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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 050801

2014 AUG 25 AM 9: 02

MICHAEL B. BROWN
RECORDER

Case # 920142324

SURVIVORSHIP AFFIDAVIT

Comes now Bethany L Mulder, who being duly sworn upon her oath, deposes and says:

That, Margaret Vaidik, deceased who died domiciled in Lake County, Indiana, on June 23, 2010.
That and Margaret Vaidik acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Lot 339 Lincoln Gardens Tenth Subdivision, as shown in Plat Book 38, page 47, in the Office of the Recorder of Lake County, Indiana.

15-12-11-304-019.000-030

Affiant states that Margaret A Vaidik releases life estate interest contained in deed recorded November 123, 2002 as Instrument Number 2002-103658.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to .

Executed: August 14, 2014

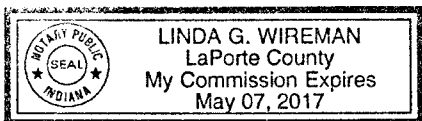
Signature *Bethany L Mulder*
Bethany L Mulder

STATE OF INDIANA

COUNTY OF LAPORTE

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 14th day of August, 2014.

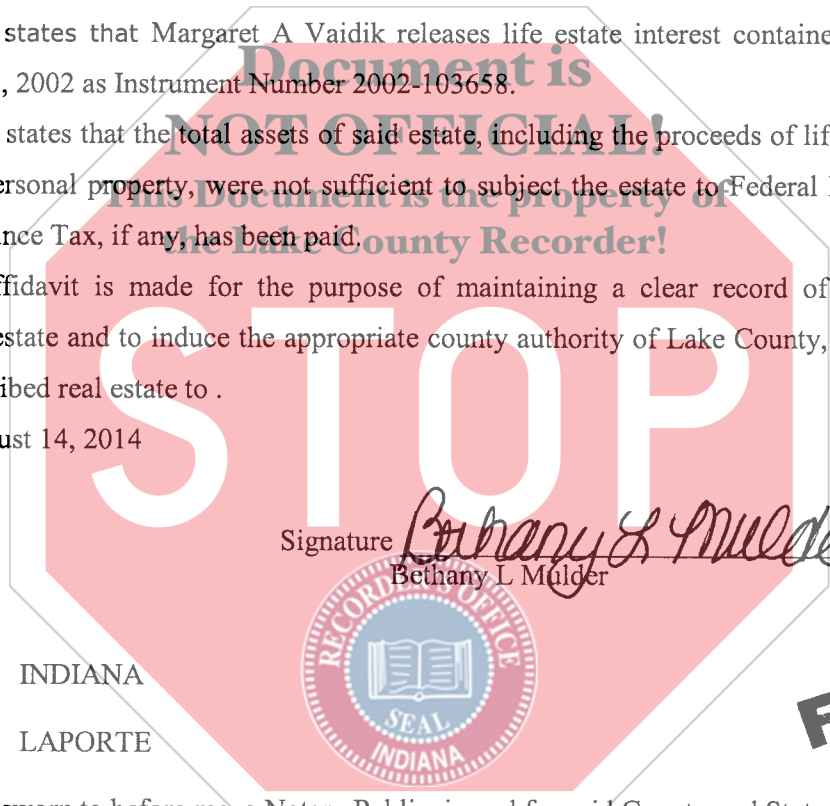
Witness my hand and Notarial Seal on this 14th day of August, 2014.



Linda Wireman
Notary Public Linda Wireman
Resident of LaPorte County
My Commission expires: 5/7/2017

Prepared by: *Ralph Howes*
Howes & Howes, 717 Indiana Ave, LaPorte, IN 46350

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law *Bmulder*



FILED
AUG 22 2014
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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FIDELITY NATIONAL
TITLE COMPANY

014564

92014-2324

INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH



Local No. **2028-10**

State No.

1. Decedent's Legal Name (First, Middle, Last) MARGARET VAIDIK				1a. Maiden Last Name (If Female) VAIDIK		2. Sex FEMALE	3. Time Of Death 9:37 PM	4. Date Of Death (Month/Day/Year) JUNE 23, 2010	
5. Social Security Number		6a. Age - Yrs 75	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) MAY 4, 1935		8. Birthplace (City And State Or Foreign Country) GARY, INDIANA
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 checked="" 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. ANTHONY MEDICAL CENTER									
12. City Or Town, State, And Zip Code CROWN POINT, INDIANA					13. County Of Death LAKE		14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Unknown		
15. Surviving Spouse's Name N/A			15a. (If Wife) Give Maiden Last Name N/A		16. Decedent's Usual Occupation TRAVEL AGENT		17. Kind Of Business/Industry TRAVEL		
18. Residence - State INDIANA			18a. County LAKE		18b. City Or Town MERRILLVILLE			18c. Street And Number 7342 MARSHALL PLACE	
18d. Apt. No.		18e. Zip Code 46410		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
19. Decedent's Education HIGH SCHOOL GRAD			20. Decedent Of Hispanic Origin NO		21. Decedent's Race WHITE				
22. Father's Name (First, Middle, Last) (N/A) VAIDIK				23. Mother's Name (First, Middle, Last) ANNA HARRIGAN			23a. Mother's Maiden Last Name BERTA		
24. Informant's Name RICHARD M. JOHNSON			24a. Relationship To Decedent SON		24b. Mailing Address (Street And Number, City, State, Zip Code) 2694 - 19TH AVE., SAN FRANCISCO, CA. 94116				
25. Place Of Disposition									
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) NW INDIANA CREMATION SERVICE			25c. Location - City, Town, And State CROWN POINT, INDIANA				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BURNS FUNERAL HOME, 10101 BROADWAY, CROWN POINT, IN 46307			27a. Funeral Home License Number: DH 83002445				
27b. Signature Of Indiana Funeral Service Licensee: <i>James E. Burns</i>				27c. License Number (Of Licensee): FD 20700059					
Cause Of Death (See Instructions And Examples)									
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. Cardiac Arrest B. Acute coronary C. A S I T D D. _____ 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 COPD, PVD								Approximate Interval: Onset To Death minutes 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? <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> Probably <input 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									
41. Signature Of Person Certifying Cause Of Death: <i>Joseph A. Kacmar, MD</i>						42. Certified Check Only: <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		43. Date Certified 6/28/10	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: JOSEPH A. KACMAR, M.D., 123 N. COURT, CROWN POINT, IN 46307						44. License Number 01027088		45. *Akas:	
46. Additional Funeral Service Provider:						49. For Registrar Only - Date Filed (Month/Day/Year): July 1, 2010			
48. Signature of Local Health Officer: <i>Susan W. Best, D.O.</i>						49. For Registrar Only - Date Filed (Month/Day/Year):			