2014 049786

STATE OF INC. LAKE COUNTY FILED FOR RECORD

2014 AUG 20 AM 9: 07

MICHAEL U. BROWN RECORDER

Mail Tax Statements to: 620 Elmer Ave. Griffith, IN 46319

Property Number: 45-07-35-251-005.000-006

SURVIVORSHIP AFFIDAVIT

State of Indiana) SS: County of Lake

Comes now Michael Edward Bajza, Jr., the Affiant, and who, being first duly sworn upon his oath, makes the following statements and affirmations:

- Michael Edward Bajza, Jr., is an adult resident of Porter County, Indiana, and has personal 1. knowledge of the facts stated in this Survivorship Affidavit as the son of Michael E. Bajza, also known as Michael Eddie Bajza, also known as Michael Eddy Bajza, and Margaret L. Bajza.
- Michael E. Bajza and Margaret L. Bajza held title to the following described real estate 2. located in the County of Lake, State of Indiana, as husband and wife:

Lot 6 in Scherwood 6th Addition to the Town of Griffith, as per plat thereof, recorded in Plat Book 39, page 8, in the Office of the Recorder of Lake County, Indiana.

Commonly known as: 620 Elmer Avenue

Griffith, Indiana 46319

Property Number:

45-07-35-251-005.000-006

- 3. Said real estate was formerly owned by Michael E. Bajza and Margaret L. Bajza, husband and wife, by virtue of the Warranty Deed executed by Daniel L. Victor and Nancy A. Victor, husband and wife, dated March 23, 1992, and recorded April 1, 1992, as document number 92019394, in the Office of the Recorder of Lake County, Indiana.
- 4. Michael E. Bajza and Margaret L. Bajza were husband and wife at the time they acquired title to said real estate and they were never divorced.

(Survivorship Affidavit - Page 1 of 3)

AUG 20 2014 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

25891

1Ref

#20 CS CS

- 5. Michael E. Bajza died testate July 24, 2011, a resident of Porter County, Indiana. A certified copy of the Indiana Department of Health Certificate of Death of Michael E. Bajza is attached to this Survivorship Affidavit as Exhibit "A" and made a part of this Survivorship Affidavit by reference.
- 6. The Last Will and Testament of Michael E. Bajza, under which Margaret L. Bajza, his surviving spouse, was the sole devisee, was spread of record by the Order of Probate of Will Without Administration (Will Spread of Record), entered on December 23, 2011, by the Porter Superior Court, Probate Division, sitting at Valparaiso, Indiana, under Cause No. 64D02-1112-EM-12244. A scrivener's error in said Will states Margaret L. Bajza's name as Margaret B. Bajza; however, her correct name is Margaret L. Bajza.
- 7. The probate value of Michael E. Bajza's probate estate does not exceed the sum of \$50,000.00.
- 8. There were no Federal Estate or State Inheritance taxes due by reason of Michael E. Bajza's death.
- 9. All funeral expenses and the expenses of the last illness of Michael E. Bajza have been paid.
- 10. As a result of Michael E. Bajza's death, Margaret L. Bajza, as his surviving spouse, became the sole owner of said real estate.
- 11. On October 23, 2011, Margaret L. Bajza, a resident of Porter County, Indiana, died a widow, having never been remarried. A certified copy of the Indiana State Department of Health Certificate of Death of Margaret L. Bajza is attached to this Survivorship Affidavit as Exhibit "B" and made a part of this Survivorship Affidavit by reference.
- Margaret L. Bajza died intestate, her estate administered in the Porter Superior Court, Probate Division, sitting at Valparaiso, Indiana, under cause number 64D02-1112-EU-12245. Letters Testamentary were issued to Michael Edward Bajza to act Personal Representative of the estate of Margaret L. Bajza without court supervision.
- 13. There were no Federal Estate taxes due by reason of the death of Margaret L. Bajza and State Inheritance Taxes are being paid through the administration of her estate.
- 14. All funeral expenses and the expenses of the last illness of Margaret L. Bajza have been paid.
- 15. The purpose of this Survivorship Affidavit is to place of record with the Auditor's and Recorder's Offices of Lake County, Indiana, proof of the deaths of Michael E. Bajza and Margaret L. Bajza and so that a deed will be accepted for transfer of title from Michael Edward Bajza, as Personal Representative of the estate of Margaret L. Bajza, deceased.

