STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2011 055212

2011 OCT -5 PM 3: 24

MICHELLE EL FAJMAN RECORDER

STATE OF INDIANA	)
	)
COUNTY OF LAKE	)

20

## AFFIDAVIT FOR TRANSFER OF REAL PROPERTY

MARK JANAS, an adult residing at 163 W. 10<sup>th</sup> Street, New York, NY 10014, being first duly sworn upon his oath, deposes and says:

ROSALIE B. BENKO (a/k/a Rosalie Benko) died intestate on May 24, 2008, while domiciled in Lake County, Indiana. A copy of the Certificate of Death is attached hereto.

2.

3.

Porty-five (45) days have clapsed since the death of the deceder.

No application or petition for the appointment of a personal representative Academic Auditory.

No application and jurisdiction. is pending or has been granted in any jurisdiction.

- The value of the gross probate estate of decedent, wherever located, less liens and encumbrances, does not exceed Fifty Thousand Dollars (\$50,000.00) and the costs and expenses of administration and reasonable funeral expenses.
- Among the probate assets owned by the decedent at the time of decedent's 6. death was the following described real estate located in Lake County, Indiana:

Lot 6, Prairie Park Unit No. 3, a subdivision in the City of East Chicago, as per plat thereof recorded in Plat Book 37, page 81, in the Office of the Recorder of Lake County, Indiana.

Common address: 2111 Cardinal Dr., East Chicago, IN 46312

Property ID #45-03-27-132-006.000-024

7. The maximum period for creditors to file claims against the decedent's

029075

estate (nine (9) months from date of death) expired on February 24, 2009.

- 8. The heirs at law pursuant to the Indiana law of intestate succession, are decedent's two sons, namely, Mark Janas, and Michael D. Janas, Jr., both of whom are competent adults.
- 9. The gross value of the estate of the decedent, Rosalie B. Benko, as determined for the purposes of Federal Estate taxes, was less than the value required for the filing of a Federal Estate Tax Return. As a consequence thereof, the decedent's estate was not subject to Federal Estate Tax.
- 10. The decedent's estate was not subject to Indiana Inheritance Tax after the deduction of applicable exemptions and no inheritance tax return needed to filed.
- 11. To the best of the Affiant's knowledge, the statements made in this Affidavit are true and complete and are made for the purpose of establishing the ownership of the real estate described above, to obviate any problem concerning Federal Estate Tax or Indiana Inheritance Tax, and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above to decedent's heirs at law, namely:

Mark Janus and Michael D. Janas, Jr., as tenants in common.

NOT OFFICIAL!

This affiant says nothing furtherst is the property of

the Lake County Recorder!

MARK JANAS

Subscribed and sworn to before me, a Notary Public, in and for said County and State this September \_\_\_\_\_\_, 2011, by Mark Janas, known to me personally.

JOHN STANISH
Notary Public, State of Indiana
Lake County
Commission # 579449
My Commission Expires
March 18, 2016

