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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Property Tax No.: 45-08-33-277-016.000-004

AFFIDAVIT OF SURVIVORSHIP

Comes now **ROBERT L. SHEPTAK**, as surviving tenant joint tenant with rights of survivorship and being duly sworn upon his oath, does state as follows:

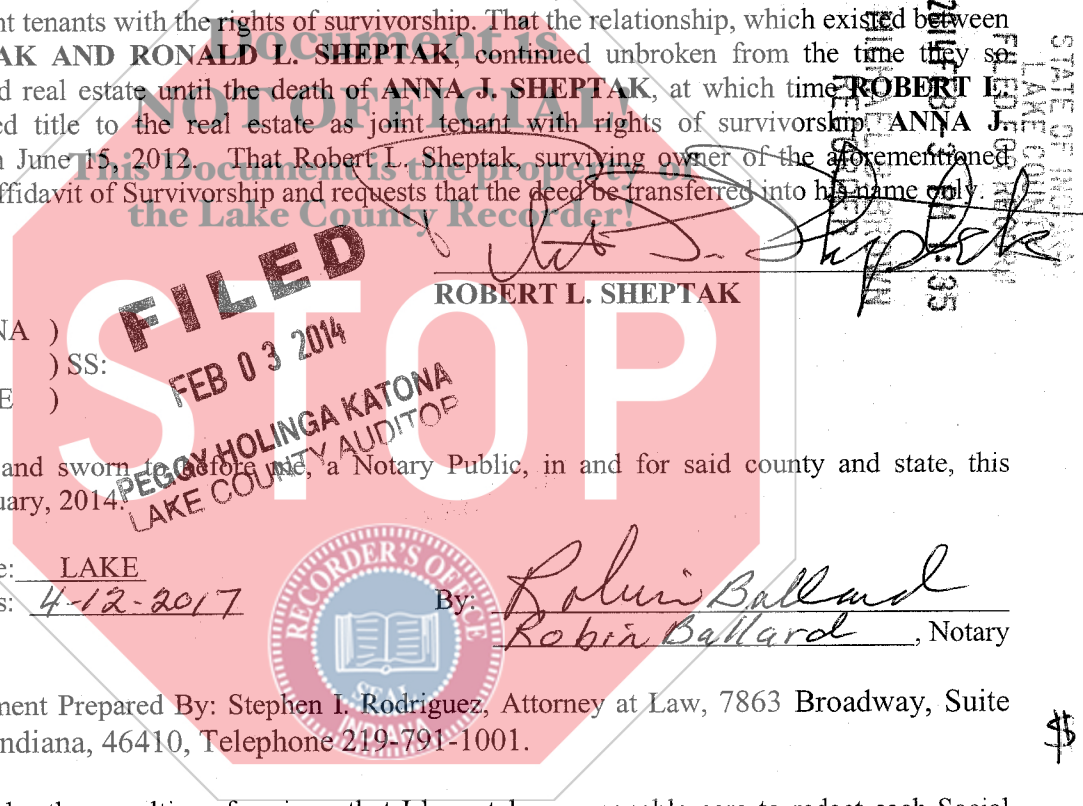
That **ANNA J. SHEPTAK and ROBERT L. SHEPTAK**, were the owners as joint tenants with the rights of survivorship of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 14, in Block 12, in Junedale, a subdivision, in the City of Gary, as per plat thereof, recorded in Plat Book 19 page 3, in the Offices of the Recorder of Lake County, Indiana.

Commonly known as 4767 Jefferson Street, Gary, Indiana 46408
Send Tax Bills: Robert L. Sheptak, 4767 Jefferson Street, Gary, Indiana 46408
Grantee's Address: 4767 Jefferson Street, Gary, Indiana 46408
Property Tax No.: 45-08-33-277-016.000-004

That **ANNA J. SHEPTAK and ROBERT L. SHEPTAK**, were mother and son at the time they acquired title, as joint tenants with the rights of survivorship. That the relationship, which existed between **ANNA J. SHEPTAK AND RONALD L. SHEPTAK**, continued unbroken from the time they so acquired title to said real estate until the death of **ANNA J. SHEPTAK**, at which time **ROBERT L. SHEPTAK** acquired title to the real estate as joint tenant with rights of survivorship. **ANNA J. SHEPTAK** died on June 15, 2012. That Robert L. Sheptak, surviving owner of the aforementioned property, files this affidavit of Survivorship and requests that the deed be transferred into his name only.

2014 006498



STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

ROBERT L. SHEPTAK

Subscribed and sworn to before me, a Notary Public, in and for said county and state, this 30th day of January, 2014.

