

620083661

STATE OF INDIANA

SS:

County of Lake

2008 062198

2008 SEP -4 11 9:21

SURVIVORSHIP AFFIDAVIT

Nancy M. Bukala, of full legal age, being first duly sworn upon her oath, deposes and says:

1. That he/she is the owner in fee simple of the following described Real Estate located in Lake County, Indiana:

Lot 88, in Highland Terrace Fifth Addition, to the Town of Highland, as per plat thereof, recorded in Plat Book 30 page 19, in the Office of the Recorder of Lake County, Indiana.

2. That said Real Estate was formerly owned as Husband and Wife by Phillip J. Bukala and Nancy M. Bukala, as acquired by deed of conveyance recorded in Lake County, Indiana.

3. Phillip J. Bukala died on October 25, 2007 leaving no will, and:
(Select Appropriate Paragraphs(s))

(A) The marital relationship, which existed between Phillip J. Bukala, husband, and Nancy M. Bukala, wife, remained continuously and unbroken from the time they acquired title of said Real Estate until Phillip J. Bukala death.

(B) Upon the death of Phillip J. Bukala, Affiant became the sole owner of the fee simple title to said Real Estate as surviving surviving tenant.

(C) and were divorced on under cause number in County, .

4. The total value of estate, taking into consideration in the evaluation thereof, the value of all his/her gifts in contemplation of death, including all gifts made by him/her in the three (3) years next preceding his/her death, together with the value of all his/her investments in joint properties and estates by entireties, including the Real Estate above described, plus the proceeds of all insurance on his/her life, did not equal or exceed the sum subject to Federal Estate Tax. All funeral expenses, debts of the estate and inheritance tax have been paid.

5. Affiant makes this affidavit for the sole purpose of clarifying the title to the above described real estate and to induce the Auditor of Lake County to correct the records to show that title is in the name of Nancy M. Bukala and to induce CHICAGO TITLE INSURANCE COMPANY to provide title insurance for the above described Real Estate.

Further Affiant saith not.

Nancy M. Bukala
Nancy M. Bukala



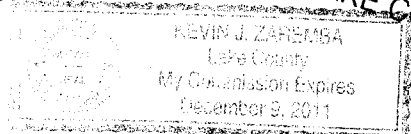
I affirm, under the penalties for perjury, that I have taken reasonable care to record each Social Security number in this document, unless required by law. Kevin Zarembo

STATE OF INDIANA, COUNTY OF Lake SS:

Subscribed and sworn to before me, a Notary Public this 22nd day of August, 2008

Kevin J Zarembo
Notary

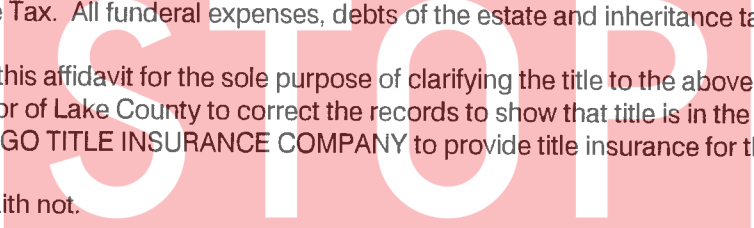
Kevin J Zarembo



My Commission Expires: _____
County of Residence: _____

This document prepared by: Nancy M. Bukala

Document is NOT OFFICIAL!



FILED

SEP - 3 2008
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

\$14

CT

013536

CHICAGO TITLE INSURANCE COMPANY

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.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. 2580-07

