

4

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2014 055036

4 2014 079252

"ATTACHED"  
DEC 12 AM 10:56

MICHAEL L. BROWN  
RECORDER

State of Indiana )  
                                  SS: )  
County of Lake     )

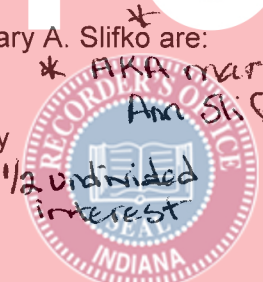
AFFIDAVIT OF HEIRSHIP

Howard M. Slifko, Jr. upon his oath, under penalties for perjury, states as follows:

1. Howard M. Slifko, Sr. <sup>AKA HOWARD M. Slifko</sup> died on February 16, 2014, a resident of Schererville, Indiana.
2. Mary A. Slifko <sup>AKA Mary Ann Slifko</sup> died on April 30, 2014, a resident of Schererville, Indiana.
3. Neither Howard M. Slifko, Sr. nor Mary A. Slifko <sup>AKA Mary Ann Slifko</sup> had a will at the time of their deaths.
4. Howard M. Slifko, Sr. and Mary A. Slifko <sup>AKA HOWARD M. Slifko</sup> acquired the real estate described below as tenants by the entireties by a deed dated September 13, 2004 and recorded September 16, 2004, as Instrument No. 2004-078765. Howard M. Slifko, Sr. and Mary A. Slifko remained husband and wife from the date they acquired the real estate until the death of Howard M. Slifko, Sr. <sup>\* AKA Howard M. Slifko and Mary Ann Slifko</sup>
5. There has been no administration upon the estate of Mary A. Slifko, and all required claims have been paid and satisfied. There are no Indiana or federal taxes imposed upon or owed by the estate of Mary A. Slifko. <sup>\* AKA Mary Ann Slifko</sup>
6. Howard M. Slifko, Jr., of Munster, Indiana, and Dwayne M. Slifko, of Norcross, Georgia, are the only children born to Howard M. Slifko, Sr., and Mary A. Slifko. <sup>\* AKA HOWARD M. Slifko and Mary Ann Slifko</sup>
7. There was no other child or children born to either Howard M. Slifko, Sr., or Mary A. Slifko. <sup>\* AKA Howard M. Slifko and Mary Ann Slifko</sup>
8. The sole heirs at law of Mary A. Slifko are:

Howard M. Slifko, Jr.  
9528 Fran Lin Parkway  
Munster, IN 46321,  
Adult son, and

Dwayne M. Slifko  
4191 Neely Meadows Court  
Norcross, Georgia 30092  
Adult son



FILED  
SEP 09 2014

PEGGY HOLINGA KATONA  
LAKE COUNTY AUDITOR

DEC 09 2014

28653

\* This document is being re-recorded to add AKA ~~Howard M. Slifko~~ <sup>AKA Howard M. Slifko</sup>.

1403510

014936

18-  
CT  
19-  
CT  
nm  
nm  
1/18

\*AKA Mary Ann Slifko

9. This affidavit is made to induce Chicago Title Insurance Co. to issue its policy of title insurance to the real estate now recorded in the names of Howard M. Slifko, Sr. and \*Mary A. Slifko, as tenants by the entireties, and legally described as:

AKA HOWARD M. SLIFKO

The westerly 52.50 feet of Lot 44, by parallel lines as measured along the southerly line thereof, in Briar Cove subdivision, Phase 4, in the Town of Schererville, as per plat thereof, recorded in plat book 95, page 4, in the Office of the Recorder of Lake County, Indiana, and

c/k/a 1399 Charlevoix Way Schererville, IN 46375 -Tax # 45-11-08-106-013,000-036

upon the grant and conveyance of Howard M. Slifko, Jr., and Dwayne M. Slifko, sole heirs of Mary A. Slifko, deceased, to their purchasers for value.

\*AKA Mary Ann Slifko

Date: August 29, 2014

Howard M Slifko Jr  
Howard M. Slifko, Jr.

STATE OF INDIANA )

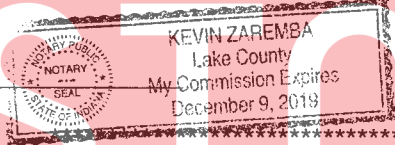
COUNTY OF LAKE )

Document is NOT OFFICIAL! This Document is the property of the Lake County Recorder!

Personally appeared before me, a Notary Public in and for the State of Indiana and County of Lake, this 29th day of August, 2014, one Howard M. Slifko, Jr., who subscribed to the above document, and swore that the matters set forth therein are true and correct.

