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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 015002

2014 MAR 13 PM 2: 20

MICHAEL S. BROWN
RECORDER

Send Tax Statements to

Theresa M. Zebracki
1929 Calumet Avenue
Whiting, IN 46394

Return Recorded Document to:

Attorney Lisa A. Kmak
1022 - 119th Street
Whiting, IN 46394



**SURVIVORSHIP AFFIDAVIT
AND AFFIDAVIT TO TRANSFER REAL ESTATE**

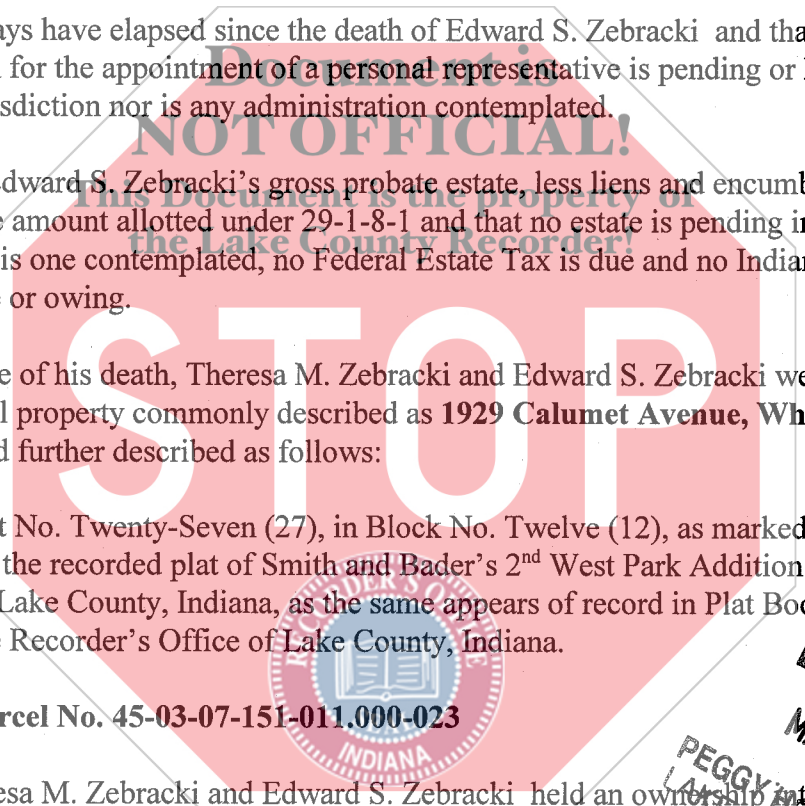
Theresa M. Zebracki, an interested person, being duly sworn upon her oath, says:

1. That **Edward S. Zebracki** died on the **1st day of July, 2012**.
2. That 45 days have elapsed since the death of Edward S. Zebracki and that no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction nor is any administration contemplated.
3. That the Edward S. Zebracki's gross probate estate, less liens and encumbrances, does not exceed the amount allotted under 29-1-8-1 and that no estate is pending in any Indiana court nor is one contemplated, no Federal Estate Tax is due and no Indiana Inheritance Tax is due or owing.
4. At the time of his death, Theresa M. Zebracki and Edward S. Zebracki were owners of fee simple real property commonly described as **1929 Calumet Avenue, Whiting, Indiana 46394**, and further described as follows:

Lot No. Twenty-Seven (27), in Block No. Twelve (12), as marked and laid down on the recorded plat of Smith and Bader's 2nd West Park Addition to Hammond, in Lake County, Indiana, as the same appears of record in Plat Book 15, page 9, in the Recorder's Office of Lake County, Indiana.

Parcel No. 45-03-07-151-011.000-023

5. That Theresa M. Zebracki and Edward S. Zebracki held an ownership interest in the property as husband and wife and they remained continuously married until the death of Edward S. Zebracki, at which time Theresa M. Zebracki acquired title to the real estate as the surviving owner in fee simple pursuant to Indiana property law.

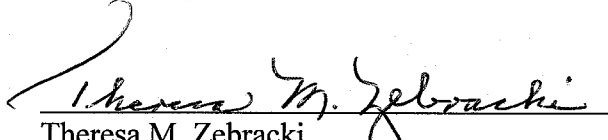


FILED \$ 15
MAR 13 2014
PEGGY MOULTON
LAKE COUNTY AUDITOR
011283 2675
CKH
A

6. That this affidavit is being filed to clarify the title to said real estate and to induce the Auditor of Lake County, Indiana, to transfer ownership of the real estate described above, fee simple, to **Theresa M. Zebracki**, whose mailing address for real estate tax purposes is **Theresa M. Zebracki, 1929 Calumet Avenue, Whiting, Indiana 46394**.

Further your Affiant sayeth not.

Dated: March 3, 2014.


Theresa M. Zebracki
1929 Calumet Avenue, Whiting, Indiana 46394

STATE OF INDIANA)
) SS.
COUNTY OF LAKE)

Before me, a Notary Public in and for said county and state, personally appeared Theresa M. Zebracki, and being first duly sworn by me upon her oath, says that the facts alleged in the foregoing Survivorship Affidavit and Affidavit to Transfer Real Estate are true. Additionally, 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.

