STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 031165

2015 MAY 20 AM 9:38

MICHAEL B. BROWN RECORDER

SURVIVING JOINT TENANCY AFFIDAVIT

ROSEMARY SZEPLAKAY, hereby referred to as the Affiant, states under oath that the Affiant was acquainted with FRANK SZEPLAKAY, at the time of death, the decedent was one of the owners of property, by virtue of a properly recorded Joint Tenancy Deed, said property located in Lake County, State of Indiana, and legally described as follows:

LOT NO. TWENTY-THREE (23), IN BLOCK NO. SIX (6), AS MARKED AND LAID DOWN ON THE RECORDED PLAT OF FRANK HAMMOND'S ADDITION TO HAMMOND. INDIANA, IN LAKE COUNTY, INDIANA, AS THE SAME APPEARS OF RECORD IN PLAT BOOK 17, PAGE 19 IN THE RECORDER'S OFFICE OF LAKE COUNTY, INDIANA.

PARCEL NO. 45-07-04-377-015.000-023

ADDRESS: 2621 163RD PLACE

HAMMOND, IN 46323

That the decedent had no interest in any business or partnership, nor held any power of appointment at death, nor created any remainder interest in property by transfer with retention of a life interest therein or the creation of interest to take effect in possession or enjoyment after death;

That the decedent died on April 4, 2014, per attached Death Certificate, leaving no Last Will and Testament;

That the total value of decedent's probate estate was \$ 0.00.

That the State Estate/Inheritance Tax and the Federal Estate Tax, if any was due from the decedent's estate, has been paid in full;

The affiant states no more.

Subscribed and sworn to before me this

day of

OFFICIAL SEAL NANCY T WOLFRAMSKI

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:01/26/18

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.

PETER B. CANALIA, Attorney

This instrument prepared by: Peter B. Canalia, Atty., 8840 Calumet Avenue, Ste. 205, Munster, IN 46321

L:\ESTATE PLANNING\Szeplakay, Rosemary (IN)\SURVIVING JOINT TENANT AFFIDAVIT-INDIANA.wpd

FILED

MAY 18 2015

JOHN E. PETALAS LAKE COUNTY AUDITOR 012235

\$1.000V \$1.000V \$1.000V

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

	1010	<u> </u>	DR No 0000	<u> </u>	<u> </u>		ate No			
Local No 00 Decedent's Legal Name (First, Middle, Las	it)	4	1a. Maiden Nam	e (If femalé)		2. Sex	3. Time Of	Death	4. Date	Of Death (Month/Day/Yea
RANK SZEPLAKAY	# :	J O Hadard Ma	nth 6d. Under 1 Day	6e. Under 1 Hour	7 Date of F	MALE Birth (Month/Day/Ye	08:15		and State	04/04/2014 or Foreign Country)
Social Security Number 6a. Age - Yrs	6b. Under 1 Yea							,		
Ever in U.S. Armed Forces? 10. If De	Months eath Occurred In A Ho	Days ospital:	Hours	Minutes 10a. If Death Occurr		7/19/1922 ere Other Than A H		MMOND	, IIN	
Yes ☐ No ☐ Unknown ☐ Inpa	tient 🔲 Emergency		ient Dead on Arrival	Hospice Facility Other (Specify)	⊠ Dece	dent's Home	Nursing Ho	me/Long-term	Care Faci	lity
Facility Name (If Not Institution, Give Str 21 163RD PLACE	eet and Number)									
City Or Town, State, And Zip Code				13. County Of	Death		1 ' '	Marital State		Of Death But Separated 🔲 Divor
MMOND, IN, 46323				LAKE] Widowed	☐ Nev	er Married 🔲 Unknow
Surviving Spouse's Name			15a. (If Wife)Give Maide	n Last Name	11	3. Decedent's Usua	l Occupation	ו	17. Kind	Of Business/Industry
SEMARY SZEPLAKAY			CASSADAY			ECTRICAL	FOREM	AN	SINCL	AIR OIL
Residence - State	18	a. County		18b. City Or Tow	1					
DIANA	LA	KE		HAMMOND		18d, Ap	• No	18e. Zip C	`ode	18f. Inside City Limit
: Street And Number						Ιου, Αρ	L 140.	100. 2.10	,ouc	☑ Yes ☐ No
21 163RD PLACE		00 D	0425	21 D	cedent's Ra	re		463	23	
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DMPLETED Father's Name (First, Middle, Last)	<u> </u>	NOT HISPAN	IIC	White 23. Mother's Name (F		Last)		23a. M	lother's Ma	aiden Last Name
SEF SZEPLAKAY Informant's Name		24a. Relationsh	nip To Decedent	MARY SZEPL 24b. Mailing Address		Number, City, State	e, Zip Code)	NAG`	Y	
OSEMARY SZEPLAKAY WIFE				2621 163RD PLACE, HAMMOND, IN 46323						
				ce Of Disposition						
i. Method Of Disposition Burial Cremation Donation	I	Place Of Disposition	(Name Of Cemetery, Cr	ematory, Other Place)	25c. Loca	tion - City, Town, A	nd State			
Removal From State		MAIOOD OEL	ACTEDY		LANAN	OND, IN				
Other (Specify): Was Coroner Contacted? 2	7. Name And Comp	IVOOD CEN			TIAMIN	OND, IIV			27a. Fu	neral Home License Nun
] Yes ⊠ No	OOKEN EUN		INC., 7042 KEN	INIEDV AVENII	IE		8333		EH10	600033
b. Signature Of Indiana Funeral Service L	icensee:		ING., 1042 KEI	NINEDI AVENC	L, HAIV	27c. Licens	e Number (0	Of Licensee):	111100	300000
SE G. CORONA , BY ELE	CTRONIC SI	GNATURE				FD0860	13/3			
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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 voluntary and there will be no penalty for refusal.