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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2012 053824

2012 AUG 13 AM 9:18



Fidelity National Title
Insurance Company

MICHAEL S. FAJMAN
RECORDER

SURVIVORSHIP AFFIDAVIT

STATE OF INDIANA)
)
COUNTY OF Porter)

SS: 45-09-18-351.003,000-021

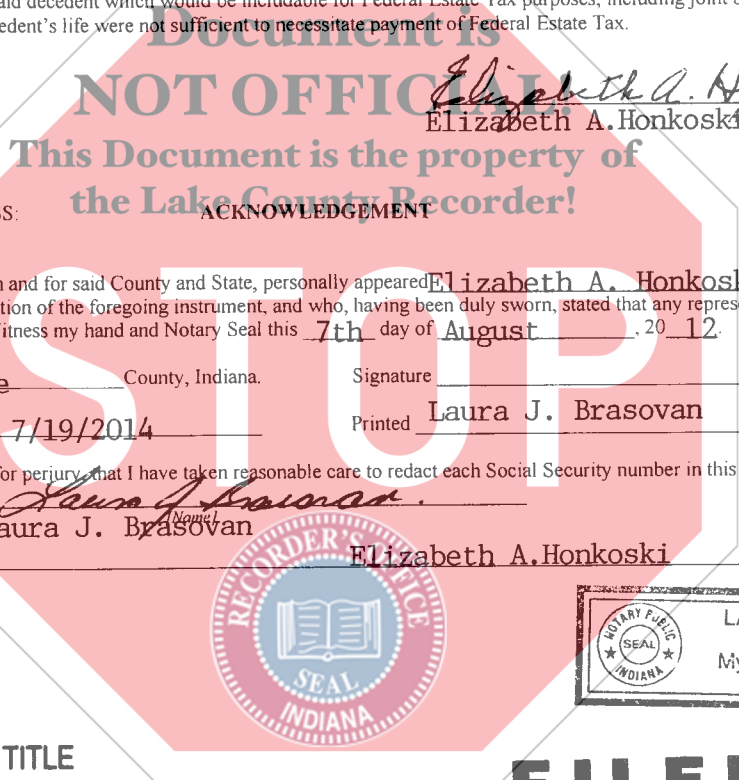
Elizabeth A. Honkoski, being first duly sworn upon oath, deposes and says:

1. That Joseph A. Honkoski died on Nov. 6, 20 10 at Valparaiso, IN 46383
(City/State)
2. That Joseph A. Honkoski and Elizabeth A. Honkoski were duly and legally married at the time they acquired title as husband and wife to the following described real estate: Honkoski Lots 4, 5, and 6 in Block 1 in First Subdivision to East Gary, as per plat thereof, recorded in Plat Book 7, page 9, in the Office of the Recorder of Lake County, Indiana.
3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.

Elizabeth A. Honkoski
Elizabeth A. Honkoski Affiant Signature

STATE OF Indiana)
) SS:
COUNTY OF Porter)



ACKNOWLEDGEMENT

Before me, a Notary Public in and for said County and State, personally appeared Elizabeth A. Honkoski who acknowledged the execution of the foregoing instrument, and who, having been duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 7th day of August, 20 12.

Resident of Lake County, Indiana.

Signature _____

My Commission Expires: 7/19/2014

Printed Laura J. Brasovan

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.

Laura J. Brasovan
Laura J. Brasovan

This instrument prepared by Elizabeth A. Honkoski



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FIDELITY NATIONAL TITLE
INSURANCE COMPANY
Valparaiso, IN 46383

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**FIDELITY NATIONAL
TITLE COMPANY**

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No

EDR No 000000162766

DTP 1

State No

1. Decedent's Legal Name (First, Middle, Last) JOSEPH A HONKOSKI				1a. Maiden Last Name (if female)		2. Sex MALE		3. Time Of Death 12:55 PM		4. Date Of Death (Month/Day/Year) 11/06/2010		
5. Social Security Number [REDACTED]		6a. Age - Yrs 86		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date of Birth (Month/Day/Year) 03/19/1924		8. Birthplace (City and State or Foreign Country) EAST GARY, INDIANA										
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival										
10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)												
11. Facility Name (If Not Institution, Give Street and Number) PORTER, VALPARAISO HOSPITAL												
12. City Or Town, State, And Zip Code VALPARAISO, INDIANA, 46383						13. County Of Death PORTER			14. Marital Status At Time Of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name ELIZABETH HONKOSKI				15a. (If Wife) Give Maiden Last Name RYAN				16. Decedent's Usual Occupation ESTIMATOR PIPE FITTER			17. Kind Of Business/Industry WELDING	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town LAKE STATION			18d. Apt. No.		18e. Zip Code 46405	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18c. Street And Number 2643 CLAY STREET												
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin Not Hispanic				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) JOHN HONKOSKI				23. Mother's Name (First, Middle, Last) ELIZABETH HONKOSKI				23a. Mother's Maiden Last Name UREKYA				
24. Informant's Name ELIZABETH HONKOSKI				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 2643 CLAY STREET, LAKE STATION, INDIANA, 46405				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALVARY				25c. Location - City, Town, And State PORTAGE INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility REES FUNERAL HOME BRADY CHAPEL 3781 CENTRAL AVE, LAKE STATION, INDIANA, 46405						27a. Funeral Home License Number: FH19300009				
27b. Signature Of Indiana Funeral Service Licensee: CHARLES D. SCHEUER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006049						
28. 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 Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. ASPIRATION PNEUMONIA Due To (Or As A Consequence Of): B. ADULT FAILURE TO THRIVE Due To (Or As A Consequence Of): C. CHRONIC ATRIAL FIBRILLATION Due To (Or As A Consequence Of): D. DECUBITI ULCER BOTH LOWER EXTREMITIES Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I												
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined						
34. Date Of Injury (Month/Day/Year)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area)				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		38c. Apt. No.		38d. Zip Code				
39. Describe How Injury Occurred												
40. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)						41. Signature, Of Person Certifying Cause Of Death: <i>[Signature]</i>						
42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer						44. License Number 01055496A		45. Date Certified 11-10-2010				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: BAQHAR MOHIDEEN MD, 3630 WILLOCREEK RD. PORTAGE, IN. 46368						46. Additional Funeral Service Provider:		47. *Akas:				
48. Signature of Local Health Officer: <i>[Signature]</i>						49. For Registrar Only - Date Filed (Month/Day/Year): November 10, 2010						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY ON ORIGINAL)												

State Form 53395

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

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