Further Affiant saith not.

Dated: April 16, 2014

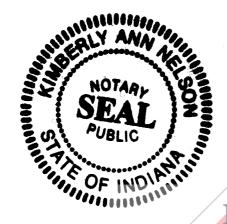
Michael Edward Bajza, Jr

(Survivorship Affidavit – Page 2 of 3)

State of Indiana)
) SS:
County of Lake)

Before me, the undersigned Notary Public in and for said County and State, personally appeared Michael Edward Bajza, the Affiant, and acknowledged the execution of the foregoing Survivorship Affidavit, and having been first duly sworn upon his oath, stated that the facts alleged therein are true.

Witness my hand and Notarial Seal this 16th day of April, 2014.



Kimberly Ann Nelson/Notary Public

Document is

My County of Residence: Porter My Commission Expires: June 17, 2018 OFFICIAL!

This Document is the property of the Lake County Recorder!

After recording return to:

Chris Fox

Attorney at Law

516 E. 86th Ave.

Merrillville, IN 46410-6213

Mailing Address of Affiant:

78 East 55 South

Valparaiso, IN 46383

The foregoing Survivorship Affidavit was prepared by Chris Fox, Attorney at Law, Indiana License #19091-64; Address: 516 East 86th Avenue, Merrillville, IN 46410-6213 (Phone: 219/791-1520).

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. Chris Fox

(Survivorship Affidavit – Page 3 of 3)

