STATE OF INDIANA

COUNTY OF LAKE

) SS. ) **20**12 068015 LIFTE OF WINAMA LAKE COUNTY HILLY FOR HEODRO

2012 SEP 27 AM 10: 55

## **SURVIVORSHIP AFFIDAVIT**

MIL . JIMAN REUUHLIER

Anna Fiala, being duly sworn on her oath, does hereby state as follows:

- 1. That the affiant is the surviving sister of Michael Pipta who died on August 30, 2009, a resident of Highland, Lake County, Indiana, and his Certificate of Death is on file in Lake County as Local No 002492. A copy of the death certificate is attached hereto
- 2 That Anna Fiala and Michael Pipta were joint tenants with rights of survivorship at the time they acquired the following described real estate and remained co-owners until Michael Pipta died:

LOT 26, EXCEPT THE EAST 4 FEET THEREOF, IN FAIRMEADOW SEVENTH ADDITION, BLOCK 2, TO THE TOWN OF MUNSTER, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 41 PAGE 35, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Commonly known as 1909 Tulip Lane, Munster, Indiana 46321.

3 That the affiant makes this affidavit for purposes of presenting this affidavit to the Auditor of Lake County, Indiana to amend the tax bills for the property commonly known as 1909 Tulip Lane, Munster, Indiana, Key No. 45-07-29-179-022 000-027 and for then recording this affidavit, in the Office of the Recorder of Lake County to show the passage of title to affiant through right of survivorship

Anna Fiala

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

OF INDIANA

Subscribed and Sworp to before me this 27 day of September, 2012

, Notary Public

County of Reside

My Commission Expr

014486

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.

William I Fine

This Instrument Prepared by William I Fine, 2833 Lincoln Street, Highland, Indiana 46322

