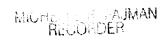


2012 040750

2012 JUN 20 AM 10: 42



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:

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

THE SOUTH ½ 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

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

FURTHER, your Affiant saith naught. County Recorder Undrea Place
Andrea Orbik
STATE OF INDIANA, COUNTY OF LAKE) SS: Subscribed and Sworn to before me, a Notary Public this day of the county of the county Public this day of the county
My Commission Expires: Signature Printed Pales Birds, Notary Public
Resident of Lat. County Timed 100 Process And American Street Timed 10
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.
Dallen S. Birkel
Official Seal Fillieu Name of Preparer OARLEEN S. BIFICHEL Resident of Lake County, IN My commission expires FILE NO JJ Y
JUN 15 2012 May 10, 2017 FILE NO GOT 9 1
PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 23847

#13 Cm

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Loc	al No O	EDI	EDR No 000000223945					State No 045014 3. Time Of Death 4. Date Of Death (Month/Day/Year)					
Decedent's Legal Name	(First, Middle, L	.ast)				e (if female)			2. Sex	1		4. Date	, , ,
JULIA L KUKTA 5. Social Security Number	6a. Age - Yrs	6b. Under 1	Year 6c.	Under 1 Month	FURIAK 6d. Under 1 Day	6e. Under	Hour 7	. Date	FEMALE of Birth (Month/Day)		IO AM Birthplace (Cit	y and State	10/13/2011 or Foreign Country)
	92	Months	Day	s	Hours	Minutes			05/04/1919		HUNDER	BAY O	NTARIO, CD
9. Ever in U.S. Armed Force		Death Occurred In	1 1	-		10a. If Dea		d Some	where Other Than A	Hospital	lome/Long-ter		
Yes No Unki				nent Outpatient	Dead on Arrival	Other (S	,				lorner congress		·····
11. Facility Name (If Not In ST MARGARET M	IERCY HE	EALTHCAR	CENTE	RS-DYE	₹	140 (N	200th			14. Marital St	atus At Tim	o Of Death
12. City Or Town, State, An	nd Zip Code					13. (County Of E	Jeath			☐ Married ☐	Married,	But Separated Divorced
DYER, IN, 46311	1,45	LAKE ia. (If Wife)Give Maiden Last Name 16.				16. Decedent's Us	sual Occupat	Widowed		ver Married Unknown d Of Business/Industry			
15. Surviving Spouse's Nar	ne			158	a. (If write)Give Maidel	n Last Name			16. Decedents Os	suai Occupat	011	17. 18.	a of Business/madea/
			40- 0			18h Cit	Or Town		ACCOUNTIN	IG		INSUF	RANCE
18. Residence - State			18a. Coun	ıy				. –					
INDIANA 18c. Street And Number	<u> </u>		LAKE			SCHE	RERVII	LLE	18d.	Apt. No.	18e. Zip	Code	18f. Inside City Limits?
	0 BDI\/E										46	275	☑ Yes ☐ No
832 NEW BUFFAL 19. Decedent's Education	ODRIVE		20. Dec	edent Of Hispa	nic Origin		21. Dec	edent's	Race		40	375	
HIGH SCHOOL G	RADUATI	E OR GED			-		White						
22. Father's Name (First, M	iddle, Last)		INUTI	<u> HISPANIC</u>	,	23. Mother's		st, Midd	lle, Last)		23a.	Mother's M	aiden Last Name
LIOUIN FURIAL						ROZALI.	Δ FI IRI	ΔK			SPA	VOR	
JOHN FURIAK 24. Informant's Name			24a	. Relationship 1	To Decedent				And Number, City, St	tate, Zip Cod			414*
ANDREA ORBIK			DA	UGHTER		1650 BF	OWN	AVEI	NUE, WHITIN	IG, IN 46	394		
25a. Method Of Disposition			25h Place Of	Disposition (N	25. Pla ame Of Cemetery, Cro	ce Of Disposit	on r Place)	25c. L	ocation - City, Town,	And State			
