STATE OF INDIANA
COUNTY OF LAKE

2010 \$70941

STATE OF TRUTANA LAKE COUNTY FILED FOR RECORD

2010 DEC - 1 PM 2: 40

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## **AFFIDAVIT**

- I, Candace Jo Puchek, 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. I am the owner, along with Tamara Kay Faught-Aprati and Charles Joseph Faught, in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

LOT FORTY-FIVE (45) AND THE NORTH ONE-HALF (1/2) OF LOT FORTY-SIX (46), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF STAFFORD AND TRANKLE'S SEVENTH ADDITION TO HAMMOND, LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 6, AT PAGE 42, IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA, TOGETHER WITH ALL IMPROVEMENTS LOCATED THEREON, COMMONLY KNOWN AS 4935 OAK STREET, HAMMOND, INDIANA.

Tax Key No.: 45-03-31-126-011.000-023

## Grantees' Addresses:

Candace Jo Puchek, 2137 – 44<sup>th</sup> Street, Highland, IN 46322 Tamara Kay Faught-Aprati, 9819 Prairie Avenue, Highland, IN 46322 Charles Joseph Faught, 356 Ridgeview Drive, Berea, KY 40403

- 3. Tamara Kay Faught-Aprati, Charles Joseph Faught, and I acquired title as tenants in common to said real estate by deed of conveyance on the 14th day of July, 2010, and recorded in the Office of the Lake County Recorder on July 26, 2010, as Document No. 2010-043111.
- 4. That Sharon K. Faught died on the <u>18th</u> day of <u>September, 2010</u>, at which time Tamara Kay Faught-Aprati, Charles Joseph Faught, and I acquired title as tenants in common pursuant to property law. See attached Death Certificate for Sharon K. Faught.

FILED

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PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 15,000 ale

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

Candace Jo Puchek Candace Jo Puchek, Affiant

STATE OF INDIANA

) ) SS:

COUNTY OF LAKE

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

Signed and sealed this <u>30</u> day of <u>November, 2010</u>.

My commission expires: 02/03/2018

Signature:

Lesa A. Potacki

Resident of: Lake Cour

"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." <a href="mailto://example.com//>//es/Gary P. Bonk">/es/Gary P. Bonk</a>

