

3

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2013 050770

2013 JUL 15 AM 9:00

MICHAEL J. DROWN  
RECORDER

Case # 920131915

**SURVIVORSHIP AFFIDAVIT**

*sg* Comes now Mark Knesek, who being duly sworn upon his oath, deposes and says:  
*Josephine*  
That, ~~Joseph~~ I. Knesek is the surviving spouse of Joseph I. Knesek, deceased who died domiciled in Lake County, Indiana, on 2-6-01.  
That Josephine C. Knesek and Joseph I. Knesek acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiant states that Josephine C. Knesek and Joseph I. Knesek continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Joseph I. Knesek's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to The Devises of Josephine C. Knesek, deceased.

Executed: 6-21-13

Signature *Mark Knesek*  
Mark Knesek

STATE OF INDIANA

COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 21st day of June, 2013.

Witness my hand and Notarial Seal.



*Shannon Stiener*  
Notary Public: Shannon Stiener  
Resident of Lake County  
My Commission expires: 3/14/2015

Prepared by: Mark Knesek

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Shannon Stiener.

#15  
FN  
D

**FIDELITY NATIONAL  
TITLE COMPANY**

92013-1915

13643

DULY ENTERED FOR TAXATION SUBJECT  
FINAL ACCEPTANCE FOR TRANSFER

JUL 12 2013

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

Exhibit "A"

File No. 920131915

The North 72.5 feet of the South 290.3 feet of the North 2,372.4 feet of the following: Lot "H" and the West 13 feet 8-1/2" of Lot "I", as marked and laid down on the recorded Plat of Survey and Subdivision of the Land of Peter Schoon situated in the East part of Section 24, Township 36 North, Range 10 West of the 2nd. P.M., and the West part of Section 19, Township 36 North, Range 9 West, of the 2nd P.M., in the Town of Munster, Lake County, Indiana, as the same appears of record in Plat Book 5 page 30, in the Recorder's Office of Lake County, Indiana.

45-06-24-478-031.000-027.



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

State No. ....

The Social Security # is by this state agency in order to statutory responsibility. Disclosure is voluntary and there will be no penalty for refusal.

Local No. 93738

PE/PRINT IN PERMANENT LACK INK

DECEDENT

RENTS

FORMANT

POSITION

USE OF ATH

RTIFIER

ALTH ICER

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

1 DECEASED—NAME (First, Middle, Last) **Joseph I. Knesek**

2 SEX **Male** 3a TIME OF DEATH **7:25P** 3b DATE OF DEATH (Month, Day, Year) **February 6, 2001**

4 SOCIAL SECURITY NUMBER **75** 5a AGE—Last Birthday (Years) **75** 5b UNDER 1 YEAR Months Days 5c UNDER 1 DAY Hours Minutes **June 15, 1925** 6 DATE OF BIRTH (Mo, Day, Yr) **Crown Point, IN** 7 BIRTHPLACE (City and State or Foreign Country)

8a WAS DECEDENT A U.S. VETERAN? **Yes** 8b YEAR LAST SERVED IN U.S. ARMED FORCES? **1946** 8c HOSPITAL  Inpatient  ER/Outpatient  DOA 8d OTHER  Nursing Home  Other (Specify)  Residence

9a FACILITY NAME (If not institution, give street and number) **8808 Calumet** 9b CITY, TOWN, OR LOCATION OF DEATH **Munster** 9c COUNTY OF DEATH **Lake**

10 MARITAL STATUS (Specify) **Married** 11 SURVIVING SPOUSE (If wife, give maiden name) **Josephine Herman** 12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) **Meat Cutter** 12b KIND OF BUSINESS/INDUSTRY **Food**

13a RESIDENCE—STATE **IN** 13b COUNTY **Lake** 13c CITY, TOWN, OR LOCATION **Munster** 13d STREET AND NUMBER **8808 Calumet** 17 DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) **12** College (1-4 or 5 +) **---**

13e ZIP CODE **46321** 13f INSIDE CITY LIMITS  No  Yes 13g ON A FARM?  No  Yes 14 CITIZEN OF WHAT COUNTRY? **U.S.A.** 15 WAS DECEDENT OF HISPANIC ORIGIN?  No  Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.) 16 RACE—American Indian, Black, White, etc. (Specify) **White**

18 FATHER'S NAME (First, Middle, Last) **Edmund E. Knesek** 19 MOTHER'S NAME (First, Middle, Maiden Surname) **Bertha Cernohorsky** 20a INFORMANT'S NAME (Type/Print) **Josephine Knesek** 20b MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) **8808 Calumet Ave. Munster, IN 46321** 20c Relationship **Wife**

21a METHOD OF DISPOSITION  Burial  Entombment  Cremation  Removal from State  Donation  Other (Specify) 21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) **February 10, 2001 Calumet Park Cemetery** 21c LOCATION—City or Town, State **Merrillville, IN**

22a EMBALMER'S NAME **John T. Noble** 22b EMBALMER'S LICENSE NO **9000031** 23 WAS DEATH REPORTED TO CORONER?  No  Yes

24a SIGNATURE OF FUNERAL DIRECTOR *[Signature]* 24b LICENSE NUMBER (of Licensee) **1021590** 25 NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME **Burns-Kish Funeral Home #3004968 8415 Calumet Munster, IN 46321**

26 PART I Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **a Longest heart failure** **b Severe coronary artery disease**

IMMEDIATE CAUSE (Final disease or condition resulting in death) **a Longest heart failure** **b Severe coronary artery disease**

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last **c** **d**

PART II Other significant conditions - Conditions contributing to death but not previously stated in Part I **bladder cancer**

27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no) **No** 28a WAS AN AUTOPSY PERFORMED? (Yes or no) **No** 28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) **---**

29a CERTIFIER (Check only one)  CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.  HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.  CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b SIGNATURE AND TITLE OF CERTIFIER *[Signature]* 29c MEDICAL LICENSE NO **31576** 29d DATE SIGNED (Month, Day, Year) **Feb. 8, 2001**

30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print) **W.S. Loh, M.D. 9134 Columbia Munster, IN 46321**

31 HEALTH OFFICER'S SIGNATURE *[Signature]* 32 DATE FILED (Month, Day, Year) *[Signature]*

33 MANNER OF DEATH  Natural  Pending Investigation  Accident  Suicide  Could not be Determined  Homicide

34a DATE OF INJURY (Month, Day, Year) 34b TIME OF INJURY 34c INJURY AT WORK? (Yes or no) 34d DESCRIBE HOW INJURY OCCURRED

34e PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)

34f LOCATION (Street and Number or Rural Route Number, City or Town, State)

34g DATE PRONOUNCED DEAD (Month, Day, Year) 34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.