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

1 Decedent's Logal I	Local No 000792						EDR No 000000210849				State No 032784						
1	,	Middle, Last)				1a. Maiden Nai	me (If female)		2. Sex	3.	Time Of Dea	th 4.	Date Of Death (Mor	nth/Day/Year)			
5. Social Security Nu		Age - Yrs	6b. Under 1	Year 6	Sc. Under 1 Montl	6d. Under 1 Day	6e. Under 1 Hou	r 7. Date	MA of Birth (Mo	LE (nth/Day/Year)	09:19 P		07/24/20 State or Foreign Cor				
		63	Months	1.	Days	Hours	Minutes	-	11/21/1					2111177			
9. Ever in U.S. Arme	d Forces?		h Occurred In A		•	710010	10a. If Death Oc		ewhere Other	Than A Hospit		·	-				
☑ Yes ☐ No ☐					artment Outpatien	t Dead on Arriva	Hospice Facil	,	ecedent's Ho	me 🗌 Nur	sing Home/L	ong-term Can	e Facility				
11. Facility Name (If PORTER, VAL	-PARAIS	O HOSF			Y												
12. City Or Town, St	ate, And Zip (Code					13. Count	y Of Death					t Time Of Death				
VALPARAISO 15. Surviving Spouse		83					PORTE	R			_ □ wi	idowed _	ried, But Separated Never Married	Unknown			
13. Surviving Spouse	s Name				156	a. (If Wife)Give Maide	en Last Name		16. Deced	ent's Usual Oc	cupation	17.	Kind Of Business/li	ndustry			
MARGARET E 18. Residence - State			1	18a. Co		DLLETT	18b. City Or T		ELECT	RICIAN		LO	CAL 697 IBI	EW			
	-																
INDIANA 18c. Street And Num	ber			PORT	EK		VALPARA	ISO		18d. Apt. No	. 18	Be. Zip Code	18f. Inside	e City Limits?			
78 EAST 55 S	OUTH						40000					⊠ Yes	s □ No				
19. Decedent's Educ	ation			20. D	ecedent Of Hispa	nic Origin	21.	Decedent's	Race			46383					
SOME COLLE	GE CRE	DII, BU	INOIA	TON	HISPANIC	;	Whi	ite									
22. Father's Name (Fi	rst, Middle, L	ast)					23. Mother's Name		de, Last)			23a. Mothe	r's Maiden Last Nam	ie			
MICHAEL BAJ	ZA						ANNA BAJZ					TUHY					
24. Informant's Name					4a. Relationship 1	o Decedent	24b. Mailing Addre										
MARGARET	BA.	JZA		ΙV	VIFE	25 Dia	78 EAST 55	SOUTH	I, VALPA	RAISO, I	N 46383	i	· · · · · · · · · · · · · · · · · · ·				
25a. Method Of Dispo ☐ Burial ☒ Cremat		ation \square Ent		b. Place	Of Disposition (N	ame Of Cemetery, Cr	ematory, Other Place	25c. Lo	ocation - City	Town, And Sta	ate		·				
Removal From Sta		10011 [2] [2]	omoment														
Other (Specify): 26. Was Coroner Con	tacted?	27.			LAWN CR	EMATORY Facility	meni	FOR	EST PAI	RK, IL		272	a. Funeral Home Lic	ense Number			
Yes 🖾 No		12111	DED EUR		INIO	TAI		TA	T					ondo riambor.			
27b. Signature Of Ind		Service Licer	isee:	/		39 KLEINMA	N ROAD, HIG	HLAND		22 c. License Nui	mber (Of Lice		110300021				
CORNELIUS K	WIPER,	BY ELE	CTRONK	C SIG		use Of Death (See	e Instructions And	Examples		20101451	1						
