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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2010 DEC 28 PM 1:22

STATE OF INDIANA  
COUNTY OF LAKE

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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 19<sup>th</sup> 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

#15  
C# 5439  
CW

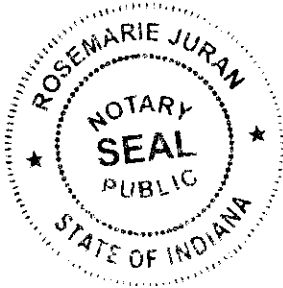
5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

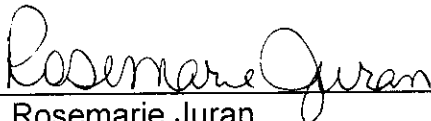
  
\_\_\_\_\_  
John Jurkash, Affiant

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**

Local No. 3694-10

State No. \_\_\_\_\_

1. Decedent's Legal Name (First, Middle, Last) <b>Dorothy Jurkash</b>			1a. Maiden Last Name (If Female) <b>Rossi</b>			2. Sex <b>Female</b>	3. Time Of Death <b>11:55 PM</b>	4. Date Of Death (Month/Day/Year) <b>October 19, 2010</b>		
5. Social Security Number <b>326-20-9640</b>	6a. Age Yrs <b>82</b>	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) <b>March 28, 1928</b>		8. Birthplace (City And State Or Foreign Country) <b>Chicago, IL</b>		
9. Ever In U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead On Arrival			10a. If Death Occurred Somewhere Other Than A Hospital <input checked="" 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) <b>Riley Hospice Residence</b>										
12. City Or Town, State, And Zip Code <b>Munster, IN, 46321</b>					13. County Of Death <b>Lake</b>		14. Marital Status At Time Of Death <input checked="" 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 <b>JOHN JURKASH</b>			15a. (If Wife) Give Maiden Last Name			16. Decedent's Usual Occupation <b>Cafeteria Manager</b>		17. Kind Of Business/Industry <b>SCHOOL CAFETERIA</b>		
18. Residence - State <b>IN</b>		18a. County <b>Lake</b>		18b. City Or Town <b>Munster</b>						
18c. Street And Number <b>8112 Woodlawn Ave.</b>				18d. Apt. No.		18e. Zip Code <b>46321</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education <b>9-12th grade, no diploma</b>		20. Decedent Of Hispanic Origin <b>No, not Spanish/Hispanic/Latino</b>			21. Decedent's Race <b>White</b>					
22. Father's Name (First, Middle, Last) <b>Joseph Rossi</b>			23. Mother's Name (First, Middle, Last) <b>Mary Rossi</b>			23a. Mother's Maiden Last Name <b>Mazzocco</b>				
24. Informant's Name <b>John Jurkash</b>		24a. Relationship To Decedent <b>Spouse</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>8112 Woodlawn Ave., Munster, IN 46321</b>						
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) <b>Holy Cross Cemetery</b>			25c. Location - City, Town, And State <b>Calumet City, Illinois</b>					
26. Was Coroner Contacted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>Kish Funeral Home 10000 Calumet Avenue Munster, IN 46321</b>					27a. Funeral Home License Number: <b>FH10700038</b>			
27b. Signature Of Indiana Funeral Service Licensee: 						27c. License Number (Of Licensee) <b>FD01021590</b>				
<b>Cause Of Death (See Instructions And Examples)</b>										
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. <u>Non Small Cell Lung Cancer</u>				Due To (Or As A Consequence Of):			Approximate Interval: Onset To Death
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			B. _____				Due To (Or As A Consequence Of):			
			C. _____				Due To (Or As A Consequence Of):			
			D. _____				Due To (Or As A Consequence Of):			
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 checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input checked="" 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, Wooded Area)			37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <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 checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>Dr. P. Tothy 8127 Merrillville Rd, Merrillville, IN 46410</b>						44. License Number <b>01065693A</b>		45. Date Certified <b>10/21/10</b>		
46. Additional Funeral Service Provider:						47. *Akas:				
48. Signature of Local Health Officer: 						49. For Registrar Only - Date Filed (Month/Day/Year): <b>October 22, 2010</b>				

State Form 10110 (R779-07) ATTENTION ESTATE: The Social Security # is being requested by the state agency in order to pursue its statutory responsibility. Signature is voluntary and there will be no penalty for refusal. THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-2-7-10