THIS INSTRUMENT PREPARED BY: John R. Stanish

Attorney at Law

Return to

5231 Hohman Ave., Suite 818 Hammond, IN 46320

1

REGISTRATION 16.10
DISTRICT NO. 16.10

## STATE OF ILLINOIS CERTIFICATE OF DEATH

STATE FLE NUMBER    COCKING   County of CLATH   County
SACE AT LIST DIRTOW, (Now) \$1.0000   Noting   No
THE UNIVERSITY OF CHICAGO STATES AND CHICAGO STATES
### IRAN OCCURRED THE APPROPRIATE CONTROL OF THE PROPERTY OF A CHARGE THE PRODUCTION OF THE PROPERTY OF A CHARGE THE PROPERTY OF A CHARGE THE PRODUCT OF THE PROPERTY OF A CHARGE THE PROPERTY OF A
FURDATION   CONTROL   Control on Annual   Co
TO CAUSE OF DEATH (See Institutions and examples)  CAUSE OF DEATH (See Institutions South) BUT IN AGE OF SOUTH (SEE INSTITUTION SOUTH
Marie See Presign Country   Interest   Int
TOWN RESIDENCE Speak and survey  [10] FATE 140, 2PC NOT  [10] STATE 140, 2PC CORE  [11] TARSON STATE 140, 2PC CORE  [12] A FATHERS SHAME FERS MORE LEAD  [13] A FATE 140, 2PC CORE  [14] A FATHERS SHAME FERS MORE LEAD  [15] A FATE 140, 2PC CORE  [16] A FATHERS SHAME FERS MORE LEAD  [17] A FATE 140, 2PC CORE  [18] A FATE 140, 2PC CORE  [18] A FATE 140, 2PC CORE  [19] A FATE 140, 2PC CORE  [10] A FATE 140, 2PC CORE  [11] A FATE 140, 2PC CORE  [12] A FATE 140, 2PC CORE  [13] A FATE 140, 2PC CORE  [14] A FATE 140, 2PC CORE  [15] A FATE 140, 2PC CORE  [16] A FATE 140, 2PC CORE  [17] A FATE 140, 2PC CORE  [18] A FATE 140, 2PC CORE  [18] A FATE 140, 2PC CORE  [19] A FAT
2111 CARDINAJ, DRIVE  136 COUNTY  136 STATE 139 2P CORE  14 PATHER NAME (NAME)  15 ARCHE HAMILTON  15 MONTHER SAME  15 IN AGAIL  ARCHE HAMILTON  16 MONTHER SAME  17 MONTHER SAME  18 IN AGAIL  ARCHE HAMILTON  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/ same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/same. PP CORD  18 MAIN ADDRESS (Sovid and No. 10) or low/same. PP CORD  18 LOW/SAME (Sovid and No. 10) or low/same. PP CORD  18 LOW/SAME (Sovid and No. 10) or low/same. PP CORD  18 LOW/SAME (Sovid and No. 10) or low/same. PP CORD  20 LOCAL REGISTRARS (Solf-Mule  20 LOCAL REGISTRARS (Solf-Mule  21 LOCAL REGISTRARS (Solf-Mule  22 LOCAL REGISTRARS (Solf-Mule  23 LOCAL REGISTRARS (Solf-Mule  24 LOCAL REGISTRARS (Solf-Mule  25 LOCAL REGISTRARS (Solf-Mule  26 LOCAL REGISTRARS (Solf-Mule  27 LOCAL REGISTRARS (Solf-Mule  28 LOCAL REGISTRARS (Solf-Mule  29 LOCAL REGISTRARS (Solf-Mule  20 LOCAL REGISTRARS
TARKE IN 46312 ANCHIE HAMILTON BESSIX, HARGEST  166 MINDAMARRETE 166 MINDAMARRETE 166 MAINTANA DOPEN (Signer and No. City or Town 30th, 20° Code)  17. METHOD OF DEPORTION O Build 168 PEACE OF DISPOSITION Obers of Commission, cerealistic, other of Town 30th, 20° Code)  17. METHOD OF DEPORTION O Build 168 PEACE OF DISPOSITION Obers of Commission, cerealistic, other of Disposition O Build 168 PEACE OF DISPOSITION Obers of Commission, cerealistic, other of Disposition O Build 168 PEACE OF DISPOSITION Obers of Commission, cerealistic, other of Disposition O Build 168 PEACE OF DISPOSITION Obers of Commission, cerealistic, other of Disposition O Build 168 PEACE OF DISPOSITION Obers of Commission, cerealistic, other of Disposition On Build 168 PEACE OF DISPOSITION Obers of Commission, cerealistic, other of Disposition On Build 168 PEACE OF DISPOSITION Obers of Commission, cerealistic, other of Disposition Obers of Commission, cerealistic, other obstitution of Commission, cerealistic, cerealistic, other obstitution of Commission, cerealistic, cereal
DONNA NAVARRETE  HOSPITAL RECORDS  5.841 SOUTH MARYLAND CHICAGO TILLINOIS 6  (T.METHOD OF DISPOSITION DEPOSITION NAME of LEARNING, central processing of the Continue of Conti
17, WEHOD OF DISPOSITION   Burlad   18, PLACE OF DISPOSITION Name of containing, complainty, complai
CRITICADE   CRIT
AFRO RENOVALS, 919 GARFFELD STREET, LOMBARD, ILLINOIS 60148  21. DOLA REGISTRAYS SIGNATURE  22. LOCAL REGISTRAYS SIGNATURE  23. LOCAL REGISTRAYS SIGNATURE  24. LOCAL REGISTRAYS SIGNATURE  25. LOCAL REGISTRAYS SIGNATURE  26. LOCAL REGISTRAYS SIGNATURE  27. LOCAL REGISTRAYS SIGNATURE  28. LOCAL REGISTRAYS SIGNATURE  29. LOCAL REGISTRAYS SIGNATURE  29. LOCAL REGISTRAYS SIGNATURE  CALISE OF DEATH (See instructions and examples)  APPROXIMATE INTERNATION of the chain of evening injures for complications, that directly caused the death, DO NOT enter terminal events such as cardiac arrest, respiratory areas is eventricular file inlain on without proving eligible or complications. That directly caused the death, DO NOT enter terminal events such as cardiac arrest, respiratory areas is eventricular file inlain on without proving eligible or complete the chain of eventricular file inlain on without proving eligible or complete the chain of eventricular file inlain on without proving eligible or complete the chain of eventricular file inlain on without proving eligible or complete the chain of eventricular file inlain on without proving eligible or complete the chain of eventricular file inlain or complete the chain of eventricular file i