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No5.	34 <i>0</i> -	10		State No							
Decedent's Legal Name (First, Middle, La.	1a Maiden Last N	1a Maiden Last Name (If Female) 2 Sex				3 Time Of Death 4 Date Of Death (Month/Day/Year)					
SHARON K. FAUGHT			PEDIGO			F	8:1	8 PM	SEPTE	MBER 18, 2010	
Social Security Number	rs 6b Under 1	Year 6c Under 1	Month 6d Under 1 Day	6e Under 1 Hour	7. Date Of 6	j Birth (Month/Day/	Year) B B	Birthplace (City An	d State Or For	eign Country)	
6. Social Security Number 6.8. Age Yrs 65 Under 1 Year 6. Opposition 100 Months Days		Hours	Minutes	FERRUAS				MMOND, INDIANA			
307-40-3700				100 If David One	a if Death Occurred Somewhere Other Than		Hospital				
0, 210, 111 0,011	If Death Occurred In			tua ir Death Occurre	su Johnswhere (	Series (non A 1105	Hos	spice Facility 🔯 9	Decedent's Ho	me Nursing Home/Long-	
☐ Yes ☒ No Unknown ☐ ☐	ent Dead On Arrival	Term Care Facility ☐ Other (Specify)									
11. Facility Name (If Not Institution, Give St	reet And Number)							-			
9819 PRAIRIE STREET											
12. City Or Town, State, And Zip Code					13. County Of Death			14 Mantal Status At Time Of Death			
HIGHLAND, IN 46322		LAKE				☐ Married ☐ Married, But Separated ☐ Divorced					
	15a HI WilayCina Maide	(If Wife)Give Maiden Last Name 16 Decede			Jsual Occupation	al Occupation 17 Kind Of Business/Industry					
15. Surviving Spouse's Name	100 (II stile) Give indice			HOMEMA	MAKER		OWN HOME				
18. Residence – State		18b. City Or Town									
INDIANA		LAKE		HAMMOND	,					1 101 1	
18c. Street And Number				•		18d	Apt. No	18e Zip		181 Inside City Limits?  ☑ Yes ☐ No	
4935 OAK AVENUE						—	_	46327		E 103 E 100	
19. Decedent's Education		20 Decedeni C	of Hispanic Origin	21	Decedent's Ra	ce					
High school graduate or GED	completed	No, not Sp	anish/Hispanic/Lati	no Wh	nite						
22. Father's Name (First, Middle, Last)	23 Mother's Name	Mother's Name (First, Middle, Last) 23a. Molher's Maiden Last Name									
JOHN A. PEDIGO		MARGARET M. PEDIGO				BODOR					
24. Informant's Name	onship To Decedeni	ecedent 24b Mailing Address (Street And Number, City, State, Zip Coo									
CANDACE J. PUCHEK		TER	2137 44TH STREET HIGHLAND, IN 46322								
				Place Of Disposition							
25a. Method Of Disposition	Cromatics 25t	Place Of Disposition (	Name Of Cemetery, Cremate		25c Local	tion - City, Town,	And State				
☐ Burial ☐ Burial ☐ Donation ☐ Entombment ☐ Remova	Cremation	LAN PRUZIN CI			SCHER	ERVILLE, IN	IDIANA				
Other (Specify):		nplete Address Of Funer	al Facility			<del></del>			27a. Fun	eral Home License Number:	
26. Was Coroner Contacted?			OME 14 KENNEDY	AVE. SCHERERV	ILLE, IN 46	6375			FH 102	200037	
Yes No		OHERAL IN					27c Licens	e Number (Of Lice	ensee)	·	
27b. Signature Of Indiana Funeral Service							FD 8800		•		
Lea 4 h	/ag-									<u> </u>	
OO Dank Francisco Chain Of Evo	nte Disposas In	uries Or Compliant	Cause Of Death (S	sed The Death. Do h	Not Enter Ter	minal Events				Approximate	
Such As Cardiac Arrest, Respirator	Arrest, Or Ventri	cular Fibrillation With					On	21		Interval: Onset To Death	
A Line. Add Additional Lines if Nec	essary.		A META	ASTATIL ,	NON'	Sman	cer,	an wo	n De	200	
Immediate Cause (Final Disease Or	Condition Result	ing in Death	A. META B. C'HM		Due To (OLA	As A Consequence Of		11	mo c	JOR	
Sequentially List Conditions, If Any,			B CHN	Longe of	Due To (OI)	As A Consequence Of	cu	~ (2)	216	<u> </u>	
Line A. Enter The Underlying Caus The Events Resulting In Death) Las	e (Disease Or Inju		c COA	Consper	AKTO	your 1	1865			<del></del>	
					Due To (Or #	As A Consequence Of	,				
Part il. Enter Other Significant Conditions	Contributing To Deat	n But Not Resulting In Th	D. ne Underlying Cause Given I	n Part I		An Autopsy Perfor		□Yes □ N		<u> </u>	
					30 Were	Autopsy Findings	Available To C	complete The Cau	ise Of Death?	☐ Yes ☐ No	
31. Did Tobacco Use Contribute To Death	7 130	It Female		<u> </u>		33	Manner Of D	Death			
Not Pregnant Within Past Year Pregnant				At Time Of Death				Natural ☐ Homicide ☐ Accident ☐ Pending Investigation			
34 Date Of Injury (Month/Day/Year)		Not Pregnant, But Pregnant 4 Time Of Injury	43 Days to 1 Year Before Death	Unknown If Pregnant With Place Of Injury (E.G., De				id Not Be Determined Wooded Area)		7 Injury At Work?	
Jac Date Or Highly (Month Day/Tear)	33			, , ,						☐ Yes ☐ No	
no leaster of little Control	- 1 30	City Or Town	386	Street & Number	· · · · · · · · · · · · · · · · · · ·			38c. Apl.	No SB	1 Zip Code	
38. Location Of Injury - State	388	. Ony Of Turns	300						.	4	
							at Trans	sportation Inj	iury Speci	fv:	
39 Describe How Injury Occurred						}					
41 Signature Of Person Partituing California	Of Dealfi					42. Certifier (C		tor 🚨 Passenger 🚨	Pedestnan 🔲 C	ither (Specify)	
anginature, or resource thinking dause	1 cer	agrin	<del>~</del>			☐ Certifying	Physician 🔲	Coroner 🔲 Heal	lth Officer		
12 11 / 12 2 1 2 1	Damas of h	Colora Of Darith	60 C 10 11 0	1			44 Licen	se Number	45 [	Date Certified	
41. Sylnature, Of Person Pertifying Cards 43. Name, Address And Zip Code Of	Person Vertifying	Cause Of Death:	1028 1, A C	LEGITS!	-1 mg	ン 1. <b>つ</b>	0/x	5915	-a	9/20/5	
9307 CAZU	mera	r. sun	TE DZ, V	MUNITER	11N 9	16321	''	7 \ 71	-/	11/2	
46. Additional Funeral Service Provider							47 *Akas	s			
		7.1	D.O	40 For Paniete	rar Only - Date	Filed (Month/Day	(Year)				
48. Signature of Local Health Officer:	m w E	- Care		49. FOI REGISTI	\ \	(monturbey		~ `	•		
					200	tem)	<u>Jee</u>	ا لۍ	le,	<u>)\                                    </u>	
State Form 10110 (R7/9-07) ATTENTION ESTA							THE OC	CORDS IN THIS SER	HER MOR CONFID	ALLIA DECIC MARKET	