2014 047584

2014 AUG -8 AM 8: 56

MICHAEL B. BROWN RECORDER

CTATE OF DIDIANA	,	RECORDER
STATE OF INDIANA)	
) SS:	
COUNT OF LAKE)	

SURVIVORSHIP AFFIDAVIT

I, HAROLD R. WASKO, this 6th	_ day of _	Sugust	, 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 ADITION 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

E 0

AMOUNT S 17.(V) CASH 1 CHARGE	25422	E I L CONS
CASH CHARGE		.c 08 100
CHECK #		AUG 0 8 2014
OVERAGE		UNLINGHAUD
COPY		SEGGY FOUNT
NON-COM		ANG DO PEGGY HOLINGA KATO LAKE COUNTY AUD
CLERK(M)		•

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 R WASKO

Surviving Spouse of CLARA P. WASKO

STATE OF INDIANA SS: **COUNT OF LAKE** Subscribed and sworn to before in and for said County and State, this _day of _ Ølu My commission expires: Resident of Lake County KIMBERLY A. SEITZINGER Lake County My Commission Expires I affirm, under the penalties for perjury, that June 25, 2022 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: This instrument prepared by: Robert F. Tweedle Robert F. Tweedle, #20411-45 2842 – 45th Street, Suite A 2842 - 45th Street, Suite A Highland, IN 46322 Highland, IN 46322 / 219-924-0770

