STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 079974

2013 OCT 28 AM 11:39

MICHAEL B. BROWN
RECORDER

RETURN RECORDED AFFIDAVIT TO:
Gordon Keith Douglas
81 West 550 North
Valparaiso, IN 46383

GRANTEE'S MAILING ADDRESS:
Gordon Keith Douglas
81 West 550 North
Valparaiso, IN 46385

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

AFFIDAVIT OF SURVIVORSHIP TERMINATING LIFE TENANCY

Comes now Gordon Keith Douglas, who, being duly sworn upon his oath, states as follows:

1. Your Affiant is the adult son of Lois Ruth Sularz, a/k/a Lois Douglas Sularz, who died testate, a resident of Porter County, Indiana, on October 19, 2013, and is the adult step-son of Jan Sularz, who died testate, a resident of Lake County, Indiana, on June 2, 2007.

2. Your Affiant is the owner in fee simple of the following-described parcel of real estate located in Lake County, Indiana, more particularly described as follows:

The West Half of Lots 5 to 8 in Block 6 in Second South Side Addition to Hobart, as per plat thereof, recorded in Plat Book 4, page 12, in the Office of the Recorder of Lake County, Indiana.

Property Address: 120 East 13th Street, Hobart, IN 46342
PARCEL # 45-13-05-151-025.000-018

3. Your Affiant acquired title to said real estate with a reservation of life estate in Jan Sularz and Lois Ruth Sularz, by deed of conveyance dated March 12, 2004, and recorded in the Office of the Lake County Recorder on June 23, 2005 as Deed Record # 2005 051912.

4. Jan Sularz died on June 2, 2007, at which time his life estate interest terminated, and Lois Ruth Sularz, a/k/a Lois Douglas Sularz, died on October 19, 2013, at which time her life estate interest terminated, and said parcel of real estate passed to the Affiant herein, Gordon Keith Douglas. Copies of the Death Certificates are attached hereto.

FILED
OCT 28 2013
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

27118

15.00
CASH

AFFIDAVIT OF SURVIVORSHIP
PAGE TWO

5. The gross value of the estates of the Decedents, Jan Sularz and Lois Ruth Sularz, a/k/a Lois Douglas Sularz, as determined for the purpose of Federal Estate Taxes, was less than the value required for filing, and the Decedents' estates were not subject to Federal Estate Tax.

6. The estates of the Decedents, Jan Sularz and Lois Ruth Sularz, a/k/a Lois Douglas Sularz, were not subject to Indiana Inheritance Tax.

7. The statements made in this Affidavit are true and complete to the best knowledge, information and belief of the Affiant.

Further Affiant saith not.

Gordon K Douglas

Gordon Keith Douglas

STATE OF INDIANA)
) SS:
COUNTY OF PORTER)

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Gordon Keith Douglas, Affiant, and acknowledged the execution of said Affidavit to be his voluntary act and deed for the uses and purposes expressed therein. WITNESS MY HAND AND SEAL this 26th day of October, 2013.

Barbara A Pryatel

(SEAL) Barbara A. Pryatel
Resident Of
Porter County
My Commission Expires:
5/13/2017

Notary Public
My Commission Expires: _____
County of Residence: _____

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.

Barbara A Pryatel

This document prepared by Gordon Keith Douglas.

ATTENTION ESTATE: Disclosure of the S## we need to pursue our responsibilities is voluntary and there will be no penalty for refusal

Local No. 141807

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1, 19-3

TYPE/PRINT IN PERMANENT BLACK INK

DECEDENT

1. DECEASED - NAME (First, Middle, Last)			2. SEX	3a. TIME OF DEATH	3b. DATE OF DEATH (Month, Day, Yr.)
Jan		Sularz	Male	10:30 PM	June 2, 2007

