

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.

Rosemary Szeplakay
ROSEMARY SZEPLAKAY

Subscribed and sworn to before me this
5th day of May, 2015.

Nancy T. Wolfranski
Notary Public



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
PETER B. CANALIA, Attorney

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

FILED

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MAY 18 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$1000 ✓
\$13.00
M.E
#6387



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No 001073

EDR No 00000378261

State No

1. Decedent's Legal Name (First, Middle, Last) FRANK SZEPLAKAY				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 08:15 AM		4. Date Of Death (Month/Day/Year) 04/04/2014	
5. Social Security Number [REDACTED]		6a. Age - Yrs 91		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) 07/19/1922		8. Birthplace (City and State or Foreign Country) HAMMOND, IN									
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> Dead on Arrival				10a. If Death Occurred Somewhere Other Than A Hospital <input type="checkbox"/> Hospice Facility <input checked="" 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) 2621 163RD PLACE											
12. City Or Town, State, And Zip Code HAMMOND, IN, 46323						13. County Of Death LAKE			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 ROSEMARY SZEPLAKAY				15a. (If Wife) Give Maiden Last Name CASSADAY				16. Decedent's Usual Occupation ELECTRICAL FOREMAN		17. Kind Of Business/Industry SINCLAIR OIL	
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HAMMOND					
18c. Street And Number 2621 163RD PLACE						18d. Apt. No.		18e. Zip Code 46323		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			20. Decedent Of Hispanic Origin NOT HISPANIC			21. Decedent's Race White					
22. Father's Name (First, Middle, Last) JOSEF SZEPLAKAY				23. Mother's Name (First, Middle, Last) MARY SZEPLAKAY				23a. Mother's Maiden Last Name NAGY			
24. Informant's Name ROSEMARY SZEPLAKAY			24a. Relationship To Decedent WIFE			24b. Mailing Address (Street And Number, City, State, Zip Code) 2621 163RD PLACE, HAMMOND, IN 46323					
25. Place Of Disposition											
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) ELMWOOD CEMETERY				25c. Location - City, Town, And State HAMMOND, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility BOCKEN FUNERAL HOME INC., 7042 KENNEDY AVENUE, HAMMOND, IN 46323						27a. Funeral Home License Number: FH10600033			
27b. Signature Of Indiana Funeral Service Licensee: JOSE G. CORONA, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD08601373					
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)										Approximate Interval: Onset To Death	
A. <u>CIRRHOSIS</u>										Due to (Or As A Consequence Of):	
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. _____	
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 type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 year Before Death		32. If Female: <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Unknown 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 Hammond, IN		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: MATTHEW A. MAZUR, BY ELECTRONIC SIGNATURE						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: MATTHEW A. MAZUR, 5454 HOMAN AVE., HAMMOND, IN 46311						44. License Number 02003607A		45. Date Certified 04/04/2014			
46. Additional Funeral Service Provider:											
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): APR 07 2014					
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)											