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SURVIVORSHIP AFFIDAVIT

2012 05447

STATE OF INDIANA)
COUNTY OF Lake)

SS:

Helen S. Burkat [insert name of person making affidavit], being first duly sworn upon oath, deposes and says:

1. That James Burkat [insert name of deceased person] (the "Decedent") died on the 21st day of October, 2002 at Palas Community Hospital [insert location of death], Palas Heights, Illinois

2. That the Decedent and Helen S. Burkat [insert name of Decedent's spouse] were duly and legally married at the time they acquired title as husband and wife to the following described real estate:

[Give legal description of property below.]

Lot 91 in Fairmeadow 23rd Addition, to the Town of Munster, as per plat thereof, recorded in Plat Book 45, page 21, as amended by Plat of Correction recorded in Plat Book 47, page 146, in the office of the Recorder of Lake County, Indiana. And commonly known as 1612 Wren Ct. Munster, 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 the Decedent's death.
- 4. That all funeral expenses in connection with the death of the Decedent have been paid in full.
- 5. That all of the assets of the Decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on the Decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



Helen S. Burkat
Signature of Affiant

FILED

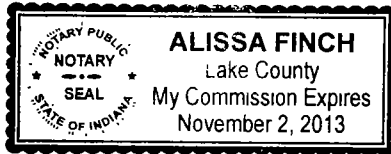
AUG 14 2012
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

25392

#16
CS
CA
700 Comp

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
AUG 14 2012
RECORDER

Subscribed and sworn to before me, a Notary Public, this 10 day of August, 2012.



Alissa Finch
Notary Public
My Commission Expires: Nov. 2, 2013

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.

Helen S. Burkat
Signature
Print Name- Helen S. Burkat

County of Residence: Lake

This Instrument prepared by:

Name: Citizens Financial Bank

Address: 1720 45th St. Munster, IN 46321



I HEREBY CERTIFY THAT the foregoing is a true and correct copy of the death and record for the decedent named in item 1 and that this record was established and filed in my office in accordance with the provisions of the Illinois statutes relating to the registration of births, stillbirths, and deaths

DATE October 25, 2002

SIGNED *Carol R. Conpton*
 Official Title Chief Deputy Registrar

At Cook County Dept of Public Health
 1010 Lake Street
 Oak Park, IL 60301

STATE OF ILLINOIS
 MEDICAL EXAMINER'S - CORONER'S
 CERTIFICATE OF DEATH
 STATE FILE NUMBER

REGISTRATION DISTRICT NO. 16.0
 REGISTERED NUMBER

DECEASED-NAME John's BURKAT FIRST MIDDLE LAST
 SEX Male DATE OF BIRTH (MONTH DAY YEAR) January 7 1954
 DATE OF DEATH (MONTH DAY YEAR) Oct 21 2002

CITY, TOWN, TWP, OR ROAD DISTRICT NUMBER CHICAGO ILL
 COUNTY OF DEATH COOK
 AGE-LAST BIRTHDAY (MRS) 48 UNDER 1 YEAR UNDER 1 DAY
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN EITHER GIVE STREET AND NUMBER) COAH. Hosp

BIRTHPLACE CITY AND STATE OR FOREIGN COUNTRY Chicago IL
 6a PALOS 6b PALOS NAME OF SURVIVING SPOUSE (MAIDEN NAME IF WIFE)
 8a Married 8b Helen Kocur
 7 Chicago IL 8a Married 8b Helen Kocur
 SOCIAL SECURITY NUMBER 10 355 44 5436 11a Mailcarrier 11b Post Office
 RESIDENCE (STREET AND NUMBER) 1612 Wren Ct 11a Mailcarrier 11b Post Office
 13a Indiana 13b Munster Indiana 13c Yes 13d Lake

FATHER-NAME FIRST MIDDLE LAST Walter Burkat 14b NO 14c YES SPECIFY (MAIDEN) LAST
 MOTHER-NAME FIRST MIDDLE LAST Sophie Jablonski
 15 Walter Burkat 16 Sophie Jablonski
 INFORMANT'S NAME (TYPE OR PRINT) RELATIONSHIP MAILING ADDRESS (STREET AND NO OR R.F.D. CITY OR TOWN STATE ZIP CODE)
 17a Helen Burkat 17b wife 17c 1612 Wren Ct Munster Indiana

18 PART I Immediate Cause (Final disease or condition resulting in death) AVERTED HEART ATTACK
 CONDITIONS, IF ANY WHICH GIVE RISE TO IMMEDIATE CAUSE (a) AVERTED HEART ATTACK
 STATING THE UNDERLYING CAUSE LAST (b) DUETO OR AS A CONSEQUENCE OF
 (c) DUETO OR AS A CONSEQUENCE OF
 PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I

NATURAL, ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED, (SPECIFY) AVERTED HEART ATTACK DATE OF INJURY (MONTH DAY YEAR) 2002 HOUR 200 M 200 D
 20a AVERTED HEART ATTACK 20b 2002 20c 200 20d 200
 INJURY AT WORK PLACE OF INJURY (ALTHOUGH FARM STREET FACTORY OFFICE BUILDING ETC.) (SPECIFY) LOCATION (CITY VIL OR TOWN OR TWP OR RD DIST NO COUNTY STATE) 209

21a I CERTIFY THAT IN MY OPINION BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE, AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT
 CORONER'S NAME (TYPE OR PRINT) ALDO J. FUSARO, D.O.
 CORONER'S PHYSICIAN'S NAME (TYPE OR PRINT) ALDO J. FUSARO, D.O.

22a CORONER'S SIGNATURE *Aldo J. Fusaro* DATE SIGNED (MONTH DAY YEAR) Oct 22 2002
 22b CORONER'S SIGNATURE *Aldo J. Fusaro* DATE SIGNED (MONTH DAY YEAR) Oct 22 2002
 23a BURIAL, CREMATION, REMOVAL, (SPECIFY) Resurrection Cemetery CEMETERY OR CREMATORY-NAME LOCATION CITY OR TOWN STATE DATE (MONTH DAY YEAR) 10/26/2002
 24a Burial Resurrection Cemetery 24b Justice Illinois

25a Sadowski Funeral Home 13300 S Houston Ave Chicago Illinois 60633
 FUNERAL DIRECTOR'S SIGNATURE *Henry Sadowski* STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
 25b 031-007047
 26a LOCAL REGISTRAR'S SIGNATURE *Karen I. Scott, M.D.* DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) October 25 2002
 26b REGISTRAR *Carol R. Conpton* DATE FILED BY LOCAL REGISTRAR (MONTH DAY YEAR) October 25 2002