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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 040750

2012 JUN 20 AM 10:42

MICHELLE FAJMAN
RECORDER

AFFIDAVIT of SURVIVORSHIP

TAX: I.D. NO. 45-11-08-103-020.000-036

Andrea Orbik, being first duly sworn upon oath, deposes and says:

1. That **Julia L. Kukta a/k/a Julia Kukta**, died on the 13th day of October, 2011 at Dyer, Lake County, Indiana.
2. That at the time of her death, she held a Life Estate interest in the following described real estate:

THE SOUTH 1/2 OF LOT 70 IN BRIAR COVE SUBDIVISION, PHASE 1, IN THE TOWN OF SCHERERVILLE, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 92 PAGE 79, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY.

COMMONLY KNOWN AS: **832 NEW BUFFALO DRIVE, SCHERERVILLE, IN 46375**

3. That no Federal Estate Tax or Indiana Inheritance Tax is due as a result of the death of Julia L. Kukta a/k/a Julia Kukta.
4. That this Affiant's relationship to the Decedent was Daughter.

FURTHER, your Affiant saith naught.

Andrea Orbik
Andrea Orbik

STATE OF INDIANA, COUNTY OF LAKE) SS:

Subscribed and Sworn to before me, a Notary Public this 11th day of June, 2012.

My Commission Expires: 5-20-17 Signature [Signature]
Resident of Lake County Printed Darleen S. Birchel, Notary Public

This instrument prepared by **PATRICK J. McMANAMA**, Attorney-at-Law, Attorney ID No. 9534-45.
No legal opinion given or rendered. All information used in preparation of document was supplied by title company.

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.

[Signature] Darleen S. Birchel
Signature of Notary Public

FILED



Official Seal Printed Name of Preparer
COMMUNITY TITLE COMPANY
FILE NO 62547

JUN 15 2012

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

23847

\$13
CM
CW



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 003160

EDR No 00000223945

State No 045014

Form with fields for Decedent's Name (JULIA L KUKTA), Maiden Name (FURIAK), Sex (FEMALE), Time of Death (10:10 AM), Date of Death (10/13/2011), Social Security Number, Age (92), Date of Birth (05/04/1919), Birthplace (THUNDER BAY ONTARIO, CD), Facility Name (ST MARGARET MERCY HEALTHCARE CENTERS-DYER), City (DYER, IN, 46311), County (LAKE), Marital Status (Widowed), Occupation (ACCOUNTING), Business (INSURANCE), Residence (832 NEW BUFFALO DRIVE, SCHERERVILLE, INDIANA), Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), Race (White), Father's Name (JOHN FURIAK), Mother's Name (ROZALIA FURIAK), Informant's Name (ANDREA ORBIK), Relationship (DAUGHTER), Address (1650 BROWN AVENUE, WHITING, IN 46394), Place of Disposition (ST JOHN ST JOSEPH CEMETERY, HAMMOND, IN), Funeral Home (BURNS-KISH FUNERAL HOME INC-MUNSTER, IN 46321), Cause of Death (CARDIOPULMONARY ARREST, RENAL FAILURE, RESPIRATORY FAILURE), Injury (PREVIOUS SEPSIS), Certifier (SHEILLAH C GENTILE), Date Certified (10/14/2011), Local Health Officer (SUSAN W. BEST), Date Filed (OCT 17 2011).