STATE OF INDIANA AKE COUNTY FILED FOR RECORD

2012 041874

2012 JUN 25 PM 4: 14

MICHEL ER. FAJMAN

STATE OF INDIANA)
) SS
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Adeline J. Dudek, being duly sworn upon her oath, and states as follows:

That affiant is the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Part of Lot 3 in Ventura Estates 2nd Addition to the Town of St. John, a Plat of Correction of parts of Ventura Estates, Unit No. 2, Ventura Estates Unit No. 3 and Ventura Estates Unit No. 4, as per plat thereof, recorded in Plat Book 71 page 16, in the Office of the Recorder of Lake County, Indiana said part being described as follows: Beginning at the Northeast corner of said Lot 3; thence South 01 Degrees 03 Minutes 34 Seconds West a distance of 69.01 feet; thence North 89 Degrees 02 Minutes 14 Seconds West 127.06 feet; thence North 04 Degrees 00 Minutes 00 Seconds West 69.49 feet; thence South 88 Degrees 56 Minutes 27 Seconds East 133.19 feet to the point of beginning

commonly known as 11335 Ventura Drive, St. John, Indiana.

That the decedent Frank G. Dudek and the affiant acquired title as joint tenants with right of survivorship to said real estate by deed of conveyance on the October 15, 1993, and recorded in the Office of the Lake County Recorder.

That the decedent and the affiant jointly held title to said real estate until the death of Frank G. Dudek on April 19, 2009, at which time this affiant acquired title to the real estate as the surviving joint tenant pursuant to property law.

That 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 the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

That the decedent's estate was not subject to Indiana Inheritance Taxes

STATE OF INDIANA

SS:

COUNTY OF LAKE

day of

Subscribed and sworn to before me, a Notary Public in and for said county and state, this June, 2012.

002635

Residing in Lake County

My Commission Expires: 3-14-17

This document prepared by Kelly Law Offices, 5521 W. Lincoln Highway, Suite 101, Crown Point, Indiana 46307.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	No.1.Le.f.	<u> </u>						State No				
1. Decedent's Legal Name (Fi FRANK G. DUDEK	ζ			1a. Maiden Last N			2. Se.	1	:00 PM	APRIL	Death (Month/Day/Year) 19, 2009	
5. Social Security Number	6a. Age Yrs 89	6b. Under 1 Ye	ear <u>6c. Under 1</u> Days	Month 6d Under 1 Day Hours	6e. Under Minutes		Date Of Birth (Mon	C	Birthplace (City And State Or Foreign Country) CHICAGO, ILLINOIS			
9. Ever In U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital: 10a. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital: 10a. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital: 10a. If Death Occurred In A Hospital: 10a. If										me 🛭 Nursing Home/Long-		
11. Facility Name (if Not Institution, Give Street And Number) ST. ANTHONY HOSPICE												
12. City Or Town, State, And Zip Code 13. County Of Death 14. Marital Status At Time Of Death											eath	
CROWN POINT, IN. 46307					LAKE len Last Name 16. Decedent's Usual							
15. Surviving Spouse's Name ADELINE DUDEK				an Last Mame	WELDER			ent's Usual Occupation		LOCAL 374		
18. Residence – State 18			18a. County 18i			b. City Or Town						
INDIANA			LAKE		ST. J	OHN						
18c. Street And Number 11335 VENTURA	DR.				18d. Apt.			18d. Apt. No.	18e. Zip 46373	l		
19. Decedent's Education 9-12th grade, no dipl	loma	1	20. Decedent Of Hispanic Origin 21. D No, not Spanish/Hispanic/Latino Whi				cedent's Race					
22. Father's Name (First, Mide		· · · · · · · · · · · · · · · · · · ·	No, not opa	mont nopamercum			Middle, Last)		23a.	Mother's Maio	Ien Last Name	
ANDREW DUDEK					23. Mother's Name (First, Middle, Last) HELEN DUDEK					KENDRA		
24. Informant's Name ADELINE DUDEK			WIFE	nship To Decedent	1		DR. ST. JOHI					
25. Place Of Disposition 1S												
25a. Method Of Disposition. Burial Cremation Donation Entombment Removal From State Other (Specify): 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET CITY, IL												
26. Was Coroner Contacted? □ Yes ☒ No ELMWOOD CHAPEL 11300 W. 97TH LANE ST. JOHN, INDIANA 46373 CTV 19900052												
27b. Signature Of Indiana Funeral Service Licensee 1 the Lake County Recorder: 27c. License Number (Of Licensee) FD09200077												
Manust. Del Rouble												
Cause Of Death (See Instructions And Examples) 28. Part I. Exter 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 Interval: Onset												
A Line. Add Additional Lines If Necessary.												
				B. Hu.	Sur	Du	ie To (Or As A Conseque	ence Of):	ead	()	1	
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												
				D.			e To (Or As A Conseque					
Part II . Enter Other <u>Significan</u>	nt Conditions Contril	outing To Death Bu	t Not Resulting In The	Underlying Cause Given In	Part I		. Was An Autopsy . Were Autopsy Fir	Performed?	Yes No	Of Death?	C1v Mu.	
31. Did Tobacco Use Contribu	ute To Death?	gue 32 lf Fe	* N67 (out relea	Lou	1		33. Manner Of E	Death:		Yes No	
☐ Yes ☐ Probably ☐ No 図Un	aknown	☑ Not P	Pregnant Within Past Year	Pregnant At Time Of Death Days To 1 Year Before Death	Not Pregnant, I	But Pregnant Within reast Within The P	n 42 Days Of Death	☑ Natural ☐ Hom	nicide 🗆 Accident 🗖	Pending Investiga	tion	
34. Date Of Injury (Month/Day	y/Year)		ne Of Injury					on Site, Restaurant,	ld Not Be Determined Wooded Area)	37.	Injury At Work?	
38. Location Of Injury - State		380 Ci	ty Or Town	E 385	Street & Numbe	3				1 202	☐ Yes ☐ No	
So. Essential of liquity - State		304. 01	y or rown	V. //V	DIANA		ut vastu		38c. Apt. No). Jour.	Dp Code	
39 Describe How Injury Occur	red								sportation Inju			
41. Signature of Person Certifying Cause of Death:					1.	□ Driver/Operator □ Passenger □ Pedestrian □ Other (Specify) 42. Certifier (Check Only One)						
Kurt /. Ding, De.						⊠ Certi	☑ Certifying Physician ☐ Coroner ☐ Health Officer					
43. Name, Address and Zip Code Of Person Certifying Cause Of Death: Kurt - Givicz 726. 8+0 Richard Rd Dyer, IV 46311 44. License Number 02000356 47-21-9												
46. Additional Funeral Service Provider: 47. *Akas:												
48. Signature of Local Health Officer. 49. For Registrar Only – Date Filed (Month/Day/Year):												

State Form 10110 (R7/9-07) ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pr