AFFIDAVIT OF SURVIVING SPOUSE OR JOINT SURVIVOR (5302.17 O.R.C)

State of Indiana County of Lake

<u>Leanne C Jansky</u> being first duly sworn, deposes and says as follows:

That <u>Leanne C Jansky</u> and <u>Margaret M Jansky</u> are joint owners of real estate under a duly recorded survivorship deed. The original survivorship deed is recorded in the records of the Lake County Recorder.

That Margaret M Jansky died on 03/01/2009.

That by the death of <u>Margaret M Jansky</u>, the following survivor, <u>Leanne C Jansky</u> is the fee simple owner of the described real estate (LEGAL DESCRIPTION ATTACHED), and requests that this fact be so indicated on the land and tax records of Lake County.

Southwest Financial Services, LTD
PO Box 300
Cincinnati, OH 45273-8043

The Lake County Recorder!

Sworn to before me and subscribed in my presence this day of 10 T2012

Sworn to before me and subscribed in my presence this day of 10 T2012

A Signature S T2012

SEAL SEAL

RACHAEL CRIBARI, Notary Public

Lake County, State of Indiana

Commission Regires October 1, 2015

This instrument prepared by:

RACHEL CRIBARI OF FIRST FINANCIAL BANK 300 HIGH STREET HAMILTON, OH 45030

I AFFIRM, UNDER THE PENALITES FOR PERJURY, THAT I HAVE TAKEN REASONABLE CARE TO REDACT EACH SOCIAL SECURITY NUMBER IN THIS DOCUMENT, UNLESS REQUIRES BY LAVE PRACHEL CRIBARI AMOUNTS

