2014 081840

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2014 DEC 24 AM 8: 51

MICHAEL B. BROWN RECORDER

Mail Future Tax Statements to:

Parcel #45-14-09-327-002.000-044 Parcel #45-17-09-327-003.000-044

Mr. & Mrs. Kevin Horst 4229 August Dr. Crown Point, IN 46307

STATE OF INDIANA)

(COUNTY OF LAKE POLY)

SS:

SURVIVORSHIP AFFIDAVIT

ANNA M. KUCIK, being first duly sworn upon oath, deposes and says:

That she is an adult and the surviving daughter of decedents, JOHN VAJDA, who died January 16, 1995, as evidenced by the redacted copy of his death certificate attached hereto and made a part hereof, marked as Exhibit "A", and ANNA VAJDA, who died on April 14, 2014, as evidenced by the redacted copy of her death certificate attached hereto and made a part hereof, marked as Exhibit "B".

That the parties were owners by the entireties of the following described real estate, to-wit:

LOTS 348 AND 349, LAKES OF THE FOUR SEASONS, UNIT NO. 10, AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 39, PAGE 11, IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly known as: 4229 Augusta Dr., Crown Point, IN 46307

and that said parties were husband and wife when they took title and remained in title and lived

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29079 PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR

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continuously together as husband and wife until the death of JOHN VAJDA, on the date given above.

Affiant further states that she knows of her own knowledge that the value of the gross estate of the above decedent, JOHN VAJDA, at the time of his death, within the meaning of the Federal Estate Tax laws, was less than that required for the filing of a Federal Estate Tax Return, and that the estate of said decedent was not subject to any Federal Estate Tax.

Affiant further states that she knows of her own knowledge that no Indiana Inheritance Tax was due by reason of the death of JOHN VAJDA.

Affiant further states that all outstanding debts and obligations of the decedent, JOHN VAJDA, including funeral expenses and expense of last illness, were fully paid and discharged and that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

that there is no estate proceeding pending and there are no outstanding claims or obligations against said decedent.

Affiant further sayeth not OFFICAL

This Document is the Lake Count ANNA M. KUCIK, Affiant

STATE OF INDIANA*********COUNTY OF SS:

Before me, the undersigned, a Notary Public for County, State of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State Of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State Of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State Of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State Of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State Of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State Of Indiana, personally appeared ANNA M. KUCIK, who acknowledged the execution of this instrument this 19 day of County State Of Indiana, personal this instrument this 19 day of County State Of Indiana, personal this instrument this 19 day of County State Of Indiana, personal this instrument this 19 day of County State Of Indiana, personal this instrument this 19 day of County State Of Indiana, personal this instrument this 19 day of County State Of Indiana, personal this instrument this 19 day of County State Of Indiana, personal this instrument this 19 day of County State Of Indiana, personal this ins

THIS INSTRUMENT PREPARED BY:

WILLIAM J. CUNNINGHAM, ATTORNEY #3471-45

HILBRICH CUNNINGHAM DOBOSZ VINOVICH & SANDOVAL, LLP

2637--45TH ST., HIGHLAND, IN 46322 PH: (219) 924-2427 FAX: (219) 924-2481

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.

William, J. Cunningham, Iltorney at Law

RETURN RECORDED INSTRUMENT TO: Attorney William J. Cunningham 2637 45th St., Highland, IN 46322

This Document is the property of the Lake County Recorder!