[Signature]  
, Notary Public

Commission Expires:



County of Residence:

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



[Signature]  
EUGENE M. FEINGOLD

This document prepared by Eugene M. Feingold, attorney at law, of Munster, Indiana (Attorney #6801-45)



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 16943

Local No 001344

EDR No 00000382710

State No 019468

1. Decedent's Legal Name (First, Middle, Last) <b>MARY ANN SLIFKO</b>				1a. Maiden Name (If female) <b>SAKSA</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>05:45 PM</b>	4. Date Of Death (Month/Day/Year) <b>04/30/2014</b>	
5. Social Security Number ██████████		6a. Age - Yrs <b>78</b>	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) <b>03/09/1936</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>
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 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) <b>COMMUNITY HOSPITAL</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>					13. County Of Death <b>LAKE</b>			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 <b>HOMEMAKER</b>		17. Kind Of Business/Industry <b>OWN HOME</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>			18b. City Or Town <b>SCHERERVILLE</b>				
18c. Street And Number <b>1399 CHARLEVOIX WAY</b>						18d. Apt. No.	18e. Zip Code <b>46375</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>				
22. Father's Name (First, Middle, Last) <b>MICHAEL SAKSA</b>				23. Mother's Name (First, Middle, Last) <b>BARBARA SAKSA</b>			23a. Mother's Maiden Last Name <b>REKNEY</b>		
24. Informant's Name <b>HOWARD SLIFKO JR</b>		24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9528 FRAN-LIN PARKWAY, MUNSTER, IN 46321</b>					
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) <b>OAKLAND MEMORY LANES CREMATORY</b>			25c. Location - City, Town, And State <b>DOLTON, IL</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number: <b>FH10300021</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>FD01014511</b>			
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. <b>INTRACRANIAL HEMMORHAGE</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 B. _____ C. _____ D. _____									Approximate Interval: Onset To Death <b>4 DAYS</b>
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I <b>INTRACRANIAL HEMMORHAGE</b>						29. Was An Autopsy Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		29. License Number (Of Licensee): <b>FD01014511</b>	
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 43 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			30. Were Autopsy Findings Available To Complete The Cause Of Death? <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		
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: <b>DINESH DEVANG GUJARATHI, BY ELECTRONIC SIGNATURE</b>						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: <b>DINESH DEVANG GUJARATHI, 901 MACARTHUR BLVD., MUNSTER, IN 46321</b>						44. License Number <b>01072282A</b>		45. Date Certified <b>05/01/2014</b>	
46. Additional Funeral Service Provider:						47. *Akas:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year): <b>MAY 02 2014</b>			
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)									



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 10189

Local No 000549

EDR No 00000370373

State No 007276

1. Decedent's Legal Name (First, Middle, Last) <b>HOWARD M SLIFKO SR</b>				1a. Maiden Name (if female)		2. Sex <b>MALE</b>		3. Time Of Death <b>04:00 AM</b>		4. Date Of Death (Month/Day/Year) <b>02/16/2014</b>	
5. Social Security Number		6a. Age - Yrs <b>79</b>		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) <b>06/29/1934</b>		8. Birthplace (City and State or Foreign Country) <b>EAST CHICAGO, IN</b>									
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 checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival <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) <b>KINDRED HOSPITAL NORTHWEST INDIANA</b>											
12. City Or Town, State, And Zip Code <b>HAMMOND, IN, 46320</b>						13. County Of Death <b>LAKE</b>			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 <b>MARY A SLIFKO</b>				15a. (If Wife) Give Maiden Last Name <b>SAKSA</b>				16. Decedent's Usual Occupation <b>SUPERVISOR</b>		17. Kind Of Business/Industry <b>CONCRETE SERVICE</b>	
18. Residence - State <b>INDIANA</b>				18a. County <b>LAKE</b>				18b. City Or Town <b>SCHERERVILLE</b>			
18c. Street And Number <b>1399 CHARLEVOIX WAY</b>						18d. Apt. No.		18e. Zip Code <b>46375</b>		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>				20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>				21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>GEORGE SLIFKO</b>						23. Mother's Name (First, Middle, Last) <b>EVELYN SLIFKO</b>			23a. Mother's Maiden Last Name <b>CUNNINGHAM</b>		
24. Informant's Name <b>MARY A SLIFKO</b>				24a. Relationship To Decedent <b>WIFE</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1399 CHARLEVOIX WAY, SCHERERVILLE, IN 46375</b>					
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) <b>OAKLAND MEMORY LANES CREMATORY</b>				25c. Location - City, Town, And State <b>DOLTON, IL</b>				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>KUIPER FUNERAL HOME, 9039 KLEINMAN ROAD, HIGHLAND, IN 46322</b>						27a. Funeral Home License Number <b>FH10300021</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>CORNELIUS KUIPER, BY ELECTRONIC SIGNATURE</b>										27c. License Number (Of Licensee): <b>FD01014511</b>	
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)										Approximate Interval: Onset To Death <b>1 HOUR</b>	
A. <b>ACUTE GASTROINTESTINAL BLEEDING</b> Due to (Or As A Consequence Of):											
B. <b>CARDIAC ARREST</b> Due to (Or As A Consequence Of):											
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											
29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										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) <b>LAKE COUNTY HEALTH DEPARTMENT</b>						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: <b>ONYEBUCHI ACHUFUSI, BY ELECTRONIC SIGNATURE</b>											
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: <b>ONYEBUCHI ACHUFUSI, 5454 HOHMAN AVENUE, HAMMOND, IN 46320</b>						42. Certifier (Check Only One) <input checked="" type="checkbox"/> Certifying Physician <input type="checkbox"/> Coroner <input type="checkbox"/> Health Officer		44. License Number <b>01061302A</b>			
45. Date Certified <b>02/18/2014</b>						47. *Akas:					
46. Additional Funeral Service Provider:						48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>					
49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 18 2014</b>						AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)					