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

18752

Local No	001554	E	EDR No 0000	003851	10		State No	0221	<u>01</u>		
Decedent's Legal Name (First, Middle)			1a. Maiden Nam	e (If female)		2. Sex	3. Time	Of Death	4. Date Of	f Death (Month/Day	y∕Year)
CLARA PAULINE WASKO)		HAYES			FEMAL		48 PM		05/14/2014	
5. Social Security Number 6a. Age -		Year 6c. Under 1 M	onth 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month/D	ay/Year) 8.	Birthplace (City	and State o	r Foreign Country)	
83	Months	Days	Hours	Minutes		01/08/1931	ı v	VORTHAM	, MO		
	If Death Occurred In	A Hospital:		1		ewhere Other Tha Decedent's Home		Home/Long-term	Caro Eacilit	h	
☐ Yes ☒ No ☐ Unknown ☒	Inpatient Emerg	ency Department Outpa	tient 🔲 Dead on Arrival	Hospice Facili Other (Specify	•	ecedent's nome	☐ Nursing	nome/Long-term	Care Facili	ıy	
11. Facility Name (If Not Institution, Gi	ve Street and Numbe	7)	,		<u> </u>						
COMMUNITY HOSPITAL				13. County	Of Dooth		· · · · · ·	14. Marital Stat	us At Time (Of Doath	
12. City Or Town, State, And Zip Code				13. County	OrDeath					ut Separated 📋 [Divorced
MUNSTER, IN, 46321				LAKE				Widowed	☐ Never	Married Uni	known
15. Surviving Spouse's Name			15a. (If Wife)Give Maider	n Last Name		16. Decedent's	Usual Occupa	ion	17. Kind (Of Business/Industr	у
HADOLD MACKO						НОМЕМА	CED		OWN H	OME	
HAROLD WASKO 18. Residence - State		18a. County		18b. City Or T	own	THOMEMA	\L\	1	OVVIVII	OIVIL	
INIDIANIA				HICHI ANI	_						
INDIANA 18c. Street And Number		LAKE		HIGHLANI	<u> </u>	18	d. Apt. No.	18e. Zip (Code	18f. Inside City	Limits?
										⊠ Yes □	No
2444 CLOUGH STREET		100 5		······································	Doc	r Page	,	463	322		
19. Decedent's Education HIGH SCHOOL GRADUA	TE OR GED	20. Decedent Of H	ispanic Origin	21.	Decedent	S RACO					
COMPLETED	51. 51.5	NOT HISPAN	VIC	Wh							
22. Father's Name (First, Middle, Last)			·· - -	23. Mother's Name	e (First, Mid	idle, Last)		23a, N	nother's Maid	den Last Name	
FRANKLIN JACKSON HA	YES			ORA PEARI	_ HAYF	S		CUL-	TON		
24. Informant's Name		24a. Relations	hip To Decedent	24b. Mailing Addre			, State, Zip Coo		·		
HAROLD WASKO		SPOUSE		2444 CLOU	GH ST	REET. HIGH	ILAND. IN	46322			
, , , , , , , , , , , , , , , , , , , ,		15: 5 5 5	25. Pla	ce Of Disposition							
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Donation	1	25b. Place Of Disposition	(Name Of Cemetery, Cre	ematory, Other Plac	e) 25c.	Lecation - City, To	wn, And State				
Removal From State	- Lincondinera		Dear	_ 100 0 10	- 4 :						
Other (Specify):		CONCORDIAC			HAN	MOND, IN			107. 5		No. 1
26. Was Coroner Contacted?	27. Name And C	omplete Address Of Fur	neral Facility		OT	ATO			Z/a. Fun	eral Home License	wumber:
☐ Yes 🏻 No	KISH FUNE	RAL HOME. 10	0000 CALUMET A	VE, MUNST	ER, IN	46321			FH107	00038	
27b. Signature Of Indiana Funeral Ser	vice Licensee:					27c.		r (Of Licensee):			
KEVIN W. KISH, BY ELE	CIRONIC SI	SNATURE 15	Cause Of Death (See	Instructions An	d Example	perty	102-1590			Approxime	ate
