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STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD

2015 067670

2015 OCT 21 AM 10:19

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

PARCEL NO. 45-18-13-300-011.000-037  
Return to: Attorney Steve H. Tokarski  
7803 W. 75<sup>th</sup> 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, held a life estate in the following real estate in Lake County, Indiana, more particularly described as: S1/2 SW 1/4 S.13 T.33 R.10 86.56 A C Commonly known as: 17207 State Line Road, Lowell, Indiana.

2) Stanley Lukasik died testate on the 3<sup>rd</sup> day of May, 2014. An unsupervised estate was opened for Stanley Lukasik in the Lake Superior Court, Lake County, Indiana under cause number 45D04-1407-EU-00019. No state nor federal inheritance or estate taxes are due and owing.

3) A certified copy of Stanley Lukasik's death certificate is attached hereto and made a part hereof.

Dated this 21<sup>st</sup> day of September, 2015, at Porter, Indiana.  
Stephen R. Lukasik  
Stephen R. Lukasik, Affiant

STATE OF INDIANA )  
                          ) SS: Before me, the undersigned, a Notary Public, in and for said  
COUNTY OF LAKE ) County and State this 21<sup>st</sup> day of September,  
2015, 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: 06/29/2017  
County of Residence: Porter  
Printed: Debra L. Volk  
Debra L. Volk 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.

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



CHICAGO TITLE INSURANCE COMPANY

**FILED**

SEP 29 2015

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CT  
AT

JOHN E. PETALAS  
LAKE COUNTY AUDITOR  
CTIC has made an accommodation  
recording of the instrument

83803c



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 17494

Local No 001405

EDR No 00000383288

State No 020195

Form fields including: 1. Decedent's Legal Name (STANLEY P LUKASIK), 2. Sex (MALE), 3. Time Of Death (08:30 PM), 4. Date Of Death (05/03/2014), 5. Social Security Number, 6a. Age - Yrs (84), 7. Date of Birth (05/01/1930), 8. Birthplace (HAMMOND, IN), 11. Facility Name (17207 STATELINE ROAD), 13. County Of Death (LAKE), 14. Marital Status (Widowed), 15. Surviving Spouse's Name, 16. Decedent's Usual Occupation (OWNER), 17. Kind Of Business/Industry (STANS AUTO SALVAGE), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (LOWELL), 18c. Street And Number (17207 STATELINE ROAD), 18d. Apt. No., 18e. Zip Code (46356), 18f. Inside City Limits? (Yes), 19. Decedent's Education (8TH GRADE OR LESS), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Father's Name (PHILLIP LUKASIK), 23. Mother's Name (AGNES LUKASIK), 23a. Mother's Maiden Last Name (ZUREK), 24. Informant's Name (STEVE LUKASIK), 24a. Relationship To Decedent (SON), 24b. Mailing Address (9003 MORSE STREET, CROWN POINT, IN 46307), 25. Place Of Disposition (FULLER CEMETERY, LOWELL, IN), 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373), 27a. Funeral Home License Number (FH19900052), 27b. Signature Of Indiana Funeral Service Licensee (JAMES F BETKOWSKI), 27c. License Number (FD03200077), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications That Directly Caused The Death (ACUTE CARDIAC ARREST-CORONARY ARTERY DISEASE, HYPERTENSION, DIABETES MELLITUS TYPE II), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant), 33. Manner Of Death: (Natural), 34. Date Of Injury (None), 35. Time Of Injury (None), 36. Place Of Injury (None), 37. Injury At Work? (No), 38. Location Of Injury - State (None), 38a. City Or Town (None), 38b. Street And Number (None), 38c. Apt. No. (None), 38d. Zip Code (None), 39. Describe How Injury Occurred (None), 40. If Transportation Injury, Specify (None), 41. Signature, Of Person Certifying Cause Of Death (RANDALL LEE HILE), 42. Certifier (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (RANDALL LEE HILE, 1020 COMMERCIAL AVE, LOWELL, IN 46356), 44. License Number (01030234A), 45. Date Certified (05/05/2014), 46. Additional Funeral Service Provider (None), 47. Akas (None), 48. Signature of Local Health Officer (SUSAN W. BEST), 49. For Registrar Only - Date Filed (MAY 07 2014)



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