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Lo Lo	Local No 002492						EDR No 000000112243				State No 054042				
1 Decedent's Legal Nam	e (First Middle	e Last)	· · · ·			1a Maiden Nan				2 Sex	3 Tin	ne Of Death	4 Date	Of Death (Month/Day/Year)	
MICHAEL PIPTA										MA		7 45 AM		08/30/2009	
5 Social Security Number	er/6a Age-`	Yrs	6b Under 1 Y	ear 60	C Under 1 Month	6d Under 1 Day	6e Unde	er 1 Hour /	Date of	Birth (Mor	nth/Day/Year)	8 Birthplace (C	ity and State	or Foreign Country)	
310-22-8439 9 Ever in U.S. Armed Fo	82		Months Occurred In A		ays	Hours	Minutes	eath Occurred		2/06/19	7 Than A Hospital	WHITING	, 1N		
✓ Yes ☐ No ☐ Ur						at 🔲 Dead on Arrivat	. Hosp			edent s Ho		ig Home/Long-te	erm Care Fac	ality	
11 Facility Name (If Not MUNSTER MED		e Street	and Number)				•			•					
									13 County Of Death 14 Mantal Status At Time Of Death						
MUNSTER, IN, 46321							LAKE							But Separated Divorced /er Marned Dunknown	
15 Surviving Spouse's Name 15a (If Wife)Give Maid															
  HELEN PIPTA					KOLANOWSKI				F	LECTION	CIAN		STEE	STEEL   MANUFACTURING	
18 Residence - State			1	18a County			18b City Or Town								
INDIANA			بال	AKE			HIGHLAND								
18c Street And Number									18d Ar			No 18e Zip Code		18f Inside City Limits?	
3225 GLENWOOD STREET												4	6322	⊠ Yes □ No	
19 Decedent's Education 20				20 De	20 Decedent Of Hispanic Ongin			21 Decedent's Race					0022	<u> </u>	
HIGH SCHOOL (	HISPANIC			White											
22 Father's Name (First, Middle, Last)						23 Mother's Name (First, Middle La			Last)	1)		23a Mother's Maiden Last Name			
IOUN DIDTA							ANNA	PIPTA				FFI	ORCH	ΔK	
JOHN PIPTA  24 Informant's Name 24a Relati						To Decedent			Street And	d Number	City State, Zip C		<u> </u>		
HELEN PIPTA WIFE						3225 GLENWOOD				STREET, HIGHLAND, IN 46322					
25a Method Of Disposition			256	Dlace (	Of Disposition (N	25 Pla lame Of Cemetery Cr	ce Of Dispos		25c   oc	ation - City	Town And State				
Bunal Cremation		☐ Ento		) Flace (	Disposition (14	iame of Cemetery Ci	ematory Ou	iei i iace)	250 200	adon - Ony	TOWN AND GLOS	,			
Removal From State			C^	L I I I MAI	ET DADE	CEMETERY	mei	nt i	MERR	RILLVIL	I E IN				
Other (Specify)  26 Was Coroner Contact	ed?	27 N			dress Of Funeral			Į.	AILI	(IEEVIL	LL, 114		27a Fu	neral Home License Number	
☐ Yes ⊠ No		KU	PER FIIN	IFRAI	HOME 9	039 KLEINMA	N ROAL	HIGHI	AND	IN 463	22		FH10	300021	
27b Signature Of Indiana	a Funeral Servi	ce Licen	see /							27	c License Num 201014511	oer (Ot/Prodesse			
CORNELIUS KU					C	ause Of Death (See	e instructio	ons And Exa	mples)	-		ਤ <u>ਹੋ ਵੇਦ ਤੁ</u> ਦਦਾ }ਅਨਾ ਨੂਜੂ		E WITH THE Approximate	
28 Part I Enter The ( Such As Cardiac Arre A Line Add Additinal	Chain Of Ever st Respirator Lines If Nece	<u>nts</u> - Dis y Arrest, ssary	eases, Injune Or Ventricula	es, Or Co ar Fibrilli	omplications - T ation Without St	That Directly Caused howing The Etiology	The Death Do Not Ab	Do Not Ente obreviate Ent	er Termi ter Only	nal Evéhits One Caus	se On	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-1'	Interval- Onset To Death	
Immediate Cause (Final Disease Or Condition Resulting In Death)						PNEUMONIA			Due to (Or As A Consequence Of)						
					ad On B	DYSPHAGIA				•				1	
Sequentially List Conditions, If Any, Leading To T Line A Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last					su OII	510.14.04.	Due to (Or As		e to (Or As A	A Consequence Of)					
					C END STAGE DEM		ENTIA  Due to (Or Ass			A Consequence Of)					
				D						to a stand white manufactures					
Part II Enter Other Signifi	cant Conditions	s Contrib	uting to Death	But Not I	Resulting In The	Underlying Cause Giv	vin In Part I				Performed?	☐ Yes			
COPD 31 Did Tobacoo Use Cor	otributo To Dog	uth?	32 16 5	amala				30	) Were	Autopsy Fi	ading Available T		Cause Of D	Yes No	
					Within Past Year Pregnant At Time Of Death Not Pregnant But Pregna					n 42 Days Of Death Natural Homicide Accident Pending Investigation					
34 Date Of Injury (Month				Pregnant 8				EG, Decede			Suicide [			37 Injury At Work?	
,,,	• •					E C.								☐ Yes ☐ No	
38 Location Of Injury - S	tate		38a C	ity Or To	wn	38b S	Street & Num	ber				38c Apt	No :	38d Zip Code	
39 Describe How Injury (	Occurred					EIII A	EAL	uning.			40 If Transp	ortation Injury S	pecify Pedestran	Other (Specify)	
41 Signature Of Person						7000			/ /		tifier (Check On		,, F	Heath Officer	
JOSE S NAVARE 43 Name, Address And 2									-/-	1 M Ce	rtifying Physician	ense Number		45 Date Certified	
JOSE S NAVARRO , 9800 VALPARAISO, MUNSTER, IN 46321  46 Additional Funeral Service Provider											0105	2047		09/01/2009	
												47 *Akas			
48 Signature of Local He	aith Officer									49 For Re	gistrar Only - [	Date Filed (Mon	th/Day/Year)		
SUSAN W BEST, SIGNATURE ON FILE  AMENDMENT TO CERTIFICATE OF DEATH (ENTRY									SEP 01 2009						
					AMENDME	ENT TO CERTIFICA	TE OF DEA	TH (ENTRY	OR OR	(IGINAL)	<u> </u>		·	· · · · · · · · · · · · · · · · · · ·	

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