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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2009 023632

2009 APR 14 AM 9:16

STATE OF INDIANA  
COUNTY OF LAKE

)  
) SS:  
)

MICHAEL A. BROWN  
RECORDER

**AFFIDAVIT OF SURVIVORSHIP**

I, Jennifer A. Merrill, 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. Mildred ~~X~~ Louches was the owner of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Tract Eight (8) and Tract Nine (9) in Block No. One (1), Calumet Farms No. Four (4) located in the Southeast Quarter (S.E. 1/4) of the Southwest Quarter (S.W. 1/4) and the Southwest Quarter (S.W. 1/4) of the Southeast Quarter (S.E. 1/4) of Section Twenty-two (22) and the East one-Half (E 1/2) of the Northwest Quarter (N.W. 1/4) of Section Twenty-seven (27) all in Township Thirty-five (35) North, Range Nine (9) West of the 2<sup>nd</sup> P.M., in Lake County, State of Indiana

Old Tax Key No.: 09-11-0087-0009  
New Parcel No.: 45-11-126-008.000-050

Grantee Address/Commonly known as: 8823 W. 85<sup>th</sup> Avenue, Schererville, IN 46375

3. The decedent, Mildred Louches, acquired title to said real estate by deed of conveyance on the 7th day of September, 2006, and recorded in the Office of the Lake County Recorder as Document No. 2006.078900.

4. The decedent, Mildred Louches, held title to said real estate until her death on the 11th day of February, 2008, at which time the Estate of Mildred Louches acquired title to the real estate pursuant to property law. See attached Death Certificate for Mildred Louches.

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

DULY ENTERED FOR TAXATION SUBJECT TO  
FINAL ACCEPTANCE FOR TRANSFER

002605

- 1 -

APR - 9 2009

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

CK#  
222994

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Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

  
Jennifer Merrill, Affiant


STATE OF INDIANA )  
 ) SS:  
COUNTY OF LAKE )

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

Signed and sealed this 5<sup>th</sup> day of November, 2008.

My commission expires: ~~09/08/2014~~

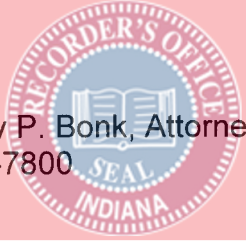
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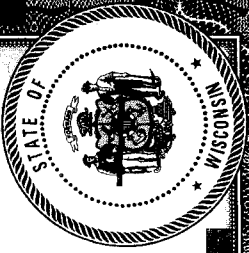
Signature:   
~~Lisa A. Potacki~~ Sidney J. Lauter  
~~Resident of: Lake County, Indiana~~

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; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800





STATE FILE DATE

STATE OF WISCONSIN  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
ORIGINAL CERTIFICATE OF DEATH

DPH 5040 (Rev. 05/04)  
Read Instructions (DPH 5040A)  
before completing this form.

1. DECEDENT'S NAME: Mildred Jean LOUGHES  
 2. LOCAL FILE NUMBER: 427  
 3. DECEASED'S SOCIAL SECURITY NO.: [REDACTED]  
 4a. DATE PRONOUNCED DEAD: February 11, 2008  
 4b. HOUR PRONOUNCED DEAD: 1530 M  
 5. BODY FOUND: 86  
 6. DATE OF BIRTH: January 6, 1922  
 7. COUNTY OF DEATH: Dane  
 8. DEATH OCCURRED: Fitchburg  
 9. DEATH AT HOSPITAL: HospiceCare Inpatient Unit  
 10. OTHER PLACE: Dane  
 11. HOSPITAL/NURSING HOME NAME: HospiceCare Inpatient Unit  
 12. RESIDENCE PLACE: 5395 East Cheryl Parkway, McFarland  
 13. RESIDENCE STATE: Wisconsin  
 14. ZIP CODE: 53558  
 15. STATE OF BIRTH: Illinois  
 16. FATHER'S NAME: George Blaskovich  
 17. MOTHER'S NAME: Anna Korbay  
 18. SURVIVING SPOUSE: [REDACTED]  
 19. INFORMANT'S NAME: Jennifer Merrill  
 20a. NAME AND ADDRESS OF FUNERAL FACILITY: All Faiths Funeral & Cremation Services, 4058 Lien Road, Madison, Wisconsin 53704  
 20b. W.F.D. LIC. NO.: 5321  
 20c. SIGNATURE: [Signature]  
 20d. DATE SIGNED: February 12, 2008  
 21. MEDICAL CERTIFICATION: [REDACTED]  
 22. MANNER OF DEATH: Natural  
 23. MEDICAL CERTIFIER'S NAME AND TITLE: WILLIAM ROCK M.D.  
 24. MEDICAL CERTIFIER'S MAILING ADDRESS: 5395 E. Cheryl Parkway, Madison, Wisconsin 53711  
 25. ACTUAL OR ESTIMATED DATE OF DEATH: 2-13-08  
 26. SIGNATURE: [Signature]  
 27. LOCAL REGISTRAR: Krysta Chlebowski RD  
 28. DATE SIGNED BY REGISTRAR: FEB 20 2008  
 29. USUAL OCCUPATION: Owner/Operator  
 30. KIND OF BUSINESS/INDUSTRY: Half Saloon  
 31. PLACE OF DISPOSITION: AKKOL Cremation Services  
 32. EXTENDED FACT OF DEATH: SANGER OF COUN  
 33. DECEDENT EVER IN THE ARMED FORCES: No  
 34. DECEDENT WAS TRIBAL MEMBER: No  
 35. METHOD OF DISPOSITION: Burial  
 36. PLACE OF DISPOSITION: AKKOL Cremation Services  
 37. LOCATION OF CEMETERY OR CREMATORY: Whitewater, Wisconsin  
 38. IMMEDIATE CAUSE: [REDACTED]  
 39. UNDERLYING CAUSE: [REDACTED]  
 40. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH: No  
 41. DATE OF INJURY: [REDACTED]  
 42. HOUR OF INJURY: [REDACTED]  
 43. PLACE OF INJURY: [REDACTED]  
 44. INJURY AT WORK: No  
 45. LOCATION OF INJURY: [REDACTED]  
 46. COUNTY OF INJURY: Dane

Krysta Chlebowski

KRISTA CHLEBOWSKI  
DANE COUNTY REGISTER OF DEEDS

7454387

Date Issued: 2/21/2008



certify that this document contains a true and correct reproduction of facts on file with the Wisconsin Vital Records Office.