DEC 0 4 2012

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR 28034

AMOUNT \$______ I GASH_____ CHARGE CHECK# 0000 C98 945

OVERAGE COPY_______ CONE

NON-CONF____



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No/055-	၁ <u>၅</u>	•••		•	*			State No					
Decedent's Legal Name (First Middle Last) MARGARET M JANSKY	1	1	1a Maiden La SMITH	ast Name (If Fer	nale)		2 S	ex	3 Time (ath (Month/Day/Year)	
			Smilli						0 30 F	nı	MARCH	1, 2009	
5 Social Security Number 6a Age Yrs 6b	Under 1 Year	Sc Under 1	Month 6d Under 1 C	Dav I 6e Ur	nder 1 Hour	7 Date	Of Burth, (Mic	onth/Day/Year)	8 Butho	ace (City And	State Or Foreign	o Country)	
313-40-0476 70 Month		Days	Hours				JULY 1, 1938		8 Birthplace (Criy And State Or Foreign Country) CHICAGO, ILLINOIS				
9 Ever In U.S. Armed Forces? 10 If Death Occu	rred In A Hosp	ital		10a if E	Death Occurred	1 Somewhe	re Other Th	on A Hospital					
☐ Yes ☑ No Unknown ☐ ☐ Inpatient ☐ I	mergency Dep	partment Outpate	ent Dead On Arrival		are Facility 🗀			⊠	Hospice I	Facility [] De	ecedent's Home	■ Nursing Home/Long-	
11 Facility Name (If Not Institution Give Street And Numb	er)						~,	 -					
WILLIAM J RILEY MEMORIAL RESIDEN	ICE												
12 City Or Town State And Zip Code		13 County Of Death				14 Mantal Status At Time Of Death				1			
MUNSTER, INDIANA 46321				LAKE							ed Marmed, But Separated Divorced red Never Marmed Ulnknown		
15 Surviving Spouse's Name			15a (If Wife)Give Ma	aiden Last Nam				edent's Usual Occupation			17 Kind Of Business/Industry		
NA			NA				HOUS	SE KEEPER			CATHOLIC	CHURCH	
18 Residence – State INDIANA	18a LA	County			City Or Town								
18c. Street And Number								18d Apt No		18e Zip Co	vie	181 Ińside Citý Limits?	
7069 W. 83RD PLACE								1		46307		⊠ Yes □ No	
19 Decedent's Education 20 Decedent Of Hispanik				pin 21 Decedent's Race			ace						
High school graduate or GED completed	nish/Hispanic/La	tino	Whit										
22 Father's Name (First Middle Last)				į.	23 Mother's Name (First Middle Last)							Mother's Maiden Last Name	
JAMES SMITH			RUTH SMITH					FLESCH					
24 Informant's Name LEANNE C. JANSKY	TShip 16 Decedent					y State Zip Code) NT, INDIANA	46307						
			25	Place Of Di	sposition		9						
25a Method Of Disposition Bunal Cremation			me Of Cometery, Crema	atory Other Ptac	**)			Town, And State			•		
□ Donation □ Entombrient □ Removal From State □ Other (Specify)	/	N CEMETER		<u> </u>		HAMM	OND, IN	DIANA					
		iress Of Funeral NERAL HOI	FECHINO CUM WE & CREMATOR	ent 19 RY 14 KEN	S the	PTO E. SCHI	PERFECU	LE INDIANA	46375		27a Funeral H 10200037	ome License Number	
27b Signature Of Indiana Funeral Service Licenses		1 1	ne Lake	Cour		eco	rde	r!		r (Of License			
Jah A						***	-	FD 296			•		
			Cause Of Death (S	See Instruc	tions And	Exami	How of The	FIES THE ABO	VE IO A	FRUE AND	COMPLETE	7	
28 Part I Enter The <u>Chain Of Events</u> —Diseases Such As Cardiac Arrest, Respiratory Arrest, Or Ve A Line Add Additional Lines if Necessary	ntncular Fib	r Complication	t Showing The Etiological	ogy Do Not	Abbreviate	Enter Di	MEQUE ST	MISUEKTIFICAT MISUEKTIFICAT	E OF DE	ATH ON FI	LE WITH THE	nterval Onset	
Immediate Cause (Final Disease Or Condition Re				nam		2145			CLINELWIT	.691		To Death	
			В			Due T) (Or /	is A Conseque	NUN	1 4	2012		7	
Sequentially List Conditions, If Any, Leading To Ti Line A. Enter The Underlying Cause (Disease Or The Events Resulting In Death) Last			C			Out 1 (Or A	s A Consequer	ce Of)	* 4	6 412		1	
						Due to (Or A	a A Consequer	nos Of).				1	
Part II Enter Other Significant Conditions Contributing To I	Xeath But Not F	Resulting In The	D Underlying Cause Given	In Pari I	2000	- I	n Autopsy F		□Yes	⊠ No		+	
			É	TO RUE	0	30 Wess .	TO CONTRACTOR	inos Available To 0	complete	The Cause Of	Death?	es 🖾 No	
31 Did Tobacco Use Contribute To Death?	32 If Fernale	Within Past Veer	Pregnant At Time Of Death	FI Mrd Drawner	But Dramant W	Was 67 Days	Of Death	33 Manner Of I				-	
34 Date Of Injury (Month/Day/Year)	sys To 1 Year Before Death	Year Before Desit Unknown if Pregnant Within The Past Year 38 Place Of Injury (E.G. Decadent's Home Co				Sucide C Could Not Be Determined				At Work?			
	35 Time Of I		E	s_E	Line	3				,	1 ' '	es 🗆 No	
38 Location Of Injury - State	38a City Or T	OWD	38b	Street & Num	ber	7		/	38	C Apt No	380 Zip C	ode	
				-	1111								
39 Describe How Injury Occurred								40 if Trans	sportati	on Injury,	Specify		
41 Signature Of Person Certifying Cause Of Death						 r	42 Certifie	Driver/Operal		enger 🗆 Pedest	man Other (Spe	±y)	
· Rebilla Gala	nte)	Mo					☑ Certify	ying Physician 🔲 (Coroner [] Health Offic	cer		
43 Name, Address And Zip Code Of Person Certifyii	,					L		44 Licens			45 Date Ceri	_	
REBECCA GALANTE M.D.,	6924	Indp1s	. Blvd.,H	ammond	, IN	463	24	# 01	039	1908	MARC	H2,2009	
46 Additional Funeral Service Provider		-		-				47 *Akas					
48 Signature of Local Nearth officer	347	1 0.0	,	49 For	Registrar Onl							- -	
					War								
ate Form 10110 (R7/9-07) ATTENTION ESTATE The Social S	ecunity if is being i	requested by this stat	e agency in order to pursue its :	statutory responsib	illy Disclosure is	voluntary and	there will be no	penalty for refusal. TH	E RECORDS	IN THIS SERIE	S ARE CONFIDENT	AL PER IC 16-3 7 1 10	

EXHIBIT "A" LEGAL DESCRIPTION

Page 1 of 1

Account #: 21497033 Order Date: 10/22/2012

Reference: 1300068463 Name: LEANNE C. JANSKY

Deed Ref: 2007078977

Index #: ' Registered Land:

Parcel #: 451123452001.000-032

LOT 180 IN HEATHER HILLS UNIT 6, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 48 PAGE 48, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA. SITUATED IN LAKE COUNTY, IN THE STATE OF INDIANA.

SUBJECT TO ALL EASEMENTS, COVENANTS, CONDITIONS, RESERVATIONS, LEASES AND RESTRICTIONS OF RECORD, ALL LEGAL HIGHWAYS, ALL RIGHTS OF WAY, ALL ZONING, BUILDING AND OTHER LAWS, ORDINANCES AND REGULATIONS, ALL RIGHTS OF TENANTS IN POSSESSION, AND ALL REAL ESTATE TAXES AND ASSESSMENTS NOT YET DUE AND PAYABLE.

BEING THE SAME PROPERTY CONVEYED BY DEED RECORDED IN DOCUMENT NO. 2007078977, OF THE LAKE COUNTY, INDIANA RECORDS.

NOT OFFICIAL!

This Document is the property of the Lake County Recorder!

