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STATE OF INDIANA)
COUNTY OF LAKE)

) SS: 2007 053895
)

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 JUL -3 AM 10:18
MICHAEL A. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Cynthia Sebastyen, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.
2. I am the surviving owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

THE WEST 45.78 FEET OF LOT 11 IN ASPEN TRAIL, A PLANNED UNIT DEVELOPMENT, LAKE COUNTY, INDIANA AS RECORDED NOVEMBER 21, 2000 IN PLAT BOOK 89 PAGE 61 IN THE OFFICE OF THE RECORDER, IN LAKE COUNTY, INDIANA.

Tax Key No.: 09-11-0327-0011

3. The decedent William A. Sebastyen and I acquired title as joint tenants with rights of survivorship to said real estate by deed of conveyance filed on July 30, 2001, and recorded in the Office of the Lake County Recorder as Document No. 2001-060004.
4. That the decedent and I jointly held title to said real estate until the death of William A. Sebastyen on the 11th day of April, 2007, at which time I acquired title to said real estate pursuant to property law. See attached Death Certificate for William A. Sebastyen.
5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

FILED

JUL - 3 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Cynthia Sebastyen
Cynthia Sebastyen, Affiant

\$15
CK# 3857
CA

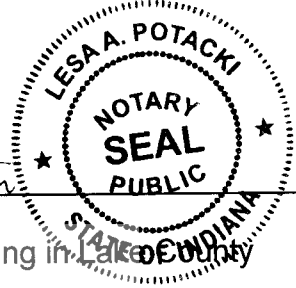
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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Cynthia Sebastyn, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 21st day of June, 2007.


LesA A. Potacki
Notary Public Residing in Lake County



My Commission Expires: 02/13/2010

Document is NOT OFFICIAL!
This Document is the property of the Lake County Recorder!
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.



This Instrument Prepared By: Gary P. Bonk, Attorney at Law (Attorney No. 20519-45)
900 Parker Place, Suite A
Schererville, Indiana 46375 (219) 864-7800



OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

TYPE IN PERMANENT BLACK INK

LOCAL FILE NO.

003925

1. DECEDENT'S NAME (First, Middle, Last, Suffix) William A. Sebastyen, Jr.				2. SEX Male	
3. DATE OF BIRTH (Month, Day, Year) October 27, 1935		4a. AGE-Last Birthday (Years) 71	4b. UNDER 1 YEAR Months Days Hours Minutes	5. DATE OF DEATH (Month, Day, Year) April 11, 2007	
6. SOCIAL SECURITY NUMBER 306-38-8813		7. BIRTHPLACE (City and State or Foreign Country) Hammond, Indiana		8. COUNTY OF DEATH Pinellas	
9. PLACE OF DEATH (Check only one) HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)					
10. FACILITY NAME (If not institution, give street address) 1967 Castille Drive			11a. CITY, TOWN, OR LOCATION OF DEATH Dunedin		11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married					
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)					
14a. RESIDENCE - STATE Florida		14b. COUNTY Pinellas		14c. CITY, TOWN, OR LOCATION Dunedin	
14d. STREET ADDRESS 1967 Castille Drive			14e. APT. NO.	14f. ZIP CODE 34698	14g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. Do not use "Retired") Owner Operator			15b. KIND OF BUSINESS/INDUSTRY National Polygraph		
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Isl. (Specify) <input type="checkbox"/> Other (Specify)					
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.) <input type="checkbox"/> Yes (If Yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian					
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input type="checkbox"/> High school but no diploma <input checked="" type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate					19. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
20. FATHER'S NAME (First, Middle, Last, Suffix) William A. Sebastyen, Sr.			21. MOTHER'S NAME (First, Middle, Maiden Surname) Helen Ivan		
22a. INFORMANT'S NAME William A. Sebastyen III		22b. RELATIONSHIP TO DECEDENT Son		22c. INFORMANT'S MAILING - STATE Florida	
23a. CITY OR TOWN Dunedin		23b. STREET ADDRESS 1967 Castille Drive		23c. ZIP CODE 34698	
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) St. Joseph Cemetery		25a. LOCATION - STATE Indiana		25b. LOCATION - CITY OR TOWN Hammond	
26a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)					
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No		27a. LICENSE NUMBER (of Licensee) 2806		27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>La...</i>	
28. NAME OF FUNERAL FACILITY Florida Mortuary Funeral & Cremation Services			29a. FACILITY'S MAILING - STATE Florida		
29b. CITY OR TOWN Tampa		29c. STREET ADDRESS 4601 North Nebraska Avenue		29d. ZIP CODE 33603	
30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.					
31a. (Signature and Title of Certifier) <i>Wayne McCormick</i>		31b. DATE SIGNED (mm/dd/yyyy) 04/13/2007		32. TIME OF DEATH (24 hr.) 0900	
33. MEDICAL EXAMINER'S CASE NUMBER		34. LICENSE NUMBER (of Certifier) ME0062992			
35. CERTIFIER'S NAME Wayne McCormick, MD		35. NAME OF ATTENDING PHYSICIAN (if other than Certifier)			
36a. CERTIFIERS - STATE Florida		36b. CITY OR TOWN Palm Harbor		36c. STREET ADDRESS 30522 US Hwy 19 North, Ste 118	
36d. ZIP CODE 34684		37. SUPERVISOR - Signature and Date <i>Joanne Hunter</i> 4/18/07			
38a. LOCAL REGISTRAR - Signature <i>Joanne Hunter</i>		38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.) April 19, 2007		38c. LOCAL REGISTRAR - Signature	
39. PROBABLE MANNER OF DEATH: The following are under the jurisdiction of the medical examiner: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Undetermined					
40. REPORTED TO MEDICAL EXAMINER DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Approximate Interval: Onset to Death 10 yrs	
41. CAUSE OF DEATH - PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. Enter only one cause on a line. DO NOT enter terminal event such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. a. Amyotrophic lateral Sclerosis					
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
42a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		42b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No			
43a. IF SURGERY MENTIONED IN PART I OR II, ENTER REASON FOR SURGERY		43b. DATE OF SURGERY (Mo., Day, Yr.)		44. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	
45. IF FEMALE, WAS SHE PREGNANT WITHIN THE PAST YEAR? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, specify timeframe: <input type="checkbox"/> at time of death <input type="checkbox"/> within 1 to 42 days of death <input type="checkbox"/> within 43 days to 1 year of death					
46. DATE OF INJURY (Month, Day, Year)		47. TIME OF INJURY (24 hr.)		48. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
49a. LOCATION OF INJURY - STATE		49b. CITY OR TOWN		49c. STREET ADDRESS	
49d. APT. NO.		49e. ZIP CODE			
50. DESCRIBE HOW INJURY OCCURRED					51. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
IF TRANSPORTATION INJURY, 52a. Status of Decedent <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)					
52b. Type of Vehicle <input type="checkbox"/> Car/Minivan <input type="checkbox"/> S.U.V. <input type="checkbox"/> Motorcycle <input type="checkbox"/> Pickup Truck/Cargo Van <input type="checkbox"/> Bus <input type="checkbox"/> Heavy Transport <input type="checkbox"/> Other (Specify)					

VOID IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

Barbara M. Sarver
Chief Deputy Registrar, Pinellas County

Issued: May 15, 2007

WARNING:

THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA. DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK. THE DOCUMENT FACE CONTAINS A MULTI-COLORED BACKGROUND AND GOLD EMBOSSED SEAL. THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

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CERTIFICATION OF VITAL RECORD