Signed and sealed this 3 day of March, 2014.

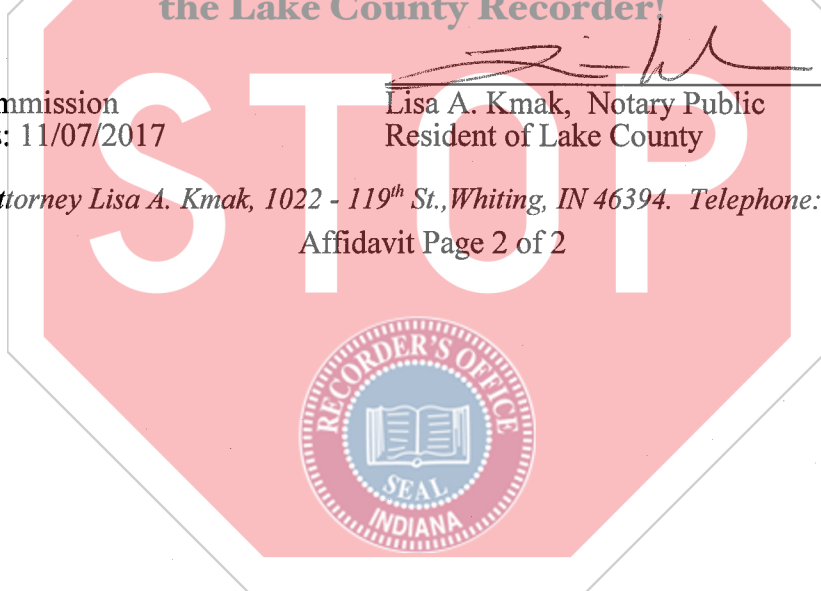
My Commission
Expires: 11/07/2017



Lisa A. Kmak, Notary Public
Resident of Lake County

Prepared by: Attorney Lisa A. Kmak, 1022 - 119th St., Whiting, IN 46394. Telephone: (219) 659-1355.

Affidavit Page 2 of 2





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

723123

Local No 000132

EDR No 00000268110

State No 029869

1. Decedent's Legal Name (First, Middle, Last) EDWARD S ZEBRACKI				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 02:29 PM		4. Date Of Death (Month/Day/Year) 07/01/2012		
5. Social Security Number [REDACTED]		6a. Age - Yrs 83		6b. Under 1 Year Months		6c. Under 1 Month Days		6d. Under 1 Day Hours		6e. Under 1 Hour Minutes		
7. Date of Birth (Month/Day/Year) 12/25/1928		8. Birthplace (City and State or Foreign Country) HAMMOND, IN										
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival						10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify)				
11. Facility Name (If Not Institution, Give Street and Number) ST CATHERINE HOSPITAL INC												
12. City Or Town, State, And Zip Code EAST CHICAGO, IN, 46312						13. County Of Death LAKE			14. Marital Status At Time Of Death: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name THERESA M ZEBRACKI				15a. (If Wife) Give Maiden Last Name BONCHIK				16. Decedent's Usual Occupation BOILERMAKER		17. Kind Of Business/Industry INLAND STEEL COMPANY		
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town WHITING		18c. Street And Number 1929 CALUMET AVENUE		18d. Apt. No.		18e. Zip Code 46394		
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White				
22. Father's Name (First, Middle, Last) FRANK ZEBRACKI				23. Mother's Name (First, Middle, Last) MARY ZEBRACKI				23a. Mother's Maiden Last Name POPEK				
24. Informant's Name MRS THERESA M ZEBRACKI				24a. Relationship To Decedent WIFE				24b. Mailing Address (Street And Number, City, State, Zip Code) 1929 CALUMET AVENUE, WHITING, IN 46394				
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY				25c. Location - City, Town, And State CALUMET CITY, IL				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BARAN & SON INC, 1235 119TH STREET, WHITING, IN 46394						27a. Funeral Home License Number: FH83007267				
27b. Signature Of Indiana Funeral Service Licensee: MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD01019456								
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)										Approximate Interval; Onset To Death		
A. SEPTICEMIA										DAYS		
Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated The Events Resulting In Death) Last												
B.												
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No												
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year				33. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
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: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)		
41. Signature, Of Person Certifying Cause Of Death: PAULA BENCHIK-ABRINKO, BY ELECTRONIC SIGNATURE										42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394										44. License Number 01045436A		
46. Additional Funeral Service Provider:										45. Date Certified 07/03/2012		
48. Signature of Local Health Officer: PAULA BENCHIK-ABRINKO, VIA ELECTRONIC SIGNATURE										47. *Akas:		
										49. For Registrar Only - Date Filed (Month/Day/Year): JUL 10 2012		

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

15-Last: 49: 09-JUL-12
14: WIDOWED (AND NOT REMARRIED)
15-First: 15a:
45: 7/6/2012 5:48:38 PM
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.

INFR-10
7-0051