28. Part I. Enter The <u>Chain Of Eve</u> Such As Cardiac Arrest, Respirato	ents - Diseases, Inj	uries, Or Complication	s - That Directly Caused	The Death, Do No	ot Enter Te	rminal Events	- THIS	SISATRUE	- COPY	Interval: F	
A Line. Add Additinal Lines If Nec	cessary.	cular Fibrillation vvitno	ut Snowing The Etiblogy	. Do Not Appreviat	e. Enter O	my One Cause (THE RE	ORD ON			
Immediate Cause (Final Disease (Or Condition Resulti	ng In Death)	A. DEMENTIA				AKE COU	NTY HEAL	TH DEPA	ART MENIS	
					Due to (O	As A Consequence Of):		Mariner Samuel and Articles		7	
Sequentially List Conditions, If Ar Line A. Enter The Underlying Cau	ny, Leading To The	Cause Listed On	B. HIGH CHOLESTER	ROL	Due to (Or	As A Consequence Of):		MAY 2 0	2014	YEARS	
The Events Resulting In Death) La	ast		C.							ا ا	
					Due to (O	As A Consequence Of):	رسے		- Z		
	0 10 5 7		D	: 1- B- 11	T co la			com u) 6			
Part II. Enter Other Significant Condition	HIS CONTROUTING TO DE	au put Not Kesulting In	The Underlying Cause Giv	min Falti		as An Autops Per ere Autopsy Findir	LAKE U	OUN TYPE	ALEHNO		
31. Did Tobacoo Use Contribute To Do	eath?	If Female:			30. VV		33. Manner Of			Yes [J No
☐ Yes ☐ Probably ☒ No ☐ Un	ıknown 📗	Not Pregnant Within Past Year	Pregnant At Time Of Death			2 Days Of Death	🛭 Natural 🗌	Homicide 🔲 .	_	Pending Investig	ation
34. Date Of Injury (Month/Day/Year)		Not Pregnant, But Pregnant 43 I		Unknown if Pregnant te Of Injury (E.G., D				Could Not Be Do		Injun; At \A(====	
. □ ate Or injury (Month/Day/Year)	35	aine or injury	36. Plac	e Of injury (E.G., D	ecedent's F	torne, Construction	Tolle, Restaura	IIII, vvooded Are	a) 37	'. Injury At Work? ☐ Yes ☐	No
38. Location Of Injury - State	300	City Or Town	295	treet & Number	6		/_/	38c, Apt, N	10 20	Bd. Zip Code	.10
Co. Location of Injury - State	368	. Say Or Town	560. 8	cer a riginibe!	0			Jou, Apt, N	38	A. Zip Code	
39. Describe How Injury Occurred			E &	إلى			40/ 15 7	totice (=1::- °			
55. Describe now injury Occurred			E	SEAL.	مريخ		Driver/Operator	tation Injury, Spe	acity: နှစ်နေ့ကိုရာရှိ ပြုပြ	ther (Specify)	5 22
41. Signature, Of Person Certifying C	ause Of Death:		To a	MOIANA	Y		r (Check Only	:VV	· v».L.	P UNLES	<u> </u>
KENNETH WILLIAM REE	D, BY ELEC		TURE	- Continue		☑ Certify	ing Physician I	☐ Corone		Heath Officer	
43. Name, Address And 2ip Code Of F	erson Certifying Cau	se Of Death:				_/	44. Licen	se Number	45	. Date Certified	
KENNETH WILLIAM REE	D , 9660 WIC	KER AVENUE	SAINT JOHN, IN	N 46373			02002)51A		05/16/201	4
46. Additional Funeral Service Provide	er:		· · · · · · · · · · · · · · · · · · ·				47. *Ak	s:			
48 Signature of Local Health Officer:						49. For Regis	trar Only - Da	te Filed (Month/	Day/Year):		
SUSAN W. BEST, VIA EL	ECTRONIC S							MAY 19	•		
			DMENT TO CERTIFICA	TE OF DEATH (E	NTRY OR	ORIGINAL)	i				
							i				
							i				
							;				
Chair France 50005											
State Form 53395 ATTENTION ES	STATE: The Social S	Security # is being requ	uested by this state agen	cy in order to purs	ue respon	sibility. Disclosu	re is voluntary	and to A work		MERAFE	(ED