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SS# we	need t	o pursue	our respon ill be no pe	sibilities
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refreed "	7		A CONTRACTOR OF THE	

INDIANA STATE DEPARTMENT OF HEALTH

No	011.6.1.9.5. THE RECORDS IN THIS S	 ERIES ARE CONFIDENTIAL F	CERTIFICATE OF	DEATH	State N	lo	* • • • • • * • • • • • • • • • • • • •
/PRINT IN	1. DECEASED—NAME (First N JOHN			2 SEX Male	34 TIME OF DEATH 5:30 A. M	January	16, 1995
ANENT		(Years) 81	Sb. UNDER I YEAR Sc. UND Months Days Hours		9, 1913	Czechos	nd State or Foreign Country) 10vakia
	No	80. YEAR LAST SERVED IN U.S. ARMED FORCES?	HOSPITAL Inpetient	<u>01H</u>	F DEATH (Check only one ER	_	
INT	95. FACILITY NAME (If not instant) 4229 Augus	uson give stress and number) sta Drive		Crown P		sa county of t Lake	
i _k	to, MARITAL STATUS (Specify) Married	11. SURVIVING SPOUSE (If water give maiden name) Anna Elko	124 DECECTION OF LOCATION	ents usual occupy ring most of working site Farmer	ATION (Give kind of work Do not use reared)	126. KIND OF SUSIN	ESS/INDUSTRY
	134 RESIDENCE—STATE Indiana	Lake	Crown Poin	n+	. I	Augusta D	rivo
	13e. ZIP CODE 13f. INSIDE C	ITY LIMITS 14 CITIZEN OF	15. WAS DECEDENT OF HISPANIC	ORIGIN7 16. R. apecury Cuban.	ACE—American Indian, Slack, White, etc.	17. DECED (Specify only I	ENTS EDUCATION Ighest grade completed)
	46307 13g: ON A FA	U.S.A.	Mexican, Puerto Rican, etc.)		Specify) White ME(First Middle Meiden Su	Damentary/Secondary (College (1-4) or 5 + 2
5	1	Vajda	20h MAN ING ADDRESS		Mary Copal Was Route Number. City or To	Ç.	ZGc. Relationship
ANT	Anna Vajo	da	4229 Augusta	Dr. Crow	n Point,In.		Wife
	Burial Cremation Donation Other (Spec	Removel from State	other place) Januar Calume	18, 1995 Park Cem	etery 1	Merrillyil	le,Indiana
ITION	220. EMBALMER'S NAME Robert A. C1 240. SIGNATURE OF PUNERAL S		FD08700735		23 WAS DEATH REPORTE No Q Yes ME ADDRESS, AND UCEN	*	
	Robert A.	Capin	24b. LICENSE NUM (of Licenseed) FD08700	A Gei	sen Funeral	Home, Inc.	
OF	28. PART I. Enter the clean property of the control	PART LAND CONTROL OF COURT OF CO	caused the death. Do not enter nonspecific on each line. CAR CINOMA O (ORAS A CONSEQUENCE OF):	econder	TRE AS	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Approximate Interval Between Onser and Death
1	Conditions, if any, which gave rise to the immediate capital strong the underlying	7 14 10	O OR AS A CONSEQUENCE OF:				er tim sett, nime entjentim sekin seunipein met.
	PART II. Other manifement conductor		in trut not previously essted in Part L	27. WAS DECEDENT PREGNANT OR 9 POSTPARTUM? (Yes or no) NO	28a. WAS AN A PERFORME (Yes at 20)	D7 AV	ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? (Yes or no) NO
	(Check only one)	HEALTH OFFICER On the basis	e best of my knowledge, deem occurred a of examination sud/or investigation, in my ination and/or investigation, in my opinion	pinion, death occurred a	at the time, date, and place, or	d due to the cause(s) as	
R	29b. SIGNATURE AND TITLE OF		is chalmed,	THE PARTY OF THE P	29c. MEDICAL LICENSE NI 0/034369	D. 29d DA1	E SIGNED (Month Day, Year)
	Zafar U. Kh	nalid, M.D., 9	OO P, Broadway, Mer	rillville	, Indiana 4	46410	×
	31. HEALTH OFFICERS SIGNATU	Wepanous	D. Yvilliana	M.D		Bru	FILED (Month Day, Year) LANY 17, 199
l	33, MANNER OF DEATH	34a. DATE OF INJ. (Adonth, Day, Y		NJURY AT WORK? Yea or no)	344. DESCRIBE HOW	INJURY OCCURRED	V 25.
ĺ	Investigano	a					
	Accident Investigation Suicide Could not to Determined	34n PLACE OF IN. be building stc. (5	JURY—At home, farm, street, fectory, offic pecify)	34. LO	CATION (Street and Number	r or Aural Route Number	City or Town, State)