4. *SOCIAL SECURITY NUMBER	5a. AGE - Last Birthday (Years)	5b. UNDER 1 YEAR Months / Days	5c. UNDER 1 DAY Hours / Minutes	6. DATE OF BIRTH (Mo., Day, Yr.)	7. BIRTHPLACE (City and State or Foreign Country)
306-38-8996	80			February 15, 1927	Krakow Poland

8a. WAS DECEDENT A U.S. VETERAN?	8b. YEAR LAST SERVED IN U.S. ARMED FORCES?	PLACE OF DEATH (Check only one See instructions)	
No		HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA	OTHER ☒ Nursing Home ☐ Other (Specify) ☐ Residence

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Sebo's Nursing Home	Hobart	Lake

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

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER
Indiana	Lake	Hobart	120 E. 13th Street

13e. ZIP CODE	13f. INSIDE CITY LIMITS	13g. ON A FARM?	14. CITIZEN OF WHAT COUNTRY?	15. WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify Cuban, Mexican, Puerto Rican, etc.)	16. RACE — American Indian, Black, White, etc. (Specify)	17. DECEDENT'S EDUCATION (Specify only highest grade completed)	
						Elementary/Secondary (0-12)	College (1-4 or 5+)
46342	☐ No ☒ Yes	☒ No ☐ Yes	USA	☒ No ☐ Yes	White	6	N/A

PARENTS

18. FATHER'S NAME (First, Middle, Last)	19. MOTHER'S NAME (First, Middle, Maiden Surname)
Stanislaw Sularz	Maria Swider

INFORMANT

20a. INFORMANT'S NAME (Type/Print)	20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)	20c. Relationship
Lois Sularz	120 E. 13th Street, Hobart, IN 46342	Wife

DISPOSITION

21a. METHOD OF DISPOSITION	21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	21c. LOCATION - City or Town, State
☒ Burial ☐ Cremation ☐ Removal from State ☐ Entombment ☐ Donation ☐ Other (Specify)	June 7, 2007 GRACELAND CEMETERY	Valparaiso, Indiana

22a. EMBALMER'S NAME	22b. EMBALMER'S LICENSE NO.	23. WAS DEATH REPORTED TO CORONER?
James F. Burns	01009461	☒ No ☐ Yes

24a. SIGNATURE OF FUNERAL DIRECTOR	24b. LICENSE NUMBER (of Licensee)	25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME
James F. Burns	FD01009461	Burns Funeral Home FH83002380 701 E. 7th Street, Hobart, Indiana 46342-

CAUSE OF DEATH

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.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Motor vehicle accident	
Conditions, if any, which gave rise to the immediate cause stating the underlying cause last	b. DUE TO (OR AS A CONSEQUENCE OF): arteriosclerotic heart disease	
	c. DUE TO (OR AS A CONSEQUENCE OF): Congestive Cardiac Failure	
	d. DUE TO (OR AS A CONSEQUENCE OF): arteriosclerotic heart disease	

I HEREBY CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT.

JUN 07 2007

PART II — Other significant conditions - Conditions contributing to death but not previously stated in Part I	27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Y, N or U)	28a. WAS AN AUTOPSY PERFORMED? (Yes or no)	28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no)
Multiple Myeloma	N	No	No

CERTIFIER

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) 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	29c. MEDICAL LICENSE NO.	29d. DATE SIGNED (Month, Day, Year)
Krishnan Potti M.D.	IN25043	6/6/07

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print)

Dr. Krishnan Potti, M.D. 8300 Broadway, Merrillville, IN 46410

HEALTH OFFICER

31. HEALTH OFFICER'S SIGNATURE	32. DATE FILED (Month, Day, Year)
Susan W Burt D.O.	June 7, 2007

33. MANNER OF DEATH	34a. DATE OF INJURY (Month, Day, Year)	34b. TIME OF INJURY	34c. INJURY AT WORK? (Yes or no)	34d. DESCRIBE HOW INJURY OCCURRED
☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide				

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.
June 2, 2007	

SDH06-004 State Form 10110 (R4/3-93) Deathcer/PD 1