28. Part I. Enter Th Such As Cardiac A A Line. Add Additi	ne <u>Chain Of</u> Irrest, Respi nal Lines If I	<u>Events</u> - Di ratory Arresi Necessary.	seases, Injurio t, Or Ventricul	es, Or C ar Fibrill	omplications - T ation Without Sh	hat Directly Caused lowing The Etiology	The Death, Do No . Do Not Abbreviate	t Enter Ten e. Enter On	minal Events ly One Caus	se On				oximate val: Onset eath			
Immediate Cause	(Final Diseas	se Or Condi	tion Resu <mark>lting</mark>	In Deat	h) A.	PULMONARY ARE	REST	Due to (Or A	As A Consequence	00.			MINUT	ES			
Sequentially List C	onditions. If	Anv. Leadir	ng To The Car	use Liste	ed On B.	BRAIN CANCER,M	IETASTATIC FROM	LUNG					WEEK	s			
Line A. Enter The The Events Result	Underlying (Cause (Dise	ase Or Injury	That Init	tiated C.			Due to (Or A	s A Consequence	Of):							
					· .			Due to (Or A	s A Consequence	Of):							
Part II. Enter Other Sig	nificant Cond	litions Contrib	ution to Death	But Not	D. Resulting in The I	Inderlying Cause Giv	in In Part I	20 M/ae	An Autopsy	Parformad2							
						J. Laciny in graduation of the				nding Available			No Of Death?				
31. Did Tobacoo Use	Contribute To	Death?	32. If F		Allebia Class Vacc	Pregnant At Time Of Death	Not Pregnant, But Pre			33. Manner				es 🗌 No			
Yes Probably			Not	Pregnant, E	Sut Pregnant 43 Days To	1 year Before Death	Unknown If Pregnant \	Within The Past	Year	Suicide	Could No	ot Be Determi	ent 🔲 Pending Inv ned	estigation			
34. Date Of Injury (Mo	inth/Day/Yeai	7)	35. Ti	ime Of In	jury	36. Plac	e Of Injury (E.G., De	cedent's Ho	me, Construc	ction Site, Resta	aurant, Wood	led Area)	37. Injury At Wo	ork?			
38. Location Of Injury	- State		38a. C	ity Or To	wn	38b. St	treet & Number			//	38c.	Apt. No.	38d. Zip Code				
39. Describe How Inju	ry Occurred					E. 1	VOIANA	/	/ .	40. If Trans	portation Injuster Passeng	ury, Specify: per Pedestrier	Other (Specify)				
41. Signature, Of Pen WILLIAM A. ZA				GNAT	TURF		umilio .		42. Cer	tifier (Check O tifying Physicia	rly One)		T Heart Co				
43. Name, Address Ar							7700		7 Editori		cense Numb	Coroner er	Heath Officer 45. Date Certifie				
WILLIAM A. ZA 46. Additional Funeral	TO , 12 Service Prov	800 MIS ider:	SISSIPPI	PARI	KWAY, STE	E. B201, CRO\	WN POINT, II	N 40307	1	0200	00629A Akas:		07/28/2	2011			
48. Signature of Local								 -	49. For Re	gistrar Only -	Date Filed (Month/Day/Ye	ear):				
MARIA L STAN	1P, VIA E	LECTR	ONIC SIG	NAT		NT TO CERTIFICAT	TE OF DEATH /EN	TRY OR C				29 2011	•				
	107 - 146 <u>4</u>		- N		VAICHDIME	IO GERIFICA	E OF DEATH (EN	IKI UKO	RIGINAL)								

