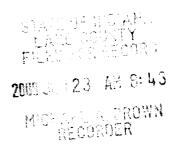
5

2008 045405



RECORDING COVER SHEET

TYPE OF DOCUMENT: C DECEASE OF TOINT TONANCY ACTION TO THE PRINCY ACTION TO THE SERVICES # TOINT TONANCY ACTION TO THE SERVICES # TO THE SERV

Property: 17722 Parrish Avenue, Lowell, Indiana 46353 County: Lake (IN)

Legal Description: A part of the West half of the Southwest quarter of Section 32, Township 33 North, Range 9 West of the Second Principal Meridian, described as follows: Commencing at the Northwest corner of said above described tract: thence East of the North line of said West half of said Southwest quarter 265 feet; thence South 350 feet; thence West 265 feet to a point on the West line of said West half of the Southwest quarter 550 feet South of the place of beginning, thence North 350 feet to the place of beginning, in Lake County, Indiana.

Permanent Index Number(s):

10-01-0074-0003

15 357 M

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DECEASED JOINT TENANCY AFFIDAVIT O'CONNOR TITLE COMPANY

State of INDIANA)

) S.S.

County of LAKE)

DECEASED JOINT TENANCY AFFIDAVIT

<u>Pamela J. Kubeck</u> being duly sworn states that She resides at 17722 Parrish Avenue, Lake County, IN 46353

That <u>She</u> was acquainted with <u>John M. Kubeck</u> Deceased who, at the time of his death, was one of the owners of the land in Lake County, Indiana, described as:

Legal Description: A part of the West half of the Southwest quarter of Section 32, Township 33 North, Range 9 West of the Second Principal Meridian, described as follows: Commencing at the Northwest corner of said above described tract: thence East of the North line of said West half of said Southwest quarter 265 feet; thence South 350 feet; thence West 265 feet to a point on the West line of said West half of the Southwest quarter 550 feet South of the place of beginning, thence North 350 feet to the place of beginning, in Lake County, Indiana.

P.I.N #10-01-0074-0003

That the deceased died March 6th, 2008 as evidenced by a Certified Copy of Death Certificate of the deceased attached hereto.

That the deceased died: ocument is the property of

Leaving no Last Will & Testament Recorder!

Leaving a Last Will & Testament, a copy of which is attached hereto. The Original of the Unproven Will should be filed with the Clerk of the Probate Division of the Circuit Court of

County, Indiana.

Leaving a Last Will & Testament, which was filed, in the Unproven Will Box of the Probate Division of the Circuit Court of

...

Affiant makes this affidavit for the purpose of inducing the Real Estate Index to issue its Title Insurance Policy describing the above-mentioned property.