22. LOCAL REGISTRARS SIGNATURE  CAUSE OF DEATH (See instructions and examples)  24. PARTI, Enter the chain of events diseases, injuries or complications - that directly caused the death, DO NOT enter terminal events such as Cardiac arrest. Perfect the chain of events diseases, injuries or complications - that directly caused the death, DO NOT enter terminal events such as Cardiac arrest. Perfect the chain of events diseases, injuries or complications - that directly caused the death, DO NOT enter terminal events such as Cardiac arrest. Perfect the chain of events causes, injuries or complications - that directly caused the death of a chain of events such as Cardiac arrest. Perfect the chain of events causes, injuries or complications - that directly caused the death of a chain of events such as Cardiac arrest. Perfect the chain of events replaced in the cause site of the cause site
22 LOCAL REGISTRARS (IGN/FURE  CAUSE OF DEATH (See Instructions and examples) 24 PART II. Enter the chain of events: desease, injuries of complications: that directly caused the death, DO NOT enter terminal events such as condical arrest, respiratory arrest or ventricable fertiliators without showing eliplocy. If the decedent half a demandal related disease, Parkinson's Disease, or Parkinson's Disease,
CAUSE OF DEATH (See Instructions and examples)  24. 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 eventricular fee inlainor without showing etilogy. If the decedent had a demonital realisted disease, Parkinson Disease, or Parkinson Demental Complex, indicate in Part of Part II P
24. PART II. Enter the chain of events: obsesses, injuries or complications: that directly caused the death, DO NOT enter terminal events such as cardiact arrest.  Dementia Complex, indicate in Part I or Part II. DO NOT ABBREVIATE, Enter only brife sause on a line. Add additional lines it necessary.  IMMEDIATE CAUSE (Final disease or complications that the control of the cause line of th
Dementia Complex_Indicate in Part II of Part II. DO NOT ABBREVIATE, Enter protyping cause on a line. Add additional lines in necessary.    MMEDIATE CAUSE (Final disease)   2
Out to foreir a consequence of leading to the cause listed on line a center the UNDERLYMG CAUSE (disease or injury that inhalted the center the UNDERLYMG CAUSE (disease or injury that inhalted the center the Control of the cause listed on line a center the UNDERLYMG CAUSE (disease or injury that inhalted the center the Control of the cause (disease or injury that inhalted the center that the center of the cause of the
SUBARACHNOID HEMORRHAGE S / P TRAUMA DUE TO FALL    Due to (or as a consequence of)
Enter the UNDERLYING CAUSE (disease or Injury that initiated the cerebrat resulting in death) LAST    PART II. Enter other significant conditions contributing to death but not resulting in the undutying cause given in PART I.   25. WAS AN AUTOPSY PERFORMED?   Yes
PART II. Enter other significant conditions contributing to death but not resulting in the undurying cause given in PART I.  25. WAS AN AUTOPSY PERFORMED?   Ves   26. WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH?   Not pregnant within past 12 months   Pregnant at line of death   Pregnant within the past 12 months   Natural   Suicide   Countributing in the probability   Not pregnant within past 12 months   Pregnant within the past 12 months   Not pregnant, but pregnant, but pregnant within 42 days of death   Pregnant within one year of death but time unknown   Accident   Hornicide   Prending investigat   Prending investiga
27. DID TOBACCO USE COMPLETE GAUSE OF DEATH? Yes Propart within past 12 months Not pregnant within 42 days of death Not pregnant within 42 days of death Not pregnant within 42 days of death Not pregnant within the past 12 months Not pregnant within 42 days of death Not pregnant within the past 12 months Not pregnant within 42 days of 1 year before death Not pregnant within the past 12 months Not pregnant within the past 12 months Not pregnant within the past 12 months  30. DATE OF INJURY (Month/Day/Year) Not pregnant within 42 days of death Not pregnant within the past 12 months Not pregnant within the past 12 months  32. PLACE OF INJURY (e.g. Decedent's home, construction site; restaurant, wooded area) Not pregnant within the past 12 months  33. INJURY AT William (Construction site) Not pregnant within past 12 months Not pregnant within past 12 months  34. LOCATION OF INJURY Street and Number  Apartment Number City or Jown State ZIP Code  35. IF TRANSPORTATION INJURY, SPECIFY Diver/Operator Peassenger Other (Specify) Not pregnant within past 12 months Not pregnant within past 12 months Not pregnant within past 12 months Not pregnant within the past 12 months Natural Substantial Substantial Natural Substantial Natural Substantial Natural Substantial Natural Substantial Natural Substantial Natural Substan
