STATE OF INDIANAL LAKE COUNTY FILED FOR RECORD

2014 008758 VIT

2014 FEB 14 AM 9: 06

MICHAEL B. BROWN RECORDER

On this <u>a lo Zol U</u> before me personally appeared	_
to me personally known, who being duly sworn on oath did say that:	
1. Affiant resides at the address given below affiant's signature:	
2. Affiant is	<u>-</u>
3. Said Florence Johnson (fill in name of life estate tenant who died)	
NOT OFFICIAL!	
4. The legal description of the premises in question isy of the Lake County Recorder!	
5. Is there Federal or State inheritance tax liability by reason of the death of sa	id
decedent?	
The taxes due are paid or unpaid	
FEB 1-1 2014	
6. Where this affidavit relates to a Life Estate Interest on KKE COUNTY AUDITOR AND TO THE COUNTY AUDITOR OF T	INA FOR
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14-008)	

Signature: Jack
Printed Name Sho F. Lubash
CROWN POINT IN HEBET
Subscribed and sworn to before me by the affiant
This (insert date) Notary Public
Printed Name Michaelene 3. Fazeka 5
My County of Residence is: MICHAELENE I. FAZEKAS Lake County My Commission Expires June 15, 2017
My Commission Expires O COSTS-20 Th This Document is the property of This instrument prepared by a conceine 3 - Fazeka 5
"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." Dalanna Tarlton.

EXHIBIT A

Lot 17 in Block 5 in "Corrected Plat" as of August 21, 1959 in Wright Manor Addition to Gary, as per plat thereof, recorded in Plat Book 33 page 62, correcting plat recorded in Plat Book 32 page 26, in the Office of the Recorder of Lake County, Indiana.



INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

 Decedent's Legal Name (First, Middle, Las 				<u> </u>					182		
	stj		1a. Maiden Na	ne (If female)		2. Sex	3. 1	Time Of De	∍ath	4. Date O	f Death (Month/Da
FLORENCE LUBASH 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Yea	ır 6c. Under 1 Mo	MYSOCKI nth 6d. Under 1 Day	6e. Under 1 Hour	7 Date of		IALE onth/Day/Year)	06:25 /			04/13/2013
00					7. Date of	i Birtii (ivic	ntn/Day/Year)	8. Birthp	place (City	and State of	r Foreign Country)
90 Ever in U.S. Armed Forces? 10. If Dec	Months ath Occurred In A Ho	Days ospital:	Hours	Minutes 10a. If Death Occu		09/12/1		GAR	Y, IN		
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Facility Name (If Not Institution, Give Street	eet and Number)		ent 🔲 Dead on Amva	Other (Specify)							
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2. City Of Yown, State, And Zip Code				13. County (Of Death					tus At Time C	
ROWN POINT, IN, 46307				LAKE					Married ∐ Midowed		t Separated 🔲 🛭 Married 🔲 Unk
5. Surviving Spouse's Name		1	5a. (If Wife)Give Maide	n Last Name		16. Deced	lent's Usual Occ	upation	Т	17. Kind C	of Business/Industry
					W	VAITRE	-99			RESTAL	IDANIT
3. Residence - State	18a	. County		18b. City Or Tow		*/ \ \			I.	ILLOIA	JIVANI
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Bc. Street And Number							18d. Apt. No.		18e. Zip C	ode	18f. Inside City L
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SEPH WYSOCKI				KAZIMIERA W	WSOCK	/ 1			DVDIA	NOKA	
. Informant's Name		24a. Relationship	To Decedent	24b. Mailing Address			City, State, Zip	Code)	RYBI	NSKA_	
OHN E LUBASH		SON		1038 WEST L	AKESH	ORE D	RIVE. CR	OWN F	POINT	IN 4630)7
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