	not previously stated in F	Part I 27	POSTPA	NT OR 90 C	DAYS PEF	S AN AUTO FORMED? s or no)	AVA CON	E AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE
	CAD PU	D		TUDER	Som	(Yes or	N/	A	NC		N/A
	(Check only	1		of my knowledge, death							
	Unite)			mination and/or investigation, in							
CERTIFIER	296. SIGNATURE AND TITLE OF C	EOTIFIEB.		E & SEA	Land S	7	29c	MEDICAL LICE	ENSE NO		SIGNED (Month, Day, Year)
J	30 NAME AND ADDRESS OF PERS	SON WHO COMPLE	TD CAUSE OF I	DEATH (ITEM 26) (Tyge	a/Pont)		108)	A BSG	8122	₩7 AUG	19, 2002
	S. SHAW, M.I)., 545		AN AVENU		AMMON		NDIAN	4 46	5320	
HEALTH DFFICER	31. HEALTH OFFICER'S SIGNATUR	E	Gran	Minist	Nev	nud	le 4	1,D.		32 DATE	FILED (Month, Day, Year) St. 20, 2002
	33. MANNER OF DEATH		TE OF INJURY onth, Day, Year)	34b TIME OF INJURY	l l	JURY AT W(es or no)	DRK?	34d. DESCRIB	ULNI WOH 3	IRY OCCURRED.	·
	Netural Pending Investigation Accident Suicide Could not be Determined	34e PLA	ACE OF INJURY-	—At home, farm, street, f	actory. office		34f LOCA	TION (Street and	i Number or F	Rural Route Number, t	City or Town, State)
ļ		Month, Day, Year)	345 MOTOR VI	EHICLE ACCIDENT? ()	(es or no) If	ves specify	driver, passer	nger, pedastrian,	etc.		