State No. _____

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

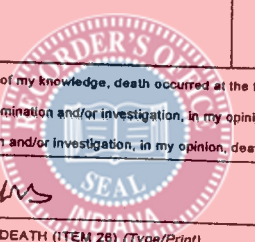
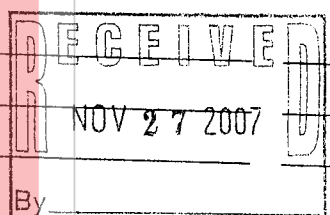
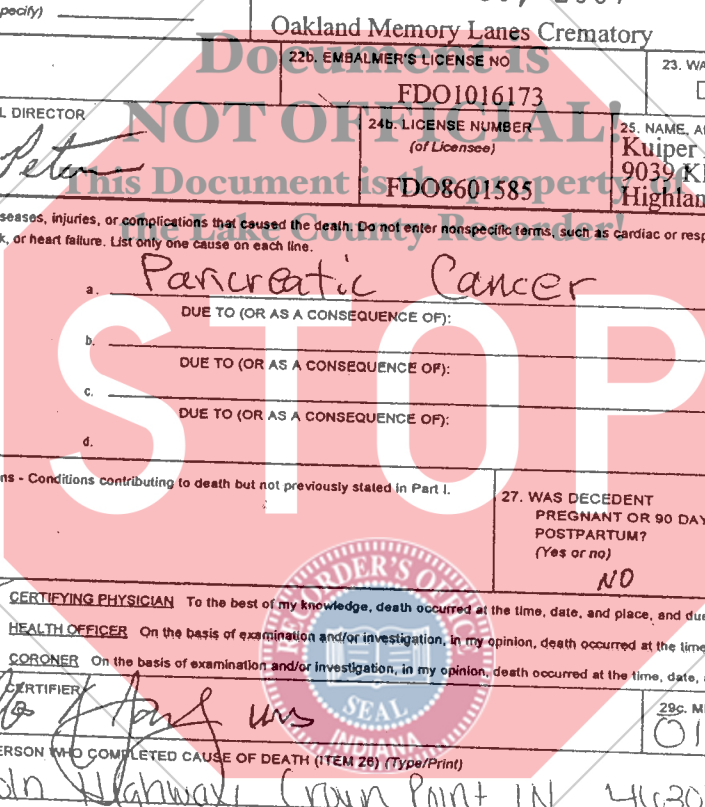
DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

1. DECEASED-NAME (First, Middle, Last) Phillip J. Bukala			2. SEX Male		3a. TIME OF DEATH 8:35 PM		3b. DATE OF DEATH (Month, Day, Yr.) October 25, 2007				
4. SOCIAL SECURITY NUMBER 319-36-7210		5a. AGE-Last Birthday (Years) 63		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH (Mo, Day, Yr.) February 3, 1944		7. BIRTHPLACE (City and State or Foreign Country) Chicago, IL.	
8a. WAS DECEDENT A U.S. VETERAN? Yes		8b. YEAR LAST SERVED IN U.S. ARMED FORCES? Unknown		9a. PLACE OF DEATH (Check only one. See instructions.) <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence							
9b. FACILITY NAME (If not institution, give street and number) Community Hospital						9c. CITY, TOWN, OR LOCATION OF DEATH Munster			9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Nancy Boskovich			12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Switchman				12b. KIND OF BUSINESS/INDUSTRY Railroad		
13a. RESIDENCE-STATE Indiana		13b. COUNTY Lake		13c. CITY, TOWN, OR LOCATION Highland				13d. STREET AND NUMBER 3130 Strong St.			
13a. ZIP CODE 46322		13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		14. CITIZEN OF WHAT COUNTRY? U.S.A.		15. AS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> 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) 11	
18. FATHER'S NAME (First, Middle, Last) Walter Bukala						19. MOTHER'S NAME (First, Middle, Maiden Surname) Stella Bukowski					
20a. INFORMANT'S NAME (Type/Print) Nancy Bukala				20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3130 Strong St., Highland, IN 46322				20c. Relationship Wife			
21a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)				21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) October 30, 2007 Oakland Memory Lanes Crematory				21c. LOCATION-City or Town, State Dolton, IL.			
22a. EMBALMER'S NAME Edgar C. Gleim				22b. EMBALMER'S LICENSE NO. FDO1016173				23. WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
24a. SIGNATURE OF FUNERAL DIRECTOR <i>Jared K. Peterson</i>				24b. LICENSE NUMBER (of Licensee) FDO8601585				25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Kuiper Funeral Home 9039 Kleinman Road Highland, IN 46322			
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. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Pancreatic Cancer DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Conditions if any, which gave rise to the immediate cause, stating the underlying cause last.										Approximate Interval Between Onset and Death	
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.										FHI10300021	
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					
29a. CERTIFIER (check only one) <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) as stated. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <i>Alberto Sanchez</i>						29c. MEDICAL LICENSE NO. 01038210			29d. DATE SIGNED (Month, Day, Year) 10/30/07		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) 7310 W. Lincoln Highway, Crown Point, IN 46307 DR. Alberto Sanchez?											
31. HEALTH OFFICER'S SIGNATURE <i>Susan W. Best</i>										32. DATE FILED (Month, Day, Year) October 30, 2007	
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide			34a. DATE OF INJURY (Month, Day, Year)		34b. TIME OF INJURY		34c. INJURY AT WORK? (Yes or no)		34d. DESCRIBE HOW INJURY OCCURRED		
			34a. 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) 1111 30 2007					
34g. DATE PRONOUNCED DEAD (Month, Day, Year)				34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.							



THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
1111 30 2007