STATE OF INDIANA

COUNTY OFLAKE

2010 076449
) SS:



AFFIDAVIT OF SURVIVORSHIP

I, John Jurkash, 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 surviving owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 3, Market Square First Addition, in the Town of Munster, as shown in Plat Book 33, Page 94, in Lake County, Indiana.

Tax Key No.: 45-07-19-101-014.000-027 Grantee Address: 8112 Woodlawn, Munster, IN 46321

- 3. The decedent, Dorothy Jurkash, and myself acquired title as joint tenants with rights of survivorship to said real estate by deed of conveyance filed on the 1st day of December, 1989, and recorded in the Office of the Lake County Recorder as Document No. 075545.
- 4. That the decedent (along with me, John Jurkash) jointly held title to said real estate until the death of Dorothy Jurkash on the 19th day of October, 2010, at which time the surviving joint tenants acquired title to said real estate pursuant to property law. See attached Death Certificate for Dorothy Jurkash.

FILED 031087
DEC 28 2010

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR \$137

The gross value of the estate of the decedent as determined for 5. the purpose of Federal Estate Taxes was less than the value required for filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

John Jurkash, Affiant

STATE OF INDIANA

SS:

COUNTY OF LAKE

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared John Jurkash, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true. Signed and sealed this 22nd day of December, 2010.

My Commission Expires: 09/06/2014

Signature:

Rosemarie Juran Resident of Lake County, IN

"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, Schererville, Indiana 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

 Decedent's Legal Name (First 	10.2.1.1/2/1.	<u>v</u>						St	ate No				
	st, Middle, Läst)	•			1a. Maiden Last N	lame (If Female)		2. Sex	3.	. Time Of De	eath [4. Date Of	Death (Month/Day/Year)
Dorothy Jurkash					Rossi			Female	1	1:55 PM		Octobe	er 19, 2010
5. Social Security Number 326-20-9640	6a, Age Yrs 82	6b. Under 1 Y Months	ear <u>6c Under</u> Days	1 Month	6d, Under 1 Day Hours	6e. Under 1 Houx Minutes	1	Birth (Month/Da arch 28, 1921	· · ·	Birthplace (State Or For	eign Country)
9. Ever In U.S. Armed Forces?	_	th Occurred In A	·			10a. If Death Occ	urred Somewhere	Other Than A H	ospital·	lospice Facilit	ity 🗖 De	cedent's Hor	ne Nursing Home/Long
☐ Yes 🏻 No Unknown		•	y Department Outpa	atient ∐ [ead On Arrival	Term Care Facility	Other (Spec	ify)					
11. Facility Name (If Not Institu Riley Hospice Reside		nd Number)											
12. City Or Town, State, And Z						1 40 0							
Munster, IN, 46321	ap Code					Lake	ity Of Death			_		At Time Of D	eath eparated Divorced
				1	MANUEL SEC.					☐ Widow		lever Married	Unknown
15. Surviving Spouse's Name 15 JOHN JURKASH				158.					edent's Usual Occupation			17. Kind Of Business/Industry SCHOOL CAFETERIA	
8 Residence State 18a. County				18b. City Or Town									
Lake			•			Munster							
8c. Street And Number								18d	. Apt. No.	18	8e. Žip Č	ode	18t. Inside City Limits
8112 Woodlawn Ave.									,		6321		Yes No
9. Decedent's Education			20. Decedent	Of Hispan	ic Origin	7 2	1. Decedent's Ra	ice		!			<u> </u>
9-12th grade, no diplo	oma		No, not S	panish/	Hispanic/Latin	10 V	W hite						
22. Father's Name (First, Midd	lle, Last)					23. Mother's Nan	ne (First, Middle,	Last)			23a. M	other's Mai	den Last Name
loseph Rossi						Mary Rossi	ary Rossi				Mazz	оссо	
4. Informant's Name 24a. Relationsl													
John Jurkash			Spouse	e 		8112 Woodl	awn Ave. , I	vlunster, IN	46321				
5a. Method Of Disposition	Brat Do	. 25b. F	Place Of Disposition	(Name Of	25. P Cemetery, Cremator	lace Of Dispositions, Other Place)		tion - City, Town,	And State				
☐ Donation ☐ Entombment (☐ Other (Specify):		State Holy	Cross Ceme	tery	•		i	et City, Illino					
6. Was Coroner Contacted?	27. F												
⊠ Yes □ No	Kis	h Funeral Ho	ete Address Of Fund ome 10000 Ca	•	Avenue Muns	iter, IN 46321						27a. Fune FH1070	
⊠ Yes □ No	Kis	h Funeral Ho		•		iter, IN 46321			27c. Licens FD0102	se Number (0 1590	Of License	FH1070	
No. Signature Of Indiana Fundamento Programme	eral Service Licens sin Of Events— Respiratory Arres	Diseases, Injuri	es, Or Complicat	Cause tions—Tr	Of Death (Se	e Instructions	Not Enter Ter	minal Events	FD0102		Of License	FH1070	Approximate
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