STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) **SS:**
COUNTY OF LAKE)

PARCEL NO. 45-11-21-101-010.000-036
Return to: Attorney Steve H. Tokarski
7803 W. 75th Ave., Suite 1, Schererville, IN 46375

AFFIDAVIT OF SURVIVORSHIP

Stephen R. Lukasik, after being duly sworn upon his oath states as follows:

1) That Stanley Lukasik and Dolores J. Lukasik, held the following real estate in Lake County, Indiana, jointly as husband and wife and more particularly described as:

That Part of the West one half of Section 21, Township 35 North, Range 9 West of the Second Principal Meridian, in Lake County, Indiana, described as follows: Starting at the Northwest corner of Section 21 and running thence South on the West line thereof, a distance of 800.96 feet to the place of beginning; thence South 88 degrees 42 minutes 00 seconds East parallel to the North line of said Section 21, a distance of 1091.47 feet to the West right of way line of the New York Central Railroad; thence South 0 degrees 05 minutes 34 seconds West along said West right of way line, a distance of 297.34 feet; thence North 88 degrees 42 minutes 00 seconds West a distance of 450.00 feet; thence South 0 degrees 05 minute 34 seconds West a distance of 361.11 feet; thence North 88 degrees 42 minutes 00 seconds West a distance of 639.97 feet to the West line of aforesaid Section 21; thence Northerly along said West line 658.43 feet to the place of beginning, except therefrom that part along the West side thereof taken as right of way for U.S. Highway 41.

Commonly known as: 7865 US 41, St. John, Indiana.

2) Dolores J. Lukasik died testate on the 5th day of November, 2004. No estate has been opened for Dolores J. Lukasik, nor is one contemplated nor planned to be opened. No state nor

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29226 PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

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federal inheritance or estate taxes are due and owing. A certified copy of Dolores Josephine Lukasik's death certificate is attached hereto and made a part hereof.

Dated this 23rd day of December, 2014.

Stephen R. Lukasik, Affiant

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

Before me, the undersigned, a Notary Public, in and for said County and State this 23rd day of December, 2014, personally appeared: ***Stephen R. Lukasik*** and acknowledged the execution of the foregoing Affidavit of Survivorship. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My Commission Expires:
Nov. 30, 2018

Notary Public

County of Residence:
Lake

Printed: David Steven Tokarski

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.

Steve H. Tokarski

This Instrument Prepared by: Steve H. Tokarski, Attorney at Law, 7803 West 75th Avenue, Suite 1, Schererville, IN 46375. (219)322-1271. E-mail address: tokarskilaw@comcast.net

ION ESTATE: The Social Security # is requested by this state agency in order to its statutory responsibility. Disclosure is ary and there will be no penalty for refusal.

al No. 2693-04

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No. .....

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-37-1-10

E/PRINT IN MANENT ICK INK

1. DECEASED—NAME (First, Middle, Last): DOLORES JOSEPHINE LUKASIK
2. SEX: FEMALE
3a. TIME OF DEATH: 6:45 PM
3b. DATE OF DEATH (Month, Day, Yr.): November 5, 2004
4. *SOCIAL SECURITY NUMBER: [redacted]
5a. AGE—Last Birthday (Years): 71
5b. UNDER 1 YEAR: Months / Days
5c. UNDER 1 DAY: Hours / Minutes
6. DATE OF BIRTH (Mo, Day, Yr): OCTOBER 28, 1933
7. BIRTHPLACE (City and State or Foreign Country): CHICAGO, ILLINOIS
8a. WAS DECEDENT A U.S. VETERAN? NO
8b. YEAR LAST SERVED IN U.S. ARMED FORCES? N/A
9a. PLACE OF DEATH (Check only one. See instructions): HOSPITAL: ☒ Inpatient ☐ ER/Outpatient ☐ DOA; OTHER: ☐ Nursing Home ☐ Other (Specify) ☐ Residence