■ Burial Cremation			.55. T lace 01	Disposition (14	and or comotory, and	,,	,		,				
Removal From State Other (Specify):			AHOL TS	ST JOSE	PH CEMETE	mer	nt i	HAM	IMOND, IN				
26. Was Coroner Contacted	d?	27. Name And C									-	27a. Fu	uneral Home License Number:
☐ Yes 🏿 No		BURNS-KIS	SHFUNE	RAL HO	ME INC-MUNS	TER, 84	15 CAL	UME	T AVE, MUN	ISTER, I	N 46321		004968
27b. Signature Of Indiana BRIAN T. BURNS	Funeral Service	e Licensee:							27c. Lici	ense Numbe 601763	(Of Licensee)	¢	
***				C	ause Of Death (See	e Instruction	s And Ex	ample	s) U				Approximate Interval: Onset
28. Part I. Enter The <u>Cl</u> Such As Cardiac Arrest A Line. Add Additinal L	hain Of Events t, Respiratory ines If Neces	S - Diseases, Inj Arrest, Or Ventri sary.	uries, Or Col cular Fibrillat	mplications - 1 tion Without S	That Directly Caused howing The Etiology	. Do Not Abb	Jo Not En reviate. E	nter Or	nly One Cause On				To Death
Immediate Cause (Fina		-	ng In Death) A.	CARDIOPULMONA	ARY ARRES	Γ	Due to /Or	As A Consequence Of):				FEW MINUTES
				1 On B.	RENAL FAILURE			,40 10 (07)					FEW MINUTES
Sequentially List Condit Line A. Enter The Under	erlying Cause	(Disease Or Inju	Cause Listed ry That Initia	ated			C	Due to (Or .	As A Consequence Of):				======================================
The Events Resulting II	n Death) Last			C.	RESPIRATORY FA	AILURE	C	Due to (Or	As A Consequence Of):				FEW MINUTES
				D.									
Part II. Enter Other Significa	ant Conditions	Contributing to De	ath But Not R	esulting In The	Underlying Cause Giv	in In Part I			s An Autopsy Perfor re Autopsy Finding A		Yes		
PREVIOUS SEPSIS 31. Did Tobacoo Use Cont	tribute To Deat	h? 32.	If Female:				1		33.	Manner Of	Death:		<u></u>
Yes Probably			Not Proment Wil	thin Past Year	Pregnant At Time Of Death To 1 year Before Death	Not Pregnar	t, But Pregnan	t Within 42	Days Of Death	Natural	Homicide	Accident	Pending Investigation
34. Date Of Injury (Month/			Not Pregnant, Bu		To 1 year Before Death 36. Pla	ce Of Injury (GOPYON	len HEH	one potention \$	Ne Ares ally	TI WANTED A	tta)	37. Injury At Work?
							\sim 1	HINT	HEALTH DEPART	Michie		_	Yes No
38. Location Of Injury - Sta	ate	388	City Or Tov	vn	38b. S	treet & Numb	6			20042	38c. Apt.	No.	38d. Zip Code
						إلك			001 13	2011	intion Injury S	nocifu	
39. Describe How Injury O	occurred				EE .	EAL	JII.			. ii i raiiSpOr Driver/Operator	ation Injury, S	Pedestrian	Other (Specify)
41. Signature, Of Person	Certifying Caus	se Of Death:			The state of the s	HANK			42. Certifier		One)		T Handh Offices
SHEILLAH C GEN 43. Name, Address And Z	NTILE, B	Y ELECTRO son Certifying Cau	se Of Death:	MATURE					■ Certifying		Coror se Number		Heath Officer 45. Date Certified
SHEILLAH C GEN				SHITE 25	DYER IN 46	311				01050	311A		10/14/2011
46. Additional Funeral Ser		OU FIVIAIN S	INCE	3011E ZE	-, D+EN, IN 40	,,,,,				47. *Aka			
48. Signature of Local Hea	alth Officer:								49. For Registra	ar Only - Da	te Filed (Mont	h/Day/Year):
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH							FII /Fi+=	OCT 17 2011					
				AMENDM	ENT TO CERTIFICA	IL OF DEA	IH (ENIR	t UK	URIGINAL)				

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.