EXhibit "A"

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Decedent's Legal Name (First, Middle, Last)		***************************************	1a. Maiden Nas	003801: ne (If femicle)	2.5		No 01696 Time Of Death	4. Date Of Death (Month/Day/Yea
INA VAJDA Social Security Number 8a. Ags - Yrs	6b. Under 1 Year	6c. Under 1 Month	ELKO 6d. Under 1 Day	Se. Under 1 Hour	FE 7. Date of Birth (MALE MonityDay(Year)	04:51 AM 8 Birthplace (City	04/14/2014 and State or Foreign Country)
95	Months	Days	Hours	Minutes	06/20	/1918	BRADDOCK	(PA
rar in U.S. Armed Forces? 10. If Deet	h Occurred in A Hos	spitel:		10a. If Death Occu	rred Somewhere Of Decadent's	_ ,	tal rsing Home/Long-term	Care Facility
and the second of the second o		Department Outpatient	Dead on Arrival	Other (Specify)	****			
facility Name (If Not Institution, Give Stree A HOSPICE CENTER	t and Number)				ž.,			
City Or Town, State, And Zip Code				13. County (l	us At Time Of Death Married, But Separated 🔲 Divorce
LPARAISO, IN, 46383		1.482	(If Wife)Give Meide	PORTER		cedents Usual Oc	☑ Widowed	☐ Never Married ☐ Unknown 17. Kind Of Bushass/Industry
Cuttoning Openional Nation			. (ii sano/chae meme	II Farat Leature	10. De	Commits Columbia	жиданин .	W. Kind Of Ousewswinduriny
Residence - State	188.	County		18b. City Or To		EMAKER		HOME
DIANA	. LAK	E .	w <u>x.</u>	CROWN PO	YNT			
Street And Number	1		TO NAME OF THE PARTY OF			18d, Apt No	o, 184. Zip Ç	ode 16f. Inside City Limits
29 AUGUSTA DRIVE	5	*				<u> </u>	463	07 ☐ Yes 🖾 No
Decedent's Education	20	Decedent Of Hispan	ilc Origin	21. E	ecedent's Race			
H GRADE OR LESS Father's Name (First, Middle, Last)	No	OT HISPANIC		White			1	
enter o Mansa (Lust' Mindia' (1921).				23. Mother's Name (ritat, Middle, Last)		23a, Mc	oliwi'a Maiden Last Nema
KE ELKO		24a, Relationship To	o Dacadani	ZUZANNA EL 246, Meiling Addres		ar City Shets 76	JENK	0
NA M KUCIK		DAUGHTER	Salara Maria	9011 NORRIS		TEXTOS TANCES (SEE)		
			25. Plas	e Of Disposition				
Method Of Disposition Burial		ace Of Disposition (Na	me Of Cematery, Cre	matory, Other Piace)	25c. Localion - (City, Town, And S	inle	
Removal From State Other (Specify):	CALL	JMET PARK C	EMETERY 1	ment	MERRILL	/IN ⊑ IN		
		a Address Of Funeral F			TANELY STEELS	Thomas 114	i i	27a. Funeral Home Ucense Numbe
Yes ⊠ No BUI	RNS FUNER	AL HOME (CR	OWN POINT				i i	
Sconture Of Indiana Funeral Service Licen	***		A	i, 10101 BRO	DWAY, CR	WN POIN	T. IN 46307	FH83002445
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MES E BURNS , BY ELECT	RONIC SIGN	ATUREDOG	eument	is the p	roper	27c. Ucenze No FD207000	imber (Of Licensee):	Approximate
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