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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 027016

2014 MAY 13 PM 2:11

MICHAEL B. BROWN
RECORDER

Parcel No.: 45-03-27-181-028.000-024

Mail Tax Bills to:
809 Barberry Lane
Valparaiso, IN 46383

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TRANSFER ON DEATH AFFIDAVIT

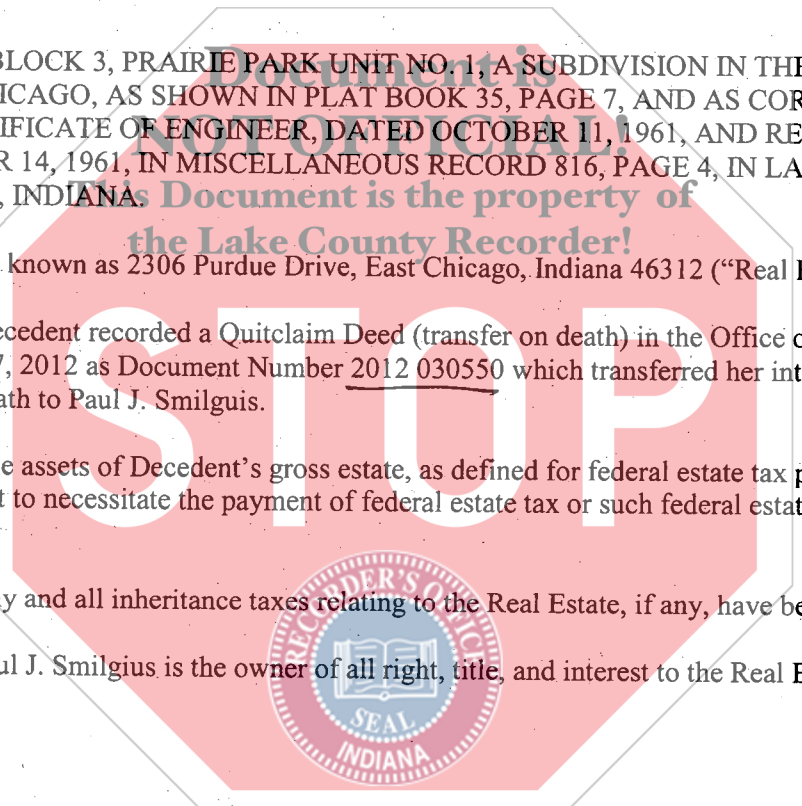
I, PAUL J. SMILGIUS, being first duly sworn, state:

1. Affiant is the surviving son of Krescencija Smilgius ("Decedent"), and is qualified to make this Affidavit.
2. Decedent died a resident of Porter County, Indiana, on December 1, 2012. A copy of Decedent's death certificate is attached as Exhibit A.
3. At the time of her death, Krescencija Smilgius owned real estate legally described as follows:

LOT 19, BLOCK 3, PRAIRIE PARK UNIT NO. 1, A SUBDIVISION IN THE CITY OF EAST CHICAGO, AS SHOWN IN PLAT BOOK 35, PAGE 7, AND AS CORRECTED BY CERTIFICATE OF ENGINEER, DATED OCTOBER 11, 1961, AND RECORDED OCTOBER 14, 1961, IN MISCELLANEOUS RECORD 816, PAGE 4, IN LAKE COUNTY, INDIANA.

Document is the property of
the Lake County Recorder!

commonly known as 2306 Purdue Drive, East Chicago, Indiana 46312 ("Real Estate").
4. Decedent recorded a Quitclaim Deed (transfer on death) in the Office of the Lake County Recorder on May 7, 2012 as Document Number 2012 030550 which transferred her interest in the Real Estate upon her death to Paul J. Smilgius.
5. The assets of Decedent's gross estate, as defined for federal estate tax purposes, were either not sufficient to necessitate the payment of federal estate tax or such federal estate tax has been paid.
6. Any and all inheritance taxes relating to the Real Estate, if any, have been duly paid.
7. Paul J. Smilgius is the owner of all right, title, and interest to the Real Estate.