County of Residence: LAKE
Commission Expires: 4-12-2017

By: Robin Ballard
Robin Ballard, Notary

This Instrument Prepared By: Stephen I. Rodriguez, Attorney at Law, 7863 Broadway, Suite 234, Merrillville, Indiana, 46410, Telephone 219-791-1001.

I affirm, under the penalties of perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by Law.

Stephen I. Rodriguez
Stephen I. Rodriguez

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INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 001876

EDR No 00000265540

State No 026998

1. Decedent's Legal Name (First, Middle, Last) ANNA J SHEPTAK
1a. Maiden Name (If female) BAJZA
2. Sex FEMALE
3. Time Of Death 08:30 PM
4. Date Of Death (Month/Day/Year) 06/15/2012
5. Social Security Number
6a. Age - Yrs 90
6b. Under 1 Year
6c. Under 1 Month
6d. Under 1 Day
6e. Under 1 Hour
7. Date of Birth (Month/Day/Year) 01/08/1922
8. Birthplace (City and State or Foreign Country) HAMMOND, IN
9. Ever in U.S. Armed Forces?
10. If Death Occurred In A Hospital:
10a. If Death Occurred Somewhere Other Than A Hospital
11. Facility Name (If Not Institution, Give Street and Number) VIBRA HOSPITAL OF NORTHWESTERN INDIANA
12. City Or Town, State, And Zip Code CROWN POINT, IN, 46307
13. County Of Death LAKE
14. Marital Status At Time Of Death
15. Surviving Spouse's Name
15a. (If Wife) Give Maiden Last Name
16. Decedent's Usual Occupation LINE WORKER
17. Kind Of Business/Industry BEAR BRAND HOSIERY
18. Residence - State INDIANA
18a. County LAKE
18b. City Or Town GARY
18c. Street And Number 4767 JEFFERSON STREET
18d. Apt. No.
18e. Zip Code 46408
18f. Inside City Limits?
19. Decedent's Education 9TH - 12TH GRADE; NO DIPLOMA
20. Decedent Of Hispanic Origin NOT HISPANIC
21. Decedent's Race White
22. Father's Name (First, Middle, Last) STANLEY BAJZA
23. Mother's Name (First, Middle, Last) JULIANNA BAJZA
23a. Mother's Maiden Last Name NEHNEVAY
24. Informant's Name JULIA A ADAMO
24a. Relationship To Decedent DAUGHTER
24b. Mailing Address (Street And Number, City, State, Zip Code) 2920 WEST 63RD PLACE, MERRILLVILLE, IN 46410
25. Place Of Disposition
25a. Method Of Disposition
25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) CALUMET PARK CEMETERY
25c. Location - City, Town, And State MERRILLVILLE, IN
26. Was Coroner Contacted?
27. Name And Complete Address Of Funeral Facility PRUZIN BROTHERS-MERRILLVILLE, 6360 BROADWAY, MERRILLVILLE, IN 46410
27a. Funeral Home License Number: FH63002453
27b. Signature Of Indiana Funeral Service Licensee: THOMAS G. PRUZIN, BY ELECTRONIC SIGNATURE
27c. License Number Of Licensee: FD01009893
28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Do Not Enter Terminal Events Such As Cardiac Arrest, Respiratory Arrest, Or Ventricular Fibrillation Without Showing The Etiology. Do Not Abbreviate. Enter Only One Cause On A Line. Add Additional Lines If Necessary.
Immediate Cause (Final Disease Or Condition Resulting In Death) A. PNEUMONIA
B. CONGESTIVE HEART FAILURE
C.
D.
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I
29. Was An Autopsy Performed?
30. Were Autopsy Finding Available To Complete The Cause Of Death?
31. Did Tobacco Use Contribute To Death?
32. If Female:
33. Manner Of Death:
34. Date Of Injury (Month/Day/Year)
35. Time Of Injury
36. Place Of Injury (E. G., Decedent's Home, Construction Site, Restaurant, Wooded Area)
37. Injury At Work?
38. Location Of Injury - State
38a. City Or Town
38b. Street & Number
38c. Apt. No.
38d. Zip Code
39. Describe How Injury Occurred
40. If Transportation Injury, Specify:
41. Signature, Of Person Certifying Cause Of Death: SURENDRA SHAH, BY ELECTRONIC SIGNATURE
42. Certifier (Check Only One)
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SURENDRA SHAH, 5825 BROADWAY SUITE A, MERRILLVILLE, IN 46410
44. License Number 01032180A
45. Date Certified 06/18/2012
46. Additional Funeral Service Provider:
47. *Akas:
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE
49. For Registrar Only - Date Filed (Month/Day/Year): JUN 19 2012

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)