Survivorship Affidavit Exhibit

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State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No C	01119		E	EDR No 000000225701				State No 047235					
1. Decedent's Legal Name (First, Middle	, Last)			1a. Maiden Nam			2. Sex	3. Tim	e Of Death	4. Date	Of Death (Month/Day/Year)		
MARGARET L BAJZA				ROLLETT			FEM		:17 PM		10/23/2011		
Social Security Number 6a. Age - Y	rs 6b. Under 1	Year	6c. Under 1 Mor	nth 6d. Under 1 Day	6e. Under 1 Hour	7. Date	of Birth (Mo	nth/Day/Year) {	3. Birthplace (Cit	y and State	or Foreign Country)		
64	Months		Days	Hours	Minutes		04/22/1		HAMMONE), IN			
	f Death Occurred In			_	10a. If Death Occu		ewnere Otner ecedent's Ho	•	Home/Long-ten	n Care Fac	ility		
			partment Outpation	ent Dead on Arrival	Other (Specify)								
11. Facility Name (If Not Institution, Give 78 EAST 55 SOUTH	Street and Number)											
12. City Or Town, State, And Zip Code					13. County 0	Of Death			14. Marital Sta				
VALPARAISO, IN, 46583					PORTER	₹			☐ Married ☐ Widowed	Married, l Nev □	But Separated Divorced er Married Dunknown		
15. Surviving Spouse's Name		*-	1	5a. (If Wife)Give Maider		•	16. Deced	ent's Usual Occup	ation	17. Kind	Of Business/Industry		
							HOMEN	IAKER		OWN I	HOME		
18. Residence - State		18a. Co	ounty		18b. City Or Tov		110111211						
INDIANA		PORT	ER		VALPARAIS	so							
18c. Street And Number	<u> </u>							18d. Apt. No.	18e Zip	Code	18f. Inside City Limits?		
78 EAST 55 SOUTH									46	583	☐ Yes 🖾 No		
19. Decedent's Education		20. (Decedent Of His	panic Origin	21. 🖸	Decedent's	Race		1 <u>-:-</u>				
HIGH SCHOOL GRADUAT COMPLETED	E OR GED	NO	T HISPANI	ıc	White	е							
22. Father's Name (First, Middle, Last)					23. Mother's Name ((First, Midd	dle, Last)		23a. I	Mother's Ma	aiden Last Name		
EDWARD ROLLETT					ELAINE ROLI	LETT			NOV	'AK			
24. Informant's Name		T	24a. Relationshi	p To Decedent	24b. Mailing Address		And Number,	City, State, Zip Co	de)				
MICHAEL BAJZA		5	SON		631 FOREST	AVEN	IUE, GRI	FFITH, IN 4	6319				
25a, Method Of Disposition	1 2	5b. Place	Of Disposition	25. Place (Name Of Cemetery, Cre	ce Of Disposition ematory, Other Place)	25c. L	ocation - City	, Town, And State		·			
☐ Burial ☐ Cremation ☐ Donation ☐							\ '	,					
Removal From State Other (Specify):	l _w	/OOD	LAWN (CREMATORY	ment	FOR	EST PA	RK. IL					
26. Was Coroner Contacted?	27. Name And Co					T A		\		27a. Fu	neral Home License Number:		
☑ Yes ☐ No	KUIPER EU	NERA	LHOME	9039 KLEINMAN	N ROAD HIGH	HI ANI	N 463	22		FH10:	300021		
27b. Signature Of Indiana Funeral Service	e 1 icensee:	/	4.0		• 1		2	7c. License Numb	er (Of Licensee):				
DAVID R. PETERSON , BY			41	Cause Of Death (See	Instructions And	Example	s)				Approximate		
28. Part I. Enter The Chain Of Even Such As Cardiac Arrest, Respiratory	ts - Diseases, Inju	ries, Or o	Complications illation Without	That Directly Caused Showing The Etiology.	The Death. Do Not Do Not Abbreviate.	Enter Ter Enter Or	minal Event	s se On			Interval: Onset To Death		
A Line. Add Additinal Lines If Neces	ssary.												
Immediate Cause (Final Disease Or	Condition Resultin	g in Dea	ath) A.	CORONARY THRO	MBOSIS	Due to (Or	As A Consequence	O():			2 HOURS		
Sequentially List Conditions, If Any,	Leading To The C	ause Lis	sted On B.			Due to (Or	As A Consequence	• O0:					
Line A. Enter The Underlying Cause The Events Resulting In Death) Last		y That In	nitiated										
						Due to (Or	As A Consequence	Of):			_		
Part II. Enter Other Significant Conditions	Contributing to Dool	th Dut No	D.	no Underlying Cause Givi	n in Part I	20 1/2	s An Autopsy	Performed?					
	Contributing to Deal	<u>ur</u> Dut 140	r reading in 11	ie dilacitying Cadoc Civi	il ili (di C i			nding Available To	☐ Yes Complete The C	ause Of De			
ARTHEROSCLEROSIS, DIABETES 31. Did Tobacco Use Contribute To Dear		f Female:			gattre	1		33. Manner O					
Yes Probably No Unkn	own		_	Pregnant At Time Of Death	Not Pregnant, But Pregr Unknown If Pregnant W				Could Not Be D		Pending Investigation		
34. Date Of Injury (Month/Day/Year)		Time Of			e Of Injury (E.G., Dec						7. Injury At Work?		
											Yes No		
38. Location Of Injury - State	38a.	City Or 1	Town	38b. St	reet & Number				38c. Apt. I	No. 3	8d. Zip Code		
20. Describe Vendeline Occurred				E i	EAL S			40 If Tennone	station lakes Co	a a i 6 #			
39. Describe How Injury Occurred				Cere!N	DIANA			Driver/Operator	rtation Injury, Sp Passenger []F	Pedestrian	Other (Specify)		
41. Signature, Of Person Certifying Cau			TUE-	- W	TIME TO SERVICE TO SER			tifler (Check Only	One)				
WILLIAM A. ZATO, BY EL 43. Name, Address And Zip Code Of Pe							_ ⊠ C∈	rtifying Physician 44. Licer	Corone		Heath Officer 5. Date Certified		
				TE 0204 000'	A/NI DOINT IN	1 4620	7						
WILLIAM A. ZATO , 12800 46. Additional Funeral Service Provider:	INIOSISSIPI	TAL	KNVVAT, S	16. DZU1, CRO	WIN FUINT, IN	4030	<u> </u>	02000 47 *Ak			10/27/2011		
48. Signature of Local Health Officer:							49 For P	egistrar Only - Da	ate Filed (Month	/Dav/Vearl			
MARIA L STAMP, VIA ELE	CTRONIC SI	<u>G</u> NA1						-product Oray - De	OCT 31				
				MENT TO CERTIFICA	TE OF DEATH (ENT	TRY OR (ORIGINAL)						
									Survi	ivors	hip Affidavit		
										Ex	hibit		

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is

В