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STATE OF INDIANA

COUNTY OF LAKE

AFFIDAVIT OF SURVIVORSHIP

Comes now Kevin T. Bulak, being duly sworn upon his oath and states as follows:

) SS:

- 1. That he is competent and has personal knowledge of the facts contained herein.
- 2. That at the time of her death, Clarita E. Bulak (a/k/a Clarita Bulak) was the owner in fee simple of the following described real estate located at 11627 West 105th Street, Saint John, Indiana, (a/k/a 11627 Bull Run Dr., St. John, IN 46373) and more particularly described as follows:

Unit 11627 In Homestead Village Condominiums, A Horizontal Property Regime created by a Declaration recorded February 2, 1993 as Document No. 93007729 and Amendment to Declaration recorded August 24, 1995 as Document No. 95048960 and re-recorded October 30, 1995 as Document No. 95065926, and Second Amendment to Declaration recorded March 4, 1996 as Document No. 96014036, and Third Amendment to Declaration recorded July 30, 1997 as Document No. 97049628, and Fourth Amendment to Declaration recorded April 14, 1999 as Document No. 99003179 in the Office of the Recorder of Lake County, Indiana. Together with an undivided interest in the common elements appertaining thereto.

Commonly known as 11627 West 105th Street, Saint John, Indiana 46373, Parcel No.: 45-15-05-276-042.000-015

3. That Clarita E. Bulak and Kevin T. Bulak were mother and son and acquired title as joint than to said real estate.

4. That the relationship which existed between Clarita E. Bulak and Kevin T. Bulak continued unbroken from the time they acquired title to said real estate until the death of Clarita E. Bulak on May 11, 2013.

4. That the gross value of the estate of Clarita E. Bulak was determined for purpose of Federal Estate Taxes was less than the value required for filing and her estate was not subject to Federal Estate Tax.

5. That the estate of Clarita E. Bulak was not subject to Indiana Inheritance Taxes.

Kevin Bulak

010782

Kevin Bulak

Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Kevin Bulak and acknowledged the execution of the foregoing document. Witness my hand and seal this 13th day of February, 2014.

