

3.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
2007 DEC 10 PM 2:30
MICHAEL A. BROWN
RECORDER

2007 096622

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now, ALVERA TOKARCHUK (a.k.a. ALVIRA TOKARCHUK), being duly sworn upon her oath, and states as follows:

That the affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 8 in Block 11 in Meadowdale Subdivision, as per plat thereof, recorded in Plat Book 31 page 52 in the Office of the Recorder of Lake County, Indiana.

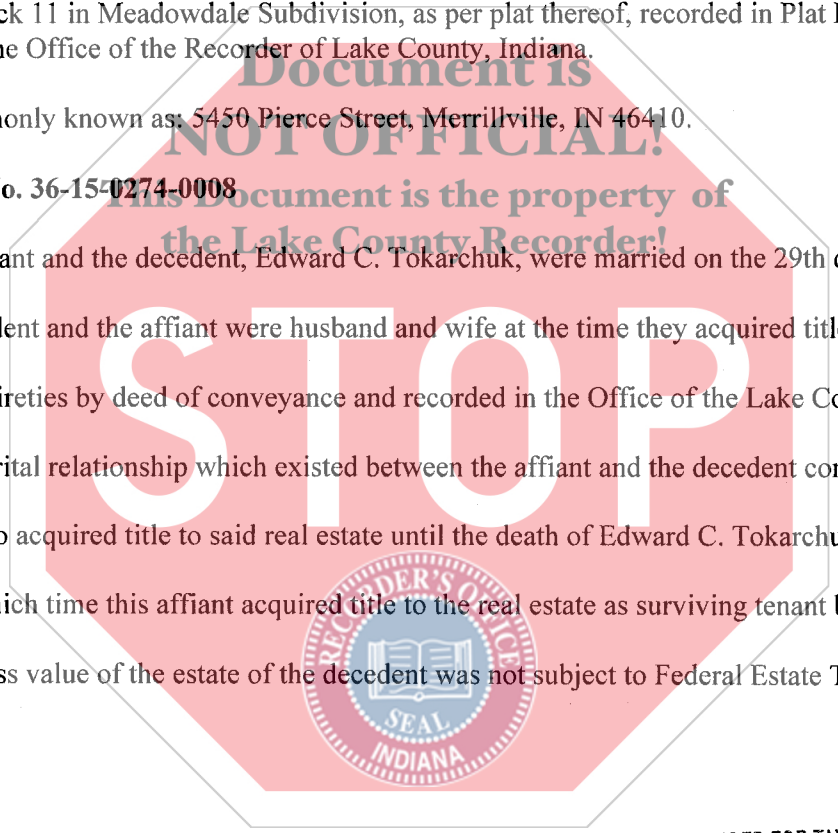
More Commonly known as: 5450 Pierce Street, Merrillville, IN 46410.

Parcel ID No. 36-15-0274-0008

That the affiant and the decedent, Edward C. Tokarchuk, were married on the 29th day of August, 1942. That the decedent and the affiant were husband and wife at the time they acquired title to said real estate as tenants by the entireties by deed of conveyance and recorded in the Office of the Lake County Recorder.

That the marital relationship which existed between the affiant and the decedent continued unbroken from the time they so acquired title to said real estate until the death of Edward C. Tokarchuk on the 23rd day of April, 1982, at which time this affiant acquired title to the real estate as surviving tenant by the entireties.

That the gross value of the estate of the decedent was not subject to Federal Estate Tax or Indiana Inheritance Tax.



DULY ENTERED FOR TAXATION SUBJECT TO
FINAL ACCEPTANCE FOR TRANSFER

DEC 10 2007

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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694256

25102

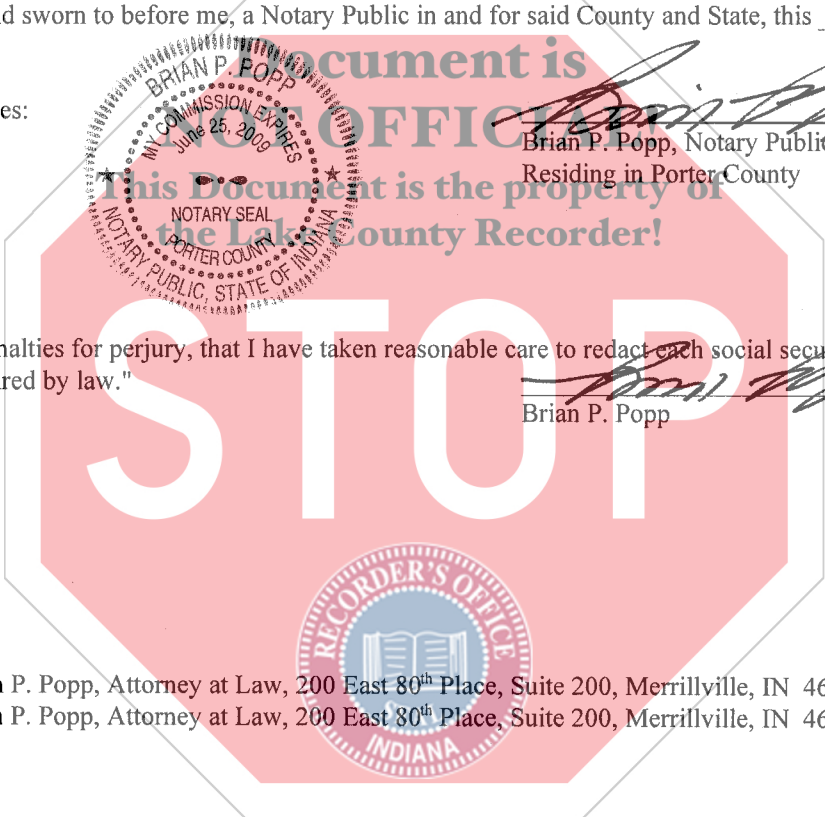
Alvera Tokarchuk
Alvera Tokarchuk, Affiant

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public in and for said County and State, this 8th day of December, 2007.

