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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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2010 DEC -1 PM 2:41

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL J. GERMAN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Deborah J. Pardek, 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 in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Fourteen (14), HAWTHORNE HILLS ADDITION, to the Town of Dyer, as per plat thereof, recorded in Plat Book 45, page 93, in the Office of the Recorder of Lake County, Indiana

Grantee's Address/Commonly Known As: 441 Heather Lane, Dyer, IN 46311

Tax Key No.:45-10-13-452-020.000-034

3. The decedent, Joseph R. Pardek, and myself acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the 31st day of May, 1977, and recorded in the Office of the Lake County Recorder on July 13, 1977 as Document No. 417133.

4. The decedent and myself jointly held title to said real estate until the death of Joseph R. Pardek on the 22nd day of August, 2010, at which time I acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Joseph R. Pardek.

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.

FILED

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PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

Deborah J. Pardek
Deborah J. Pardek, Affiant

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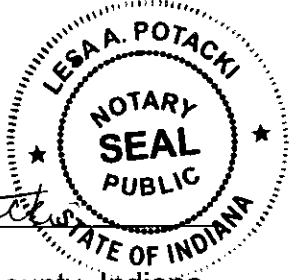
STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 24 day of November, 2010.

My commission expires: 02/13/2018

Signature: *Lesa A. Potacki*
LesA A. Potacki
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."/s/Gary P. Bonk

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





INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No. **3088-10**

State No.

1. Decedent's Legal Name (First, Middle, Last) JOSEPH R. PARDEK				1a. Maiden Last Name (If Female)		2. Sex Male		3. Time Of Death 7:17 PM		4. Date Of Death (Month/Day/Year) August 22, 2010		
5. Social Security Number 306-56-7749		6a. Age Yrs 62	6b. Under 1 Year Months	6c. Under 1 Month Days	6d. Under 1 Day Hours	6e. Under 1 Hour Minutes	7. Date Of Birth (Month/Day/Year) August 13, 1948		8. Birthplace (City And State Or Foreign Country) Chicago, IL			
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival				10a. If Death Occurred Somewhere Other Than A Hospital: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Other (Specify)						
11. Facility Name (If Not Institution, Give Street And Number) St. Margaret Mercy												
12. City Or Town, State, And Zip Code Dyer, IN, 46311						13. County Of Death Lake		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name Deborah Pardek				15a. (If Wife) Give Maiden Last Name BLOHM			16. Decedent's Usual Occupation Electrical Engineer		17. Kind Of Business/Industry NipSCO			
18. Residence - State IN		18a. County Lake			18b. City Or Town Dyer							
18c. Street And Number 441 Heather Ln						18d. Apt. No.		18e. Zip Code 46311		18f. Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education Bachelor's degree (e.g., BA, AB, BS)			20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino			21. Decedent's Race White						
22. Father's Name (First, Middle, Last) Joseph F. Pardek					23. Mother's Name (First, Middle, Last) Henrietta Pardek			23a. Mother's Maiden Last Name Bielich				
24. Informant's Name Deborah Pardek			24a. Relationship To Decedent Spouse		24b. Mailing Address (Street And Number, City, State, Zip Code) 441 Heather Ln, Dyer, IN 46311							
25. Place Of Disposition												
25a. Method Of Disposition: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):			25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CHAPEL LAWN MEMORIAL GARDENS				25c. Location - City, Town, And State Schererville, IN					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility Kish Funeral Home 10000 Calumet Avenue Munster, IN 46321						27a. Funeral Home License Number: FH10700038				
27b. Signature Of Indiana Funeral Service Licensee: 							27c. License Number (Of Licensee) FD01021590					
Cause Of Death (See Instructions And Examples)												
28. Part I. Enter The Chain Of Events—Diseases, Injuries, Or Complications—That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.										Approximate Interval: Onset Unknown		
Immediate Cause (Final Disease Or Condition Resulting In Death) Vascular collapse												
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last												
A. Due to arteriosclerotic heart and vascular disease												
B. _____												
C. _____												
D. _____												
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Worked Area) <input type="checkbox"/> Yes <input type="checkbox"/> No								
37. Location Of Injury - State		37a. City Or Town		37b. Street & Number				37c. Apt. No.		37d. Zip Code		
39. Describe How Injury Occurred						40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						
41. Signature Of Person Certifying Cause Of Death: 						42. Certifier (Check Only One) <input type="checkbox"/> Certifying Physician <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number N/A		45. Date Certified Aug. 26, 2010		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: Donna Melyon, Deputy Coroner, 2900 West 93rd Avenue, Crown Point, Indiana 46307						47. *Akas:						
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: Susan W. Best, D.O.						
						49. For Registrar Only - Date Filed (Month/Day/Year) August 26 2010						