MATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2010 012239

2010 MAR -8 AM 9: 08

MICHELLE H. FAJMAN RECORDER

## <u>AFFIDAVIT OF SURVIVORSHIP</u>

Comes now Joan M. Buvala, being duly sworn upon her oath, and states as follows:

1. That Victoria Buvala and Joan M. Buvala owned real estate described as follows:

Lot 242, except the East 46.13 feet by parallel lines as measured along the North line thereof, in Monastery Woods Phase 2, an Addition to the Town of Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 100, page 72, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-15-21-433-019.000-014

Commonly known as: 9725B West 130th Lane, Cedar Lake, Indiana

- 2. That Victoria Buvala died on December 6, 2008
- 3. That the final funeral expenses of Victoria Buvala have been paid plus there are This Document is the property of no known and outstanding creditors or claims against said estate. Further said estate is either not subject to the payment of Indiana Inheritance and/or Federal Estate taxes or same taxes have been paid in full.
- 4. That the purpose of this affidavit is to show the death of Victoria Buvala; and the conveyance and transfer of title of the subject real estate, to-wit:

Lot 242, except the East 46.13 feet by parallel lines as measured along the North line thereof, in Monastery Woods Phase 2, an Addition to the Town of Cedar Lake, Indiana, as per plat thereof, recorded in Plat Book 100, page 72, in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-15-21-433-019.000-014

MAR 0 2 2010

PEGGY HOLINGA KATONA

AKE COUNTY AUDITOR

921-0082 TICOR SO # 15 Ca Commonly known as: 9725B West 130th Lane, Cedar Lake, Indiana

to the surviving joint tenant, Joan M. Buvala.

FURTHER AFFIANT SAITH NOT.

STATE OF INDIANA / COUNTY OF LAKE ) SS:

Subscribed and sworn to before me, a Notary Public in and for said county and state, this 25th

day of February 2010.

STACI MARIE FINCH Lake County My Commission Ex Feb. 20, 2016

Commission Expires:

Staci Marie Finch
Printed Name of Notary Public

This Document is the property of the Lake CountResident of deillake

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. Prepared by: Joseph M. Skozen, Atty No. 358-45 / Skozen & Skozen, LLP / 2834 - 45th Street, Suite B, Highland, IN 46322 / 219.924.7979

MAIL TAX BILLS TO: Grantee: Joan M. Buvala

13334 Robin Drive Cedar Lake, IN 46303

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	11120	۱۵.		CERTIF	ICATE	)F DEATH							
Local N	<b>1</b> 4100	-08					Sta	te No.	<u></u>				
Decedent's Legal Name (Fire	1a. Maiden Last Na	1a. Maiden Last Name (If Female)			3 Time Of De		th 4 Date Of Death (Month/Day/Year)						
Vicki G. Bu		Kwasny		1					6,2008				
5 Social Security Number 6a Age Yrs 6b Under 1 Year 6c Under 1 Month Days			lonth 6d Under 1 Day Hours	Se_Under 1 Hour         7. Date Of Birth (Month/Day/You           Minutes         Dec. 16,1919				e. Birthplace (City And State Or Foreign Country)  East Chicago, IN					
9 Ever In U.S. Armed Forces  Tyes No Unknown	nt Dead On Arrival	T. A. F. W. E. A. (0					☑ Decedent's Home ☐ Nursing Home/Long-						
11 Facility Name (If Not Instit													
9725 W. 130		=											
12 City Or Town, State, And		13 County Of Death						us At Time Of Death					
Cedar Lake,		Lake			☑ Widow			d Married, But Separated Divorced  Med Never Married Unknown					
15 Surviving Spouse's Name				15a (If Wife)Give Maide				16 Decedent's Usual Occupation			17. Kind Of Business/Industry		
18 Residence – State			18a. County		18b City	Or Town	Office	Man	ager	Da	iry		
IN			Lake		1 .	ar Lake							
18c Street And Number			<u> </u>		Ced	at Lake	18d	Apt. No.	186	Zip Code	181.	Inside City Limits?	
9725 W. 130th Lane								В 4		5303	303 X Yes No		
19 Decedent's Education 20 Decedent Of Hispa				Hispanic Origin	nic Origin 21. Decedent's Ra			ne L					
] 2 Please select educat	NO ct Hispanic origin, i	spanic origin, if any: Please select race:											
22 Father's Name (First, Mid		23 Mother's Name (First, Middle, Last)			23a. Mother's Maiden Last Name				Name				
Louie Kwasn		Gertrude Kwasr			4			ak					
Joan Buvala	ı			hter CUI	1	Robin [				46303			
25a Method Of Disposition		25b. 1	Place Of Disposition (N	25. Pame of Cemetery, Cremator	lace Of Dispos	sition 25c. Loca	ition - City, Town,	And State					
☐ Donation ☐ Entombment	☐ Burial ☐ Cre ☐ Removal From	n State	110	TU I	LIC		1.						
Other (Specify).  26 Was Coroner Contacted	27.	Name And Comp	ete Address Of Funeral	ll Cremato	s the	proper	ry, IN	_		27a.	Funeral Home	License Number.	
<b>∑</b> Yes □ No	1			1 Home 84				N 46	321	300	4968		
27h Signature of Indiana Fu					The state of the s	ccor ac			cense Number (C	M Licensee)			
Dien	j :	Dir	ms					860	1763				
28 Part I Enter The Ct Such As Cardiac Arrest,	Respiratory Arr	est, Or Ventricu	ies, Or Complicatio	Cause Of Death (Sense: That Directly Cause out Showing The Etiology	ed The Death,	Do Not Enter Te	rminal Events nly One Cause			,	(III) <sup>H</sup>	Approximate Interval: Onset	
A Line. Add Additional L Immediate Cause (Final		-	In Death	A X @ S	Sen	tin/	AUD	20	On sie	r/		To Death	
				В.	45	Due To (Or	As A Consequence O	1):				17,0	
Sequentially List Condition Line A Enter The Under The Events Resulting In	rlying Cause (D	lding To The Cal lisease Or Injury	That Initiated	c #5	CVI	Due To (Or	As A Consequence O	f)			/-	1/100	
The Events Hestiting III	Dea(ii) Lasi			P	2001	Due To (Os	A Consequence O	7	ını	_	/	17/	
Part II Enter Other Significan	nt Conditions Cont	ributing To Death B	ut Not Resulting In The	D. Underlying Cause Given In	Part I	29. Was	An Autopsy Perio	med!		No No	/	191	
				St. O. L.		30. Were	Autopsy Findings	s Available	To Complete the	Cause Of Dea	m <sup>7</sup> \( \)	es 🖸 No	
31 Did Tobacco Use Contrib			Female:	2 1		追		3. Manner		-			
Yes Probably No DU		_ No	Pregnant, But Pregnant 43	Pregnant At Time Of Death Days To 1 Year Before Death	Unknown If Pregr	nant Within The Past Year	1	🖪 Suxcide 🔲	Hornicide Acce Could Not Be Dete	mined			
34 Date Of Injury (Month/Da	iy/Year)	35. 1	ime Of Injury	36.1	Place Of Injury (E	.G., Decedent's Hom	e, Construction Si	te, Restaun	ant, Wooded Are	a)	37. Injury /		
38 Location Of Injury - State		38a. (	City Or Town	38b	Street & Number		/		38c.	Apt. No.	38d. Zip Cod	. □ No	
			\										
39 Describe How Injury Occu	rred							40. If TI	ransportation	n Injury, Sp	ecity:		
	Λ							☐ Driver/C	Operator D Passen	er 🔲 Pedestrian i	Other (Specifi	)	
41 Signature, Of Person Cer	ruging Cause Of (	yeath.	1 in	)			42 Certifier (C		•	No. also Com			
43 Name. Address And		Certifying Physician ☐ Coroner ☐ Health Officer  44 License Number 45. Date Certified						ied					
Jon Mison,	303			X.	02000	900	Dec. 8	,2008					
46 Additional Funeral Service	ce Provider:					_		1	Akas:				
48 Signature of Local Health		<del></del>			49. For F	legistrar Quly - Date	Filed (Month/Da	y/Year):	ď				
Dusan	WE	Sunt	10.		Me	schres	J-	00	308				
State Form 10110 (R7/9-07) AT	TENTION ESTATE TO	e Social Security # m be	ing requested by this state a	gency in order to pursue its statuto	ry responsibility Disc	locure is voluntary and the	ere will be no penalty (	or refusal TH	E RECORDS IN THE	S SERIES ARE CO	NFIDENTIAL PER	RIC 16-3 7-1-10	