

2014 047584

2014 AUG -8 AM 8:56

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

SURVIVORSHIP AFFIDAVIT

I, HAROLD R. WASKO, this 6th day of August, 2014, being first duly sworn upon oath, states as follows:

- 1. That I am the surviving spouse of CLARA P. WASKO, Deceased.
- 2. That my spouse, CLARA P. WASKO, passed away on the 14th day of May, 2014. (Copy of Death Certificate attached hereto.)

- 3. That CLARA P. WASKO and I were duly and legally married at the time CLARA P. WASKO acquired an interest in the following real estate:

LOT 6 IN BLOCK 1 IN AUWERDA'S 2ND ADDITION TO HIGHLAND, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 29 PAGE 73 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA

Commonly known as: 2444 Clough Street, Highland, IN 46322

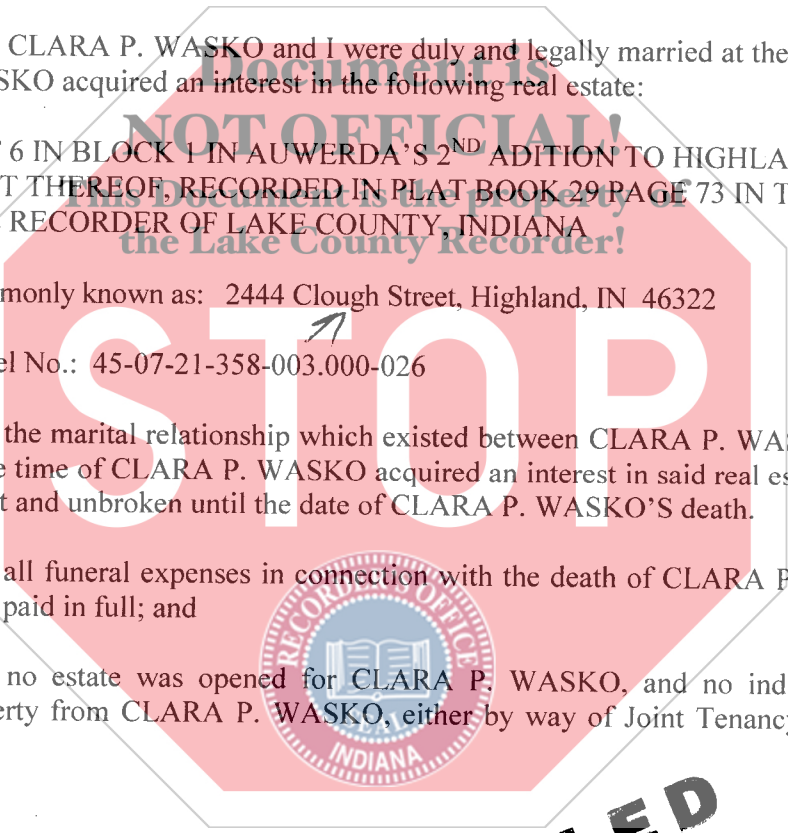
Parcel No.: 45-07-21-358-003.000-026

- 4. That the marital relationship which existed between CLARA P. WASKO and myself at the time of CLARA P. WASKO acquired an interest in said real estate remained in effect and unbroken until the date of CLARA P. WASKO'S death.
- 5. That all funeral expenses in connection with the death of CLARA P. WASKO have been paid in full; and
- 6. That no estate was opened for CLARA P. WASKO, and no individual received property from CLARA P. WASKO, either by way of Joint Tenancy, Small Estates

AMOUNT \$ 17.00
CASH CHARGE _____
CHECK # _____
OVERAGE _____
COPY _____
NON-COM _____
CLERK CP

25422

FILED
AUG 08 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR



Affidavit or other summary proceeding in excess of the exemption for Indiana Inheritance Tax purposes.

- 7. That the estate of CLARA P. WASKO did not necessitate the filling of a Federal Estate Tax Return.

FURTHER HAROLD R. WASKO SAYETH NOT.

Harold Wasko

HAROLD R. WASKO
Surviving Spouse of CLARA P. WASKO

STATE OF INDIANA)
) SS:
COUNT OF LAKE)

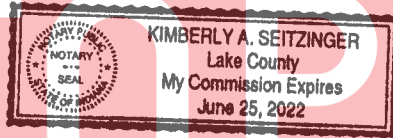
Subscribed and sworn to before me, a Notary Public, in and for said County and State, this 6th day of August, 2014.