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

18759

Local No 0015	554	EDR No 00000385110					State No 022101 3. Time Of Death 4. Date Of Death (Month/Day/Year)				
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Name	e (if female)		2. Sex FEMALE	06:48			05/14/2014	
CLARA PAULINE WASKO 5. Social Security Number 6a. Age - Yrs 6b	. Under 1 Year	6c. Under 1 Month	6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Month/Day/Yea				or Foreign Country)	
88	onths ccurred in A Hospi	Days	Hours	Minutes 10a. If Death Occur	red Some	01/08/1931 where Other Than A Ho		RTHAM	l, MO		
Yes ⊠ No ☐ Unknown ☑ Inpatient	☐ Emergency De		Dead on Arrival	Hospice Facility Other (Specify)				me/Long-tern	n Care Facili	ity	
 Facility Name (If Not Institution, Give Street ar OMMUNITY HOSPITAL 	nd Number)						· · · · · · · · · · · · · · · · · · ·		At T:	Of Death	
2. City Or Town, State, And Zip Code	-			13. County C	of Death		E		Married, B	ut Separated	
UNSTER, IN, 46321 5. Surviving Spouse's Name		15a	. (If Wife)Give Maider	LAKE n Last Name		16. Decedent's Usual		Widowed		r Married	
. Surviving Spouse's Name			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			HOMEMAKED			OWN F	IOME	
AROLD WASKO Residence - State	18a. (County		18b. City Or Tow		HOMEMAKER			OVVIN	IOIVIE	
DIANA	LAKE	_		HIGHLAND							
c. Street And Number						18d. Apt	. No.	18e. Zip	Code	18f. Inside City Limits? ☑ Yes ☐ No	
144 CLOUGH STREET				1 04 5	7			46	322	M les D llo	
Decedent's Education IGH SCHOOL GRADUATE OR	GED	Decedent Of Hispar	-		ecedent's	s Race					
OMPLETED Pather's Name (First, Middle, Last)	NC	OT HISPANIC		White 23. Mother's Name (dle, Last)		23a. I	Mother's Mai	iden Last Name	
DANIZINI IA OKOON HAVEC				ORA PEARL	HAYE	S		CUL	TON		
RANKLIN JACKSON HAYES Informant's Name		24a. Relationship T	o Decedent			And Number, City, State	, Zip Code)	1002			
AROLD WASKO		SPOUSE		L	H STF	REET, HIGHLAN	ID, IN 4	6322			
a. Method Of Disposition	25b. Pla	ce Of Disposition (N	25. Pla- ame Of Cemetery, Cre	ce Of Disposition ematory, Other Place)	25c. l	ocation - City, Town, Ar	d State				
Burial ☐ Cremation ☐ Donation ☐ Enton			Dear	1 100 0 10 1	4 : -						
Other (Specify):	CONC	ORDIA CEM Address Of Funeral	ETERY CU	men	HAN	MOND, IN			27a. Fur	neral Home License Number	
		NI	TO.	FFIC	T.A	46224			EH107	700038	
7b. Signature Of Indiana Funeral Service Licens	ee:			AVE, MUNSTE	1	2/c. Licens	e Number (Of Licensee):		00000	
EVIN W. KISH , BY ELECTRO		C	ause Of Death (Sei	e Instructions And	Exiample	THISD6102	IN FILE	VVIII II	TE TE	Approximate Interval: Onset	
28. Part I. Enter The <u>Chain Of Events</u> - Dis Such As Cardiac Arrest, Respiratory Arrest, A Line. Add Additinal Lines If Necessary.	eases, Injuries, O Or Ventri <mark>cular Fil</mark>	r Complications - T brillation Without St	hat Directly Caused howing The Etiology	The Death, Do Not Do Not Abbreviate.	Enter D	minal Ryadis I Y HE	ALIHD	EPARIN	MEINT	To Death	
Immediate Cause (Final Disease Or Condition	on Result <mark>ing In D</mark>	eath) A.	DEMENTIA		Due to (Or	As A Consequence Dit):	2 U 20	14		YEARS	
Sequentially List Conditions, If Any, Leading	g To The Cause I	LISTOU OIT	HIGH CHOLESTER	ROL	Que to (Or	As A Consequence Of):	7-10	7		YEARS	
Line A. Enter The Underlying Cause (Disea The Events Resulting In Death) Last	se Or Injury That	Initiated C.	Creation of the Control of the Contr			Duam u	مد جر	40			
		D.			100 10 (01	AT WOOD STANK	HEALTI	OFFICE	EK		
art II. Enter Other <u>Significant Conditions Contribu</u>	iting to Death But		Underlying Cause Giv	vin In Part I	A = I	as An Autopsy Performe		☐ Yes		-450	
Did Tobacoo Use Contribute To Death?	32. If Fema	ale:			30. W	ere Autopsy Finding Ava	anner Of De		Jause Of De	Yes No	
Yes Probably No Unknown	Not Pregr	nant Within Past Year		Not Pregnant, But Preg		1 =		omicide ould Not Be [Pending Investigation	
4. Date Of Injury (Month/Day/Year)	35. Time (36. Pla			Iome, Construction Site,				7. Injury At Work?	
	202 07-0	- T	29h S	Street & Number	<u> </u>		_/_	38c. Apt.	No. 3	Yes No	
8. Location Of Injury - State	38a. City C	or rown									
9. Describe How Injury Occurred			E A	SEAL MANUELLE	7	40. If	Transportat	ion Injury, Sc Passenger	ecify:	.ไป ๊บัNLESS	
1. Signature, Of Person Certifying Cause Of De ENNETH WILLIAM REED, BY	eath:	VIC SIGNATI	IRE	MILITAN TO THE PARTY OF THE PAR		42. Certifier (Ch ⊠ Certifying Ph		he)	er .	Heath Officer	
3. Name, Address And Zip Code Of Person Cer	tifying Cause Of D	eath:					14. License	Number	4	5. Date Certified	
ENNETH WILLIAM REED , 96 6. Additional Funeral Service Provider:	60 WICKER	R AVENUE, S	AINT JOHN, II	N 46373			200205 47. Akas:			05/16/2014	
48. Signature of Local Health Officer:			<u></u>			49. For Registrar C					
SUSAN W. BEST, VIA ELECTR	ONIC SIGN	ATURE	ENT TO CERTIFICA	ATE OF DEATH (EN	TRY OR	ORIGINAL)	i	MAY 19	2014		
							 -				
							1				