My Commission Expires:
June 25, 2009

(SEAL)



Brian P. Popp
Brian P. Popp, Notary Public
Residing in Porter County

"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."

Brian P. Popp
Brian P. Popp

Prepared by: Brian P. Popp, Attorney at Law, 200 East 80th Place, Suite 200, Merrillville, IN 46410.
Return to: Brian P. Popp, Attorney at Law, 200 East 80th Place, Suite 200, Merrillville, IN 46410.

TYPE OR PRINT
PLAINLY WITH
UNFADING INK
THIS IS A
PERMANENT
RECORD
Below for State Office Use

THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPT.

Local No. 665-82

INDIANA STATE BOARD OF HEALTH
MEDICAL CERTIFICATE OF DEATH

State No. _____

EMBALMER'S NAME Charles W. Wells APR 30 1982 LICENSE No. 4237

FUNERAL DIRECTOR'S SIGNATURE Thomas R. DeMeester M.D. FUNERAL DIRECTOR'S LICENSE No. 1448 FUNERAL HOME No. 245

LAKE COUNTY HEALTH COMMISSION

1. DECEASED—NAME EDWARD TOKARCHUK		2. SEX Male		3. DATE OF DEATH (MONTH, DAY, YEAR) April 23, 1982	
4. RACE—(a) White, Black, American Indian, (b) Other (Specify) White		5. AGE—Last Birthday (MOS, DWS) 61		6. DATE OF BIRTH (Mo., Day, Yr.) 6-3-1920	
7. CITY, TOWN OR LOCATION OF DEATH Merrillville		8. HOSPITAL OR OTHER INSTITUTION—Name (If not at either, give street and number) 5450 Pierce St.		9. COUNTY OF DEATH Lake	
10. STATE OF BIRTH (If not in U.S.A.) Indiana		11. CITIZEN OF WHAT COUNTRY USA		12. SURVIVING SPOUSE (If wife, give maiden name) Alvera Lebek	
13. SOCIAL SECURITY NUMBER 316-05-4351		14. USUAL OCCUPATION (Give kind of work done during most of life) Retired Fitter		15. KIND OF BUSINESS OR INDUSTRY American Bridge Co.	
16. RESIDENCE—STATE Indiana		17. COUNTY Lake		18. CITY, TOWN OR LOCATION Merrillville	
19. STREET AND NUMBER 5450 Pierce St.		20. IS RESIDENCE ON A FARM? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21. INSIDE CITY LIMITS (Specify Yes or No) Yes	
22. IS DECEASED OF SPANISH DESCENT? IF YES SPECIFY: MEXICAN, CUBAN, PUERTO RICAN, ETC. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		23. FATHER—NAME Fred Tokarchuk		24. MOTHER—MAIDEN NAME Mary Geruska	
25. INFORMANT—NAME (Type or Print) Alvera Tokarchuk wife		26. MAILING ADDRESS 5450 Pierce St. Merrillville, Indiana 46410		27. CITY OR TOWN Merrillville, Indiana	
28. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Burial		29. CEMETERY OR CREMATORY—FUNERAL HOME Calumet Park Cem. PRUZIN FUNERAL HOME		30. LOCATION Merrillville, Indiana	
31. DATE (MONTH, DAY, YEAR) April 26, 1982		32. FUNERAL HOME—NAME AND ADDRESS PRUZIN FUNERAL HOME 6360 Broadway Merr., In. 46410		33. CITY OR TOWN Merrillville, Indiana	
34. To the best of my knowledge, death occurred at the time, date and place and due to the cause stated April 26, 1982		35. NAME OF ATTENDING PHYSICIAN (Type or Print) Tom R. DeMeester M.D.		36. DATE SIGNED (Mo., Day, Yr.) April 28 1982	
37. MAILING ADDRESS—PHYSICIAN University of Chicago Medical Center 950 E. 59th Chicago, Ill. 60637		38. HEALTH OFFICER—SIGNATURE <i>Tom R. DeMeester M.D.</i>		39. DATE RECEIVED BY LOCAL HEALTH OFFICER 4-30-82	
40. IMMEDIATE CAUSE Metastatic Disease to Liver and Bone		41. INTERVAL BETWEEN ONSET AND DEATH		42. INTERVAL BETWEEN ONSET AND DEATH	
43. PART I (a) DUE TO OR AS A CONSEQUENCE OF Esophageal Cancer		44. PART II (b) DUE TO OR AS A CONSEQUENCE OF		45. PART III (c) OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)	
46. CAUSE		47. AUTOPSY (Specify Yes or No) NO		48. INTERVAL BETWEEN ONSET AND DEATH	