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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2011 029163

2011 MAY 26 AM 9:41

MICHELLE R. FAJMAN
Recorder
Parcel No. 45-10-01-381-011.000-034

620111286 **SURVIVORSHIP AFFIDAVIT**

We, Michaelene Gore and Cynthia Marazas, being first duly sworn, state:

- 1. Affiants state that they are the Co-Executrices of the Estate of Michael J. Buksar, Jr.*deceased.
- 2. Esther L. Buksar died a resident of Lake County, Indiana, on April 29, 2006, leaving her spouse,

Michael J. Buksar, Jr.*surviving her.

- 3. At the time of her death, Michael J. Buksar, Jr.*and Esther L. Buksar, husband and wife, were the owners of the following described real estate located in Lake County, Indiana:

THE NORTH 39.9 FEET OF LOT 10, RESUBDIVISION OF PART OF LOT ONE, HERITAGE ESTATES, UNIT SIX TO THE TOWN OF DYER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 74 PAGE 60, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

commonly known as 1106 Wildflower, Dyer, Indiana 46311.

- 4. At the time of her death, Michael J. Buksar, Jr.*and Esther L. Buksar were not divorced and were living together as husband and wife.

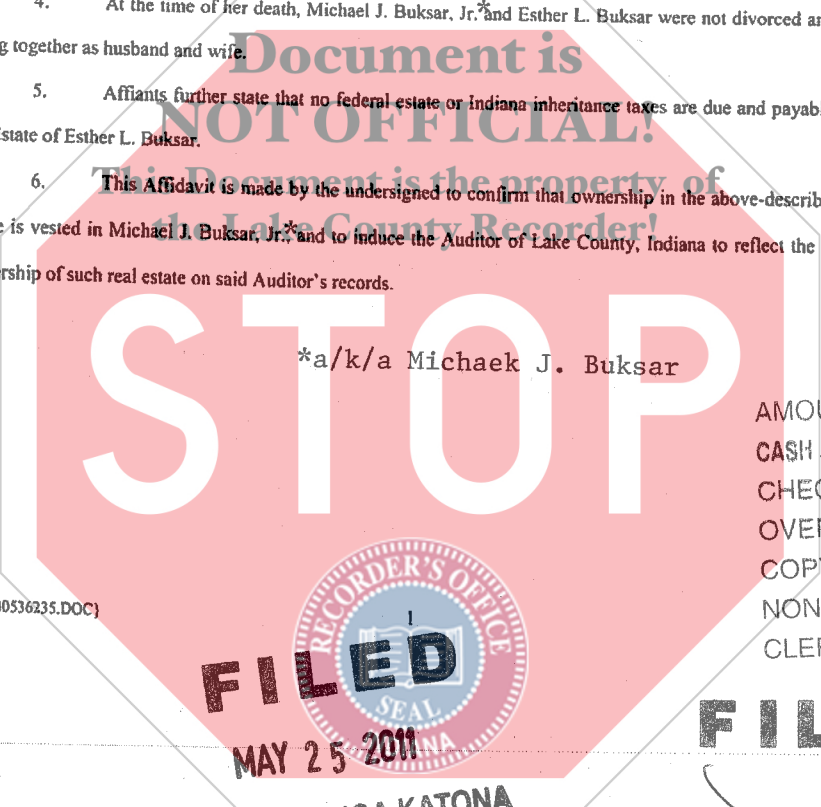
- 5. Affiants further state that no federal estate or Indiana inheritance taxes are due and payable from the Estate of Esther L. Buksar.

- 6. This Affidavit is made by the undersigned to confirm that ownership in the above-described real estate is vested in Michael J. Buksar, Jr.*and to induce the Auditor of Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

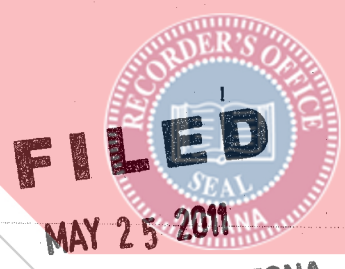
*a/k/a Michael J. Buksar

CHICAGO TITLE INSURANCE COMPANY

(File: 00536235.DOC)



AMOUNT \$ 16.00
 CASH _____ CHARGE CT
 CHECK # _____
 OVERAGE _____
 COPY _____
 NON-COM _____
 CLERK AR



FILED

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR
052776

~~FILED~~
~~MAY 16 2011~~
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

001862

①

Dated: May 12th, 2011

Michael Gore
MICHAEL GORE, Co-Executrix of the
Estate of Michael J. Buksar, Jr.

Cynthia Marazas
CYNTHIA MARAZAS, Co-Executrix of the
Estate of Michael J. Buksar, Jr.

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

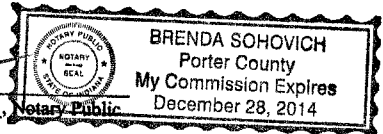
Before me the undersigned, a Notary Public in and for said County and State, personally appeared Michaelene Gore, and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 12th day of May, 2011.

My Commission Expires: 12/28/14

A resident of Poser County.

B S
Printed Name



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

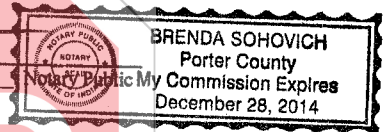
Before me the undersigned, a Notary Public in and for said County and State, personally appeared Cynthia Marazas, and she, being first duly sworn by me upon her oath, states that the facts alleged in the foregoing Affidavit are true.

Signed and sealed this 12th day of May, 2011.

My Commission Expires: 12/28/14

A resident of Poser County.