FILED

MAY 13 2014

PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

012591

16#
CS
RN

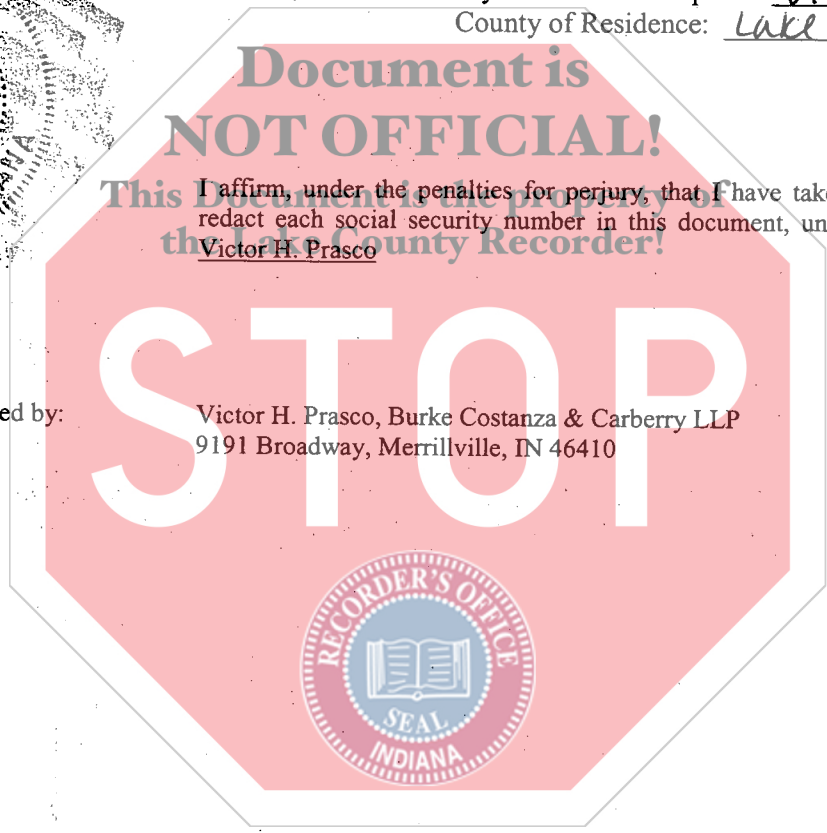
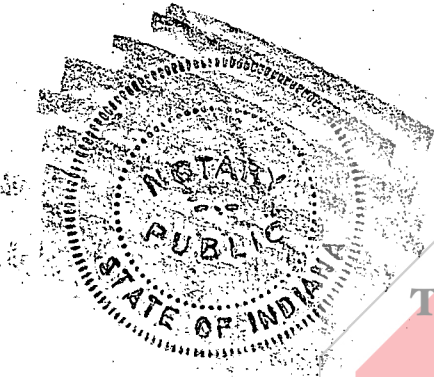
Dated this 12th day of May, 2014.

Paul J. Smilgius
PAUL J. SMILGIUS

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

Before me the undersigned, a Notary Public for the State of Indiana, personally appeared Paul J. Smilgius and acknowledged the execution of this instrument this 12th day of May, 2014.

Diane M. Holdmann
Diane M. Holdmann, Notary Public
My Commission Expires: 07-23-14
County of Residence: Lake



Document Prepared by:

Victor H. Prasco, Burke Costanza & Carberry LLP
9191 Broadway, Merrillville, IN 46410

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Local No 001213

EDR No 00000292850

State No 053365

1. Decedent's Legal Name (First, Middle, Last) KRESCENCIJA SMILGIUS				1a. Maiden Name (If female) KAZRAGYS		2. Sex FEMALE		3. Time Of Death 08:45 PM		4. Date Of Death (Month/Day/Year) 12/01/2012	
5. Social Security Number		6a. Age - Yrs 76		6b. Under 1 Year Months: Days: Hours: Minutes:		7. Date of Birth (Month/Day/Year) 02/05/1936		8. Birthplace (City and State or Foreign Country) ZEMAITIJA, LIT			
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input 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 checked="" 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) VNA HOSPICE CENTER											
12. City Or Town, State, And Zip Code VALPARAISO, IN, 46383						13. County Of Death PORTER			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town EAST CHICAGO			18d. Apt. No.		18e. Zip Code 46312
18c. Street And Number 2306 PURDUE DRIVE											
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White			
22. Father's Name (First, Middle, Last) JUAZAS KAZRAGYS				23. Mother's Name (First, Middle, Last) MARIA KAZRAGYS				23a. Mother's Maiden Last Name JOCYS			
24. Informant's Name PAUL J SMILGIUS				24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 809 BARBERRY LANE, VALPARAISO, IN 46383					
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) COMMUNITY CREMATION SERVICES				25c. Location - City, Town, And State SCHERERVILLE, IN			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility OLESKA PASTRICK FUNERAL HOME, 3934 ELM STREET, EAST CHICAGO, IN 46312						27a. Funeral Home License Number FH86000155			
27b. Signature Of Indiana Funeral Service Licensee: JOSE G FLORES, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD20700004					
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. EXTRAPULMONARY NEUROENDOCRINE CANCER, METASTATIC						Approximate Interval: Onset To Death 10 MONTHS					
B. 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.											
C. Due to (Or As A Consequence Of):											
D. Due to (Or As A Consequence Of):											
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NONE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30. Were Autopsy Findings 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: MICHAEL F MIROCHNA, 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: MICHAEL F MIROCHNA, 336 WEST US HIGHWAY 30, STE A, VALPARAISO, IN 46385						44. License Number 01069822A		45. Date Certified 12/04/2012			
46. Additional Funeral Service Provider: MICHON OZANAROV						47. Akas: C					
48. Signature of Local Health Officer: MARIA L STAMP, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filled (Month/Day/Year): DEC 10 2012					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											
18c-Street: PUDUE 49: 04-DEC-12 45: 12/4/2012 12:00:00 AM 49: 04-DEC-12 45: 12/4/2012 12:00:00 AM 18c-Street: PUDUE											

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.