My commission expires:

Kimberly A. Seitzinger
Notary Public

Resident of Lake County

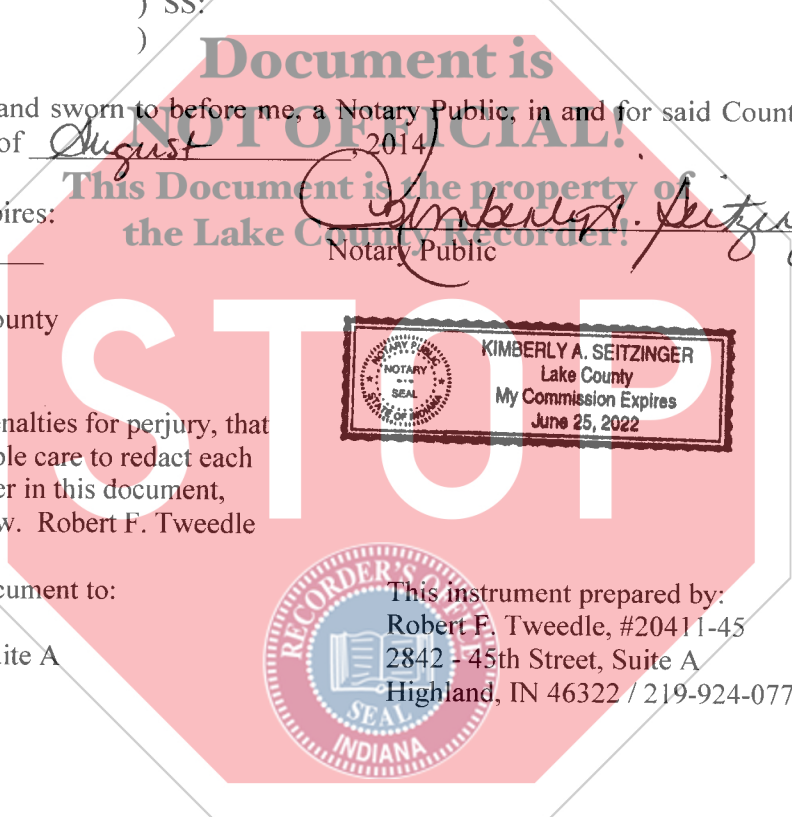
I affirm, under the penalties for perjury, that I have taken reasonable care to redact each social security number in this document, unless required by law. Robert F. Tweedle



Return Recorded Document to:
Robert F. Tweedle
2842 - 45th Street, Suite A
Highland, IN 46322



This instrument prepared by:
Robert F. Tweedle, #20411-45
2842 - 45th Street, Suite A
Highland, IN 46322 / 219-924-0770





INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 18752

Local No 001554

EDR No 00000385110

State No 022101

1. Decedent's Legal Name (First, Middle, Last) CLARA PAULINE WASKO				1a. Maiden Name (if female) HAYES		2. Sex FEMALE		3. Time Of Death 06:48 PM		4. Date Of Death (Month/Day/Year) 05/14/2014			
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			
10. If Death Occurred In A Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				<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) COMMUNITY HOSPITAL										12. City Or Town, State, And Zip Code MUNSTER, IN, 46321			
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 HAROLD WASKO				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 HIGHLAND		18c. Street And Number 2444 CLOUGH STREET			
18d. Apt. No.		18e. Zip Code 46322		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) FRANKLIN JACKSON HAYES				23. Mother's Name (First, Middle, Last) ORA PEARL HAYES				23a. Mother's Maiden Last Name CULTON					
24. Informant's Name HAROLD WASKO				24a. Relationship To Decedent SPOUSE				24b. Mailing Address (Street And Number, City, State, Zip Code) 2444 CLOUGH STREET, HIGHLAND, IN 46322					
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) CONCORDIA CEMETERY				25c. Location - City, Town, And State HAMMOND, IN					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility KISH FUNERAL HOME, 10000 CALUMET AVE, MUNSTER, IN 46321				27a. Funeral Home License Number: FH10700038					
27b. Signature Of Indiana Funeral Service Licensee: KEVIN W. KISH, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01021590							
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.										Approximate Interval: Onset To Death			
Immediate Cause (Final Disease Or Condition Resulting In Death) A. DEMENTIA										YEARS			
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. HIGH CHOLESTEROL										YEARS			
C. _____										YEARS			
D. _____										YEARS			
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? LAKE COUNTY HEALTH OFFICER			
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: KENNETH WILLIAM REED, 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: KENNETH WILLIAM REED, 9660 WICKER AVENUE, SAINT JOHN, IN 46373										44. License Number 02002051A		45. Date Certified 05/16/2014	
46. Additional Funeral Service Provider:										47. *Aka:		48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE	
49. For Registrar Only - Date Filed (Month/Day/Year): MAY 19 2014										AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)		RAISED SEAL AFFIXED	



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CERTIFICATE OF DEATH

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10. If Death Occurred In A Hospital: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					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)					
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AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED