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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL A. BROWN
RECORDER
Re: JOHN PETER, Deceased

AFFIDAVIT OF SURVIVORSHIP FOR TRANSFER OF REAL ESTATE

1. JOHN PETER (hereafter "Decedent") died intestate on December 14, 1992, while domiciled in Lake County, Indiana. (A true and accurate copy of the death certificate of the Decedent is attached hereto, and incorporated herein by reference, as Exhibit "A.")

2. At the time of his death, the Decedent was the owner in fee simple of the following described Real Estate ("Property"):

An undivided one half (1/2) interest in the and to Lot Twenty-five (25), In Block One (1), First Addition to Indiana Harbor, as shown in Plat Book 5, page 14, in Lake County, Indiana.

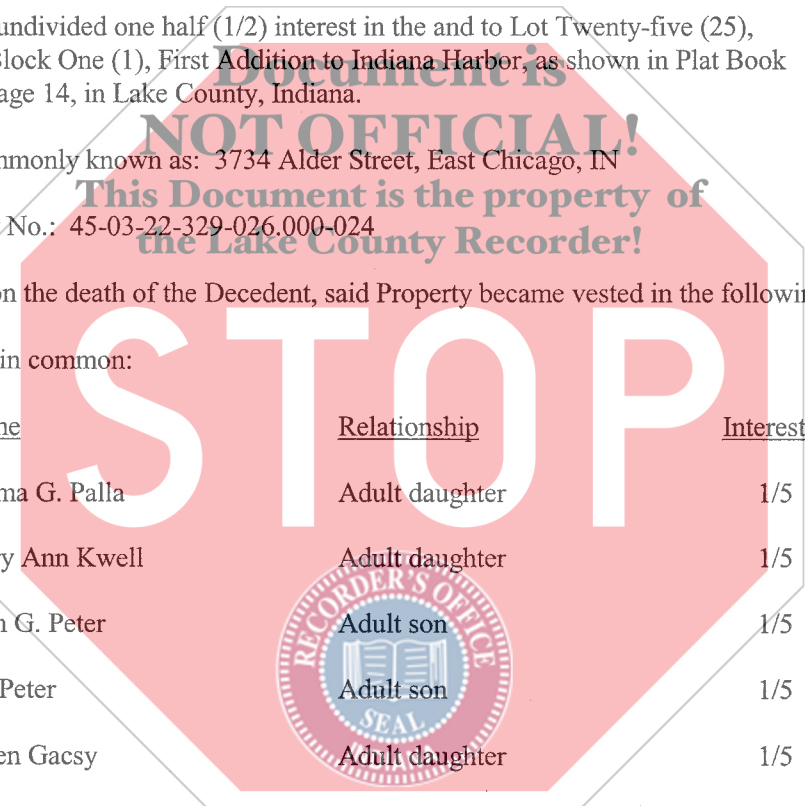
Commonly known as: 3734 Alder Street, East Chicago, IN

Key No.: 45-03-22-329-026.000-024

3. Upon the death of the Decedent, said Property became vested in the following heirs of the Decedent, as tenants in common:

<u>Name</u>	<u>Relationship</u>	<u>Interest</u>
Velma G. Palla	Adult daughter	1/5
Mary Ann Kwell	Adult daughter	1/5
John G. Peter	Adult son	1/5
Joe Peter	Adult son	1/5
Helen Gacsy	Adult daughter	1/5

4. The Decedent left no surviving children or descendants of deceased children other than those listed above.



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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

5. More than forty-five (45) days have elapsed since the death of the Decedent.

6. No application of petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

7. No Indiana Inheritance taxes, inheritance taxes from other states or countries, federal estate taxes, or other death taxes are outstanding by reason of the death of the Decedent.

8. No claims were made against the Decedent, by reason of his death, and any and all debts, charges, and liens against the Decedent have been paid in full or otherwise discharged in full by expiration of time.

9. The above-described Property is the only property within your Affiant's knowledge constituting the gross probate estate of the decedent.

10. The Affiant requests that the Lake County Auditor transfer the above Property to Velma G. Palla (as to an undivided 1/5 interest), Mary Ann Kwell (as to an undivided 1/5 interest), John G. Peter (as to an undivided 1/5 interest), Joe Peter (as to an undivided 1/5 interest) and Helen Gacsy (as to an undivided 1/5 interest).

Dated this 5 day of Sept month, 2009.



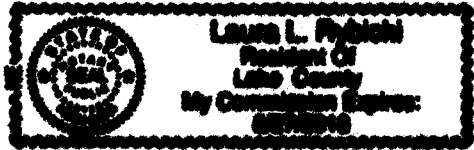
Velma G. Palla
VELMA G. PALLA

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

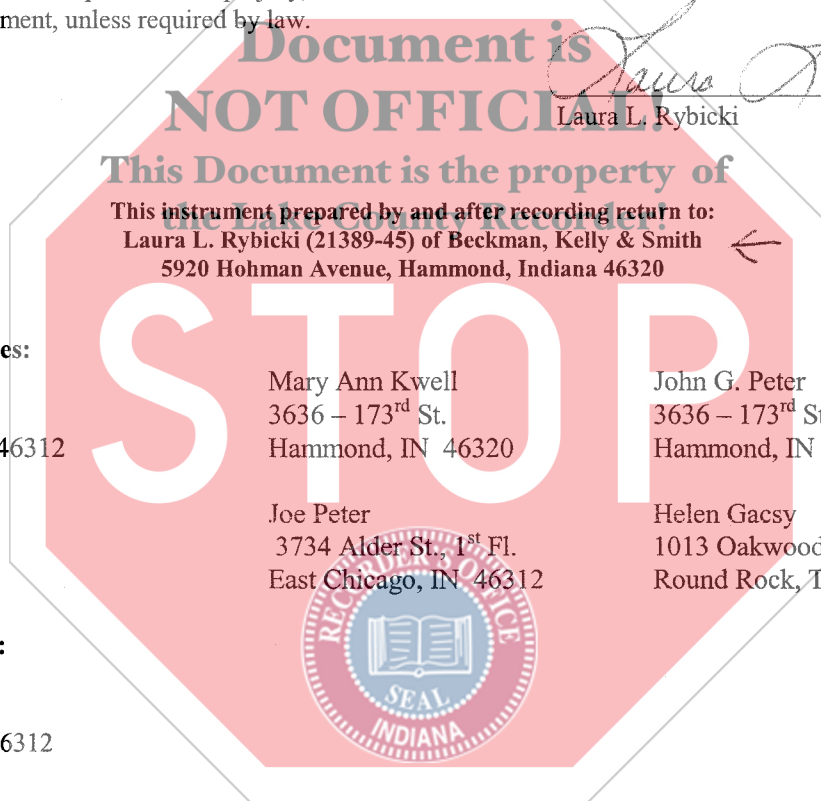
Before me the undersigned, a Notary Public in and for said County and State, personally appeared Velma G. Palla, and she being first duly sworn by me upon her oath, states that the facts alleged in the foregoing instrument are true.

Signed and sealed this 5th day of August, 2009.

Laura L. Rybicki
LAURA L. RYBICKI, Notary Public



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.



Laura L. Rybicki
Laura L. Rybicki

Grantees' Addresses:
Velma G. Palla
3734 Alder Street
East Chicago, IN 46312

Mary Ann Kwell
3636 - 173rd St.
Hammond, IN 46320

John G. Peter
3636 - 173rd St.
Hammond, IN 46320

Joe Peter
3734 Alder St., 1st Fl.
East Chicago, IN 46312

Helen Gacsy
1013 Oakwood Blvd.
Round Rock, TX 78681

Mail Tax Bills To:
Velma G. Palla
3734 Alder Street
East Chicago, IN 46312

INDIANA STATE BOARD OF HEALTH

Local No. 1056

CERTIFICATE OF DEATH

State No.

TYPE/PRINT
IN
PERMANENT
BLACK INK

DECEDENT

PARENTS

INFORMANT

DISPOSITION

CAUSE OF DEATH

CERTIFIER

HEALTH OFFICER

DRIVER ONLY

1. DECEASED—NAME (First, Middle, Last) John Peter		2. SEX Male	3a. TIME OF DEATH 2:30am	3b. DATE OF DEATH (Month, Day, Yr.) December 14, 1992	
4. SOCIAL SECURITY NUMBER 306-03-3157	5a. AGE—Last Birthday (Years) 82	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr.) June 24, 1910	
7. BIRTHPLACE (City and State or Foreign Country) Ironwood, Michigan	8a. WAS DECEDENT A U.S. VETERAN? No				
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? NONE		9a. PLACE OF DEATH (Check only one. See instructions.) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA 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) St. Margaret Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Hammond	9d. COUNTY OF DEATH Lake		
10. MARITAL STATUS (Specify) Divorced	11. SURVIVING SPOUSE (If wife, give maiden name) NONE	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Crane Operator		12b. KIND OF BUSINESS/INDUSTRY Inland Steel Company	
13a. RESIDENCE—STATE Indiana	13b. COUNTY Lake	13c. CITY, TOWN, OR LOCATION East Chicago		13d. STREET AND NUMBER 3734 Alder Street	
13e. ZIP CODE 46312	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	16. RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 College (1-4 or 5+) -		18. FATHER'S NAME (First, Middle, Last) John Peter			
19. MOTHER'S NAME (First, Middle, Maiden Surname) Maria Polka		20. INFORMANT'S NAME (Type/Print) Mary Ann Kwell			
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3636 - 173rd Ct. Hammond, IN 46323		20c. Relationship Daughter			
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <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) December 16, 1992 Elmwood Cemetery		21c. LOCATION—City or Town, State Hammond, Indiana	
22a. EMBALMER'S NAME Woodrow W. Donovan		22b. EMBALMER'S LICENSE NO. FD01053135	23. WAS DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
24a. SIGNATURE OF FUNERAL DIRECTOR <i>John S. Jife</i>		24b. LICENSE NUMBER (of Licensee) FD01020366	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FIFE FUNERAL HOME - FH83001512 4201 Indpls. Blvd. E. Chgo, IND		
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) Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last		a. Acute Respiratory Failure DUE TO (OR AS A CONSEQUENCE OF): b. Severe Emphysema DUE TO (OR AS A CONSEQUENCE OF): c. Chronic C.O.P.D. DUE TO (OR AS A CONSEQUENCE OF): d.			
PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.		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) No			
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>Murray Stasick, M.D.</i>		29c. MEDICAL LICENSE NO. 116030	29d. DATE SIGNED (Month, Day, Year) Dec 12/14/92		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) Murray Stasick, M.D. - 7330 Indpls. Blvd. Hammond, IND					
31. HEALTH OFFICER'S SIGNATURE <i>Franklin J. Remuda, M.D.</i>		32. DATE FILED (Month, Day, Year) DECEMBER 15, 1992			
33. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <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
34e. 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)			
34g. DATE PRONOUNCED DEAD (Month, Day, Year)		34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			