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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2010 074515

2010 DEC 16 AM 10:55

SURVIVORSHIP AFFIDAVIT MICHELLE R. FAJMAN
RECORDER

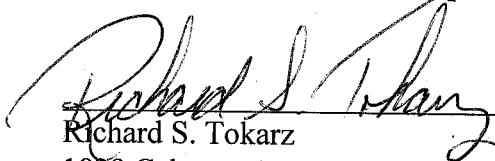
I, Richard S. Tokarz, being duly sworn upon his oath, says:

1. That **Florence M. Tokarz** died on the **15 day of November, 2010, intestate.**
2. At the time of the death of Florence M. Tokarz, Richard S. Tokarz and Gerald A. Tokarz, as joint tenants, pursuant to a Quit claim Deed recorded February 26, 1996 as Document Number 96012199, were the owners of real estate in which Florence M. Tokarz had a reserved life estate, with said real estate commonly described as **1829 Calumet Avenue, Whiting, Lake County, Indiana**, and further described as follows:

Lot Twenty-three (23) in Block Ten (10), Sheffield Subdivision in the City of Hammond as shown in Plat Book 14, page 6, as recorded in the Office of the Recorder of Lake County, Indiana.

Parcel No. 45-03-07-104-008.000-023

3. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the amount allotted under 29-1-8-1 and that no estate is pending in any Indiana court nor is one contemplated, no Federal Estate Tax is due and that no Indiana Inheritance Tax regarding the estate of Florence M. Tokarz is due or owing.
4. That **Richard S. Tokarz and Gerald A. Tokarz**, pursuant to their ownership interest in said property vested in them by the decedent, as **joint tenant with rights of survivorship** are the owner in fee simple to the above-described real estate.



 Richard S. Tokarz
 1829 Calumet Avenue, Whiting, IN 46394

STATE OF INDIANA, COUNTY OF LAKE, SS:

Before me, a Notary Public in and for said county and state, personally appeared Richard S. Tokarz, and being first duly sworn by me upon his oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 13 day of December, 2010.

My Commission
Expires: 11/7/2017


 Lisa A. Kmak, Notary Public
 Resident of Lake County

#14
CK# 1485
CA

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: *Lisa A. Kmak, Esq., 1050 - 119th Street, Whiting, IN 46394. Telephone: (219) 659-1355.*

↑
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FILED

DEC 16 2010

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

4 COPY 1 REF



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 4041-70

State No.

1. Decedent's Legal Name (First, Middle, Last) FLORENCE M. TOKARZ
1a. Maiden Last Name (if Female) MILLO
2. Sex F
3. Time Of Death 4:46 P.M.
4. Date Of Death (Month/Day/Year) NOVEMBER 15, 2010
5. Social Security Number [REDACTED]
6a. Age Yrs 83
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) MAY 1, 1927
8. Birthplace (City And State Or Foreign Country) HAMMOND, INDIANA
9. Ever In U.S. Armed Forces? [X] No
10. If Death Occurred In A Hospital: [X] Inpatient
10a. If Death Occurred Somewhere Other Than A Hospital: [] Hospice Facility [] Decedent's Home [] Nursing Home/Long-Term Care Facility [] Other (Specify)
11. Facility Name (If Not Institution, Give Street And Number) THE COMMUNITY HOSPITAL
12. City Or Town, State, And Zip Code MUNSTER, INDIANA 46321
13. County Of Death LAKE
14. Marital Status At Time Of Death [X] Widowed
15. Surviving Spouse's Name N/A
15a. (If Wife) Give Maiden Last Name N/A
16. Decedent's Usual Occupation FACTORY WORKER
17. Kind Of Business/Industry LEVER BROS. COMPANY
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town HAMMOND (WHITING P.O.)
18c. Street And Number 1829 CALUMET AVENUE
18d. Apt. No.
18e. Zip Code 46394
18f. Inside City Limits? [X] Yes
19. Decedent's Education 9-12th grade, no diploma
20. Decedent Of Hispanic Origin No, not Spanish/Hispanic/Latino
21. Decedent's Race White
22. Father's Name (First, Middle, Last) ANDREW MILLO
23. Mother's Name (First, Middle, Last) ANNA MILLO
23a. Mother's Maiden Last Name BERNA
24. Informant's Name MR. RICHARD S. TOKARZ
24a. Relationship To Decedent SON
24b. Mailing Address (Street And Number, City, State, Zip Code) 1829 CALUMET AVENUE, WHITING, INDIANA 46394
25. Place Of Disposition
25a. Method Of Disposition: [X] Burial
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) NOVEMBER 20, 2010 CALUMET PARK CEMETERY
25c. Location - City, Town, And State MERRILLVILLE, INDIANA
26. Was Coroner Contacted? [X] No
27. Name And Complete Address Of Funeral Facility BARAN & SON, INC., 1235-119TH STREET, WHITING, INDIANA 46394
27a. Funeral Home License Number: FDH83007267
27b. Signature Of Indiana Funeral Service Licensee: [Signature]
27c. License Number (Of Licensee) FDE01019456
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.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. Respiratory failure
B. pneumonia
C.
D.
29. Was An Autopsy Performed? [X] No
30. Were Autopsy Findings Available To Complete The Cause Of Death? [X] No
31. Did Tobacco Use Contribute To Death? [X] No
32. If Female: [X] Not Pregnant Within Past Year
33. Manner Of Death: [X] Natural
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work? [] Yes [X] No
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify: [X] Driver/Operator
41. Signature, Of Person Certifying Cause Of Death: [Signature]
42. Certifier (Check Only One) [X] Certifying Physician
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: HERBERT A. JONES, D.O. 929 RIDGE ROAD, SUITE 7 MUNSTER, INDIANA 46321
44. License Number 02000640
45. Date Certified NOV. 19, 2010
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature Of Local Health Officer: [Signature]
49. For Registrar Only - Date Filed (Month/Day/Year): November 19, 2010