27. DID TOBACCO USE CONTRIBUTE TO DEATH? Not pregnant within past 12 months Not pregnant within one year of death but time unknown Not pregnant within one year of death but time unknown Not pregnant within past 12 months Natural   Sdicide   Could not be determined by Pending Investigation Natural   Sdicide   Could not be determined by Pending Investigation Natural   Sdicide   Could not be determined by Pending Investigation Natural   Sdicide   Could not be determined by Pending Investigation Natural   Sdicide   Could not be determined by Pending Investigation Natural   Sdicide   Could not be death or pending Investigation   Natural   Sdicide   Could not be death or pending Investigation   Natural   Sdicide   Could not be death   Sdicide   Could not be death   Natural   Sdicide   Could not be death   Sdicide   Could not be death   Natural   Sdicide   Could not be death   Sdicide   Could not be death   Natural   Sdicide   Pending Investigation   Natural   Sdicide   Pending Investigation   Natural   Sdicide   Could not be death   Natural   Sdicide   Pending Investigation   Natural   Sdicide   Pending Investigation   Natural   Sdicide   Pending Investigation   Natural   Sdicide   Pending Investigation   Natural   Sdicide   Natural   Sdicide   Natural   Sdicide   Natural   Sdicide   Natural   Sd
Pregnant within 42 days of death   Pregnant within 42 days of death   Pregnant within 12 days of death   Pregnant within 12 days of death   Pregnant within the past 12 months   Accident   Homicide   Prending Investigal   Prending Investigal   Accident   Homicide   Prending Investigal   Accident   Prending
30. DATE OF INJURY (Month/Day/Year)  31. TIME OF INJURY  32. PLACE OF INJURY (e.g. Decedent's home, construction site; restaurant, wooded area)  33. INJURY AT W.  34. LOCATION OF INJURY Street and Number  Apartment Number  City or Town  State  ZIP Code  35. IF TRANSPORTATION INJURY, SPECIFY.  Driver/Operator  Passenger  Other (Specify)  37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year)  AND LAST SAW HIM/HER ALIVE ON 0 5 / 2 4 / 2 008  38. WAS MEDICAL EXAMINER OR COPIONER CONTACTED?  Yes  NO  MAY 24, 2008  12:30 AM  41. CERTIFIER (Check only one):  Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
34. LOCATION OF INJURY Street and Number  Apartment Number  City or Town  State  ZIP Code  35. DESCRIBE HOW INJURY OCCURRED:  36. IF TRANSPORTATION INJURY, SPECIFY:  Driver/Operator   Pedestrian   Ped
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year)   38. WAS MEDICAL EXAMINER OR AND LAST SAW HIMHER ALIVE ON 0.5 / 24 / 2008   39. DATE PRONOUNCED (Month/Day/Year)   40. TIME OF DEATH AND LAST SAW HIMHER ALIVE ON 0.5 / 24 / 2008   12:30   A.M.   14. CERTIFIER (Check only one):    Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.   Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
37. I (DID) (DID NOT) ATTEND THE DECEASED (Month/Day/Year)   38. WAS MEDICAL EXAMINER OR AND LAST SAW HIMHER ALIVE ON 0.5 / 24 / 2008   39. DATE PRONOUNCED (Month/Day/Year)   40. TIME OF DEATH AND LAST SAW HIMHER ALIVE ON 0.5 / 24 / 2008   12:30   A.M.   14. CERTIFIER (Check only one):    Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.   Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
AND LAST SAW HIM/HER ALIVE ON 05 / 24 / 2008 CORONER CONTACTED?  Yes  No MAY 24, 2008 12:30 A.M. 1 41 CERTIFIER (Check only one):  Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.  Physician in altendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
41. CERTIFIER (Check only one):    Physician in charge of patient's care - To the best of my knowledge, death occurred due to the cause(s) and manner stated.   Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
Physician in attendance at time of death only - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated.
☐ Medical Examiner/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) and manner stated.  42. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 24)  43. PHYSICIAN'S LICENSE NUM
RITESH KAUSHAL,MD 5841 SOUTH MARYLAND CHICAGO, ILLINOIS 60637 125-052085
44 TITLE OF CERTIFIER  45 DATE CERTIFIED (Month/Day/Year)  45 SIGNATURE OF CERTIFIER  MAY 25, 2008
D T C C S T C C S T C C S T C C S T C C S T C C S T C C C S T C C C S T C C C S T C C C S T C C C C
This is to certify that this is a true and exercit copy of the official death record gently of the seament on Pulgic Health.
アード・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
MASON, AR OF VI THAT I.A OORDS OF THO OS AND VOF CHI VOF CHI VAR'S SIGN AR'S SIGN
D. LOCAL AL STATIST THE KEEPS BETHS OF THE CHIS OF THE
LOCAL STATISTICS OF STATISTICS OF THE STATISTICS OF SAME CES.  LACED WHEN THE THE STATISTICS OF SAME CES.  TALID WHEN THE STATISTICS OF SAME CES.  THE STATISTICS OF SAME
HE ALL STATES