IDENT

9b. FACILITY NAME (If not institution, give street and number): ST ANTHONY MEDICAL CENTER
9c. CITY, TOWN, OR LOCATION OF DEATH: CROWN POINT
9d. COUNTY OF DEATH: LAKE
10. MARITAL STATUS (Specify): MARRIED
11. SURVIVING SPOUSE (If wife, give maiden name): STANLEY LUKASIK
12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): HOMEMAKER
12b. KIND OF BUSINESS/INDUSTRY: OWN HOME
13a. RESIDENCE—STATE: INDIANA
13b. COUNTY: LAKE
13c. CITY, TOWN, OR LOCATION: LOWELL
13d. STREET AND NUMBER: 17207 STATE LINE ROAD
13e. ZIP CODE: 46356
13f. INSIDE CITY LIMITS: ☐ No ☒ Yes
13g. ON A FARM? ☒ No ☐ Yes
14. CITIZEN OF WHAT COUNTRY: USA
15. WAS DECEDENT OF HISPANIC ORIGIN? ☒ No ☐ Yes (If yes, specify Cuban, Mexican, Puerto Rican, etc.)
16. RACE—American Indian, Black, White, etc. (Specify): WHITE
17. DECEDENT'S EDUCATION (Specify only highest grade completed): Elementary/Secondary (0-12): 12; College (1-4 or 5 +):

ENTS

18. FATHER'S NAME (First, Middle, Last): WILLIAM JARYSZAK
19. MOTHER'S NAME (First, Middle, Maiden Surname): EMILY SULSKI

RMANT

20a. INFORMANT'S NAME (Type/Print): STANLEY LUKASIK
20b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code): 17207 STATE LINE RD., LOWELL, IN 46356
20c. Relationship: HUSBAND
21a. METHOD OF DISPOSITION: ☐ Entombment ☒ Burial ☐ Cremation ☐ Removal from State ☐ Donation ☐ Other (Specify) _____
21b. DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place): NOVEMBER 9, 2004 FULLER CEMETERY
21c. LOCATION—City or Town, State: LOWELL, INDIANA

OSITION

22a. EMBALMER'S NAME: MARC MOSQUEDA
22b. EMBALMER'S LICENSE NO.: FD08800240
23. WAS DEATH REPORTED TO CORONER? ☒ No ☐ Yes
24a. SIGNATURE OF FUNERAL DIRECTOR: Rick Miller
24b. LICENSE NUMBER (of Licensee): FD20400030
25. NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME: FAGEN MILLER FUNERAL HOME FH10200006, 8580 WICKER AVENUE, ST. JOHN, INDIANA 46373

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26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter nonspecific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death)
a. SEVERE CORONARY ARTERY DISEASE — Approximate Interval Between Onset and Death: One year
DUE TO (OR AS A CONSEQUENCE OF):
b. CARDIOGENIC SHOCK — one week
DUE TO (OR AS A CONSEQUENCE OF):
c.
DUE TO (OR AS A CONSEQUENCE OF):
d.

Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last

PART II. Other significant conditions - Conditions contributing to death but not previously stated in Part I.

27. WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? (Yes or no): NO
28a. WAS AN AUTOPSY PERFORMED? (Yes or no): NO
28b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no): NO

TIFIER

29a. CERTIFIER (Check only one)
☒ CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ HEALTH OFFICER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated.
☐ CORONER On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER: Nguyen MD
29c. MEDICAL LICENSE NO.: 01033686
29d. DATE SIGNED (Month, Day, Year): 11/9/04

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 26) (Type/Print): Thach Nguyen 2000 E 86th Pl Merrillville, IN 46410
31. HEALTH OFFICER'S SIGNATURE: Susan B Burt D.O.
THIS CERTIFIES THE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
32. DATE FILED (Month, Day, Year): November 9, 2004

33. MANNER OF DEATH: ☐ Natural ☐ Pending Investigation ☐ Accident ☐ Suicide ☐ Could not be Determined ☐ Homicide
34a. DATE OF INJURY (Month, Day, Year)
34b. TIME OF INJURY
34c. INJURY AT WORK? (Yes or no): JUN 13 2008
34d. DESCRIBE HOW INJURY OCCURRED
34e. PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)
34f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
34g. DATE PRONOUNCED DEAD (Month, Day, Year)
34h. MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.