B S
Printed Name

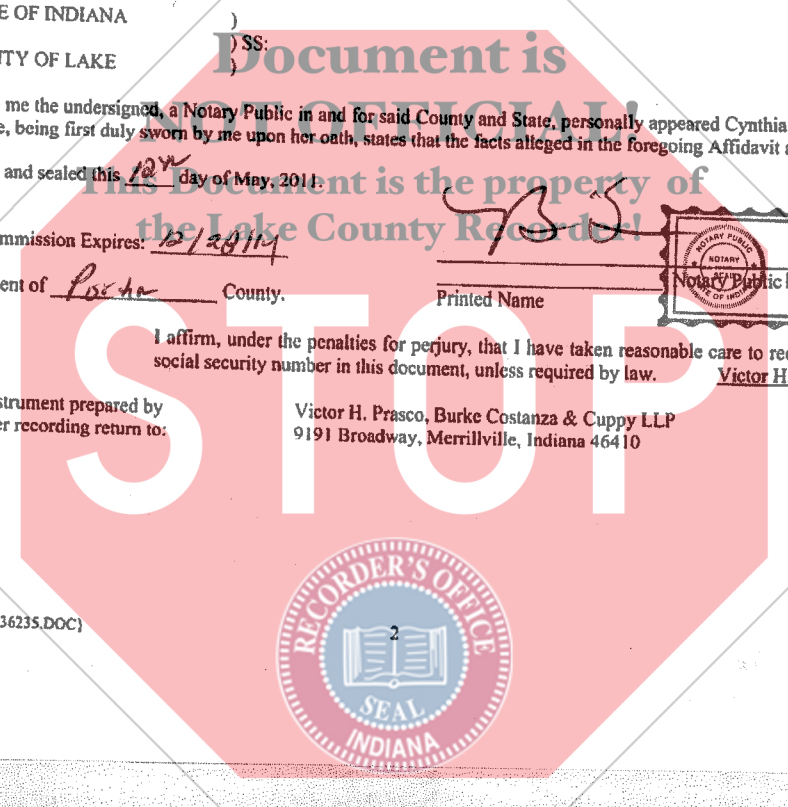


I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Victor H. Prasco

This instrument prepared by
and after recording return to:

Victor H. Prasco, Burke Costanza & Cuppy LLP
9191 Broadway, Merrillville, Indiana 46410

{File: 00536235.DOC}



ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to issue the statutory responsibility. Disclosure is mandatory and there will be no penalty for refusal.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

Local No. 1046-06

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-10-3

REPRINT IN PERMANENT INK

DECEASED

DECEASED

DECEASED

DECEASED

DECEASED

CERTIFIER

CERTIFIER

1. DECEASED—NAME (First Middle Last) ESTHER LYDIA BUKSAR		2. SEX FEMALE	3a. TIME OF DEATH 4:27 PM	3b. DATE OF DEATH (Month, Day, Year) APRIL 29, 2006	
4. SOCIAL SECURITY NUMBER 89	5a. AGE—Last Birthday (Years) 89	5b. UNDER 1 YEAR Months Days	5c. UNDER 1 DAY Hours Minutes	6. DATE OF BIRTH (Mo, Day, Yr) SEPTEMBER 17, 1916	
7. BIRTHPLACE (City and State or Foreign Country) HAMMOND, INDIANA	8. PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> OCA <input type="checkbox"/> OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Residence				
9a. WAS DECEDENT A U.S. VETERAN? NO	9b. YEAR LAST SERVED IN U.S. ARMED FORCES N/A	9c. FACILITY NAME (If not institution, give street and number) 1106 WILDEFLOWER LANE			
10. MARITAL STATUS (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) MICHAEL BUKSAR	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) TELLER	12b. KIND OF BUSINESS/INDUSTRY BANKING	
13a. RESIDENCE—STATE INDIANA	13b. COUNTY LAKE	13c. CITY, TOWN OR LOCATION DYER	13d. STREET AND NUMBER 1106 WILDEFLOWER LANE		
13e. ZIP CODE 46311	13f. INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	14. CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE—American Indian, Stock, White, etc. (Specify) WHITE	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary (Specify 0-12) 12 College (1-4 or 5+) 		18. FATHER'S NAME (First Middle Last) JOSEPH PEIFER			
19. MOTHER'S NAME (First Middle Maiden Surname) SOPHIE REIPLINGER		20. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1106 WILDEFLOWER LANE DYER, IN, 46311			
21. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify) <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)		22. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) MAY 2, 2006 ST. JOHN CEMETERY	23. LOCATION—City or Town, State HAMMOND, INDIANA		
24. SIGNATURE OF FUNERAL DIRECTOR <i>Marc Mosqueda</i>		25. LICENSE NUMBER (of License) FD08800240	26. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME FAGEN-MILLER FUNERAL HOME FH83001504 1920 HART ST. DYER, INDIANA 46311		
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Cardiopulmonary failure due to cor as a consequence of failure to thrive. Pneumonia due to cor as a consequence of Kyphoscoliosis.					
28. PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I. Osteoporosis.					
29. CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.					
30. SIGNATURE AND TITLE OF CERTIFIER <i>J. Shatt</i>		31. MEDICAL LICENSE NO. 01033072	32. DATE SIGNED (Month, Day, Year) 5-1-06		
33. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Item 28) (Type/Print) Jayshree S. Shatt, M.D. 9124 Columbian Ave Munster, IN					
34. HEALTH OFFICER'S SIGNATURE <i>But</i>					
35. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accidents <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide		36. DATE OF INJURY (Month, Day, Year)	37. TIME OF INJURY (Year or no)	38. INJURY AT WORK (Yes or no)	39. DESCRIBE HOW INJURY OCCURRED MAY 01 2006
34a. PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34b. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34c. DATE PRONOUNCED DEAD (Month, Day, Year)		34d. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			