Subscribed and sworn to before me by the said: Pamela J. Kubeck

This 23 day of May ,2008

youthing act as

OFFICIAL SEAL
CYNTHIA A. RAUGUTH
NOTARY PUBLIC - INDIANA

LAKE COUNTY
My Comm. Expires 12/04/15

Pamela J. Kubeck

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

4 +

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

| | ocai No | 40 CK | | | | | State No | | | | | | |
|--|---|---|------------------------------------|---------------------------------|--------------------------|---|--|---|--|---|------------------|--|--|
| Decedent's Legal Name | (First, Middle, Last) John M. | Kubeck | | | • | Name (If Female) | | 2. Sex Male | 11:3 | 0 AM | Marcl | h 6, 2008 | |
| | 6a. Age - Yrs | Months | 6c. Under Days | 1 Month | 6d Under 1 Day Hours | Minutes | Oct | ober 9, 1938 | 8 V | Vest Mon | | | |
| Ever in U.S. Armed Ford | | Death Occurred In A Ho | | nationt [7] D | need On Arrival | | | e Other Than A Hospit s Home 🏻 Nursing H | | erm Care Facility | Other (Sp | ecify) | |
| Yes No Unknown . Facility Name (If Not In | | patient Emergency et And Number) | Department Out | pauem LJU | Pead Off Affival | Linospeera | cincy of Decederic | Troine 2 have | | | | | |
| 7722 Parris | h Ave. | | | | | | | | | | | | |
| 2. City Or Town, State, And Zip Code Lowell | | | | | | | 13. County Of Death Lake | | | 14. Marital Status At Time Of Death Married Married, But Separated Divorced Widowed Never Married Unknown | | | |
| 5. Surriving Spouse's Name 15a. (If Wife)Give Maiden Last Nan amela J. Kubeck O'Malley | | | | | | 16. Decedent's Usual Occupation 17. Kind Of Business/Industry Instrument Technician Steel Industry | | | | | | | |
| ameia J. Kui B. Residence - State | | | 18a. County | Mane | y | 18b. City | | 1 ecililician | · | Steel III | uusti j | | |
| Indiana | | | Lake | | , | Low | ell | | | | | | |
| 8c. Street And Number | | <u> </u> | | | | | | 18d. A | pt. No. | 18e. Zip (| Code | 181. Inside City Limits | |
| 17722 Parris | sh Ave. | | | | | | | | | 46 | 356 | ☐ Yes KNo | |
| 9 December's Education Some College, no degree | | | 20. Decede | 20. Decedent Of Hispanic Origin | | | 21. Decadent's Race White | | | | | | |
| 22. Father's Name (First, Middle, Last) | | | | | 23. Mother's | 23. Mother's Name (First, Middle, Last) | | | 23a. Molher's Maiden Last Name | | | | |
| Francis B. Kubeck | | | | | | | Mary Kubeck Tur | | | | | ırk | |
| 24. Informant's Name | | | l l | elationship T | o Decedent | CHALL | CALC. | | | 46356 | | | |
| amela J. Kul | beck | | W | ne | OT | | | Ave., Lowel | 11, 111 | 10330 | | | |
| 25a. Method Of Dispositi | on | 25b. P | lace Of Disposit | ion (Name O | | Place Of Disposatory, Other Place) | 25c. Lo | cation - City, Town, Ar | nd State | | | | |
| ☐ Burial M Cremation ☐ Removal From State ☐ Other (Specify): 26. Was Coroner Contact | | Heri | tage Cr | tho | Talza | ent 18 Coun t | the pro | rtage IN y | 01 | | 27a. Ft | ineral Home License Numbe | |
| Yes 💆 No | | Sheets Funer 604 E. Comn | | e., Low | ell, IN 4635 | 6 | | | | | FH8 | 3004277 | |
| 27b. Signature Of Indian | b. Signature Of Indiana Funeral Georgical Licensee: | | | | | | 27c. License Number (Of License FD0920006 | | | | | | |
| 28. Part Enter The Such As Oardiac Art A Line. Add Addition | est, Respiratory / | Arrest, Or Ventric <mark>ul</mark> | es, Or Comp ar Fibrillation | lications | That Directly Ca | (See Instruction aused The Death cology. Do Not Ab | Do Not Enter | Terminal Events |)n | | | Approximate Interval: Ons To Death | |
| Immediate Cause (Fi | inal Disease Or (| Condition Resulting | In Death | Α. | |) II D |) (as to | (Or As A Consequence Of): | | 7 | | _ Sman | |
| Sequentially List Cor Line A. Enter The U The Events Resulting | nderlying Cause | eading To The Cau (Disease Or Injury | ise Listed On That Initiated | B. C | | annun. | ll) | (Or As A Consequence Of): | | | | | |
| | | | | D. | / | THE DER | O | (Or As A Consequence Of): | | | | | |
| Part II. Enter Other Sign | | | ut Not Resulting | In The Unde | arlying Cause Give | en in Part I | | as An Autopsy Perform ere Autopsy Findings | | Yes N | lo se Of Deat | 17 ☐ Yes ☐ No | |
| | eu Ke | | <i>f</i> | typ | nte | 15- | 5 | | . Manner Of | / | | | |
| 31. Did Tobacco Use Co | | [FI Not | Fernale: Pregnant Within P | ast Year 🔲 P | regnant At Time Of D | eath Not Pregnant. I | But Pregnant Within 42 | Days Of Death | Natural 🗆 Ho | micide 🔲 Accident I | | vestigation | |
| 34. Date Of Injury (Mont | | | Pregnant, But Pre ime Of Injury | gnant 43 Days | To 1 Year Before Dea | th Unknown If Pro 36. Place Of Injury (| mant Within The Past ' E.G., Decedent's H | ome, Construction Site | Scicide Co Restaurant | uld Not Be Determined , Wooded Area) | <u>'</u> | 37. Injury At Work? | |
| | | | | | | TO THE THE | iniii | Humon | Maria da sa da | | | Yes No | |
| 38. Location Of Injury - | State | 38a. (| City Or Town | | | 38b. Street & Numb | Bf | | Hilligs T Ted (34) HNIT be | 38c. Ast | 2 | ANG LIPCOM | |
| 39 Describe How Injury | Occurred | | | | | | | | 40. If Trans | poration Injury, Spi rator Passenger | scayor No | | |
| 41. Signature, Of Person | on Certifying Cause | | | | | . ~ | | 42. Certifier (C | heck Only Or | (e) | 31118 | | |
| <u> Vo</u> | repla | H - 1C | aci | wa | <u> </u> | M (). | | 23 Certifying | | Coroner Hea | | 5. Date Certified | |
| 43. Name, oddress And Zo Code Of Person Certifying Cause Of Death: Dr. Joseph Kacmar 123 N. Court, Crown Point, IN 46307 | | | | | | | | | | 02708 | - 1 | 3/7/08 | |
| 46. Additional Funeral S | Service Provider | 1.0.0 | | | | | | | 47. *Al | | | The same and the s | |
| 48. Signature of Local I | Health Officer: | | 2 4 | - A - | | | | 49. For Regist | Irar Only - L | Date Filed (Month/D | lay/Year): | | |
| | Susan | DE | XIT | . D.O | ·• | | | y | 201 | do, | 10 | 2007 | |
| State Form 10110 /R7/9-0 | 7) ATTENTION ESTAT | F. The Social Security & is to | ning requested by t | his state anency | r in order to nursum its | stati dorv responsibility. D | reclasure is valuntary ar | nd there will be no censity fo | rofund. THE R | LECORS IN THIS SERIE | S ARE CONF | IDENTIAL PER IC 16-3 7-1-10 | |