Resident of Lake County

JoEllen Pilipow, Notary Public

My Commission Expires: February 27, 2016

Mail tax notices to: Kevin Bulak, 11627 West 105th Street, Saint John, IN 46373

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

Robert L. Taylor

PP

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, N		<u> 1702</u>		ED	R No 0000	00032354			No 0229 Time Of Death		Of Death (Month/Day)		
CLARITA E BULAK					FAGERSTR	OM		FEMALE		4. Date			
Social Security Number 6a. A.	ge - Yrs	6b. Under	1 Year 6c. Un	der 1 Month				th (Month/Day/Year)	05:30 PM 8. Birthplace (City	and State	05/11/2013 or Foreign Country)		
9. Ever in U.S. Armed Forces?	85	Months	Days		Hours	Minutes	08/	24/1927	CHICAGO.	IL			
☐ Yes ☒ No ☐ Unknown	☐ Inpatie	ent 🔲 Emer		t Outpatient	Dead on Arrival	10a. If Death Occurred Somewhere Other Than A ☐ Hospice Facility ☐ Decedent's Home ☐ Dead on Arrival ☐ Other (Specify)				dospital Nursing Home/Long-term Care Facility			
11. Facility Name (If Not Institution 11627 WEST 105TH ST		et and Numb	er)										
12. City Or Town, State, And Zip Co	ode					13. County Of	Death		14. Marital Stat				
SAINT JOHN, IN, 46373					LAKE			☐ Married ☐ ☑ Widowed	ed Married, But Separated Div wed Never Married Dunkni				
15. Surviving Spouse's Name				15a.	(If Wife)Give Maide	n Last Name	16.	Decedent's Usual Oc	cupation	17. Kind	Of Business/Industry		
18. Residence - State			18a. County				НОГ	MEMAKER	1	OWN H	OME		
			,			18b. City Or Town							
NDIANA 18c. Street And Number			LAKE			SAINT JOHN		18d. Apt. No	. 18e. Zip C	ode	10f Incide City I is		
11627 WEST 105TH ST								rod. Apr. No	16e. Zip C	oue	18f. Inside City Lin		
19. Decedent's Education			20. Deceden	t Of Hispanie	c Origin	21. Dec	edent's Race		463	73	24 /03 [] 140		
TH - 12TH GRADE; NO	DIPLO	OMA	NOT HIS	PANIC		White							
22. Father's Name (First, Middle, Las	t)					23. Mother's Name (Firs	t, Middle, Las	t) .	23a. Mo	ther's Maid	en Last Name		
ARTHUR FAGERSTROM	ν 1					CATHERINE FA	GERSTI	ROM	CURR	AN			
KEVIN BULAK			24a. Relationship To Decedent			24b. Mailing Address (S							
Joon					25 Place	11627 WEST 105TH ST, SAINT JOHN, IN 46373							
5a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Donatio	n 🔲 Ento	mbment 2	5b. Place Of Dispo	sition (Nam	e Of Cemetery, Cren		25c. Location	- City, Town, And Sta	te				
Removal From State Other (Specify):		L	OLV ODOG		ocun	nent is	5						
6. Was Coroner Contacted?	27. N	lame And Co	OLY CROS mplete Address O	f Funeral Fa	cility		CALUME	CITY, IL	Т	27a Funer	al Home License Nur		
☐ Yes 🏻 No	FLM		CHARELLI	ID 1120	00 W 97TH L	HICLA N. CAINT 1011							
7b. Signature Of Indiana Funeral Se AMES F BETKOWSKI,	vice Licens	see.	read 0 W			N, SAINT JOHN s the pro		27c. License Num FD09200077	ber (Of Licensee):	H1990	0052		
28. Part I. Enter The <u>Chain Of Eve</u> Such As Cardiac Arrest, Respirate A Line. Add Additinal Lines If Ned Immediate Cause (Final Disease G	essary.	Or Ventricu	iar Fibrillation VVi	tions - That thout Show	e Of Death (See In Directly Caused Tiring The Etiology. D	DISEASE	r Terminal Ever Only One	vents THIS IS Cause OF RECC LAKE COUNT	-	Y OF VITH TH PARTM	Apploximate Interval: Onse To Death IENT		
Sequentially List Conditions If An	v Leading	To The Ca	use Listed On	В.		Due	lo (Or As A Consec	uence Of):	111 1 5 600				
Sequentially List Conditions, If Any, Leading To The Line A. Enter The Underlying Cause (Disease Or In The Events Resulting In Death) Last			That Initiated	C			o (Or As A Corseq		AY 15 201	3			
				D			o (Or As A Corseq	uence OI):	~ W 55.97	£ 00			
rt II. Enter Other Significant Condition	ns Contribu	ting to Death	But Not Resulting	In The Unde	erlying Cause Givin I		Was An Auto	psy Redected OU	NTY HEALTH	DAF FALCE	R		
Did Tobacoo Use Contribute To De	ath?	32. If F	emale:			30.	Were Autops	Y Finding Available To	Complete The Caus	Of Death'	Yes No		
Yes ☐ Probably ☐ No ☒ Unk	nown	☐ Not	Pregnant Within Past Ye			Not Pregnant, But Pregnant With		33. Manner O	if Death: │Homicide Acci	dent 🔲 F			
Date Of Injury (Month/Day/Year)			Pregnant, But Pregnant me Of Injury	43 Days To 1 yea		Unknown if Pregnant Within The of Injury (E.G., Decedent	Past Year s Home, Cons	☐ Suicide ☐	Could Not Re Dates	nined	njury At Work?		
Location Of Injury - State											Yes 🛮 No		
Location Of Injury - State		38a. C	ity Or Town		38b. Street	& Number		7 /	38c. Apt. No.	38d.	Zip Code		
Describe How Injury Occurred	-				T	All war sign		40. If Transpor	tation Injury Specify		· · · · · · · · · · · · · · · · · · ·		
Signature, Of Person Certifying Cau	on Of Door	ila.			Ser MDI	ANA		Driver/Operator	rtation Injury, Specify:	an Other (Specify)		
THRYN HENKLE MULL	IGAN	BYFIE	CTRONIC S	SIGNAT	URE		42.	Certifier (Check Only Certifying Physician	One) Coroner	Пне	ith Officer		
Name, Address And Zip Code Of Pe									se Number		ate Certified		
	IGAN .	, 919 MA	VIN STREET	r, suite	102, DYER,	IN 46311		010523		(05/14/2013		
THRYN HENKLE MULL Additional Funeral Service Provider:								47. *Aka	S:				
Additional Funeral Service Provider:													
THRYN HENKLE MULL Additional Funeral Service Provider: Signature of Local Health Officer: SAN W. BEST, VIA ELE		NIC SIG		·••		F DEATH (ENTRY OF	- 1		e Filed (Month/Day/) MAY 15 201				

L State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary and there will be no penalty for refusal.