2	

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2015 067670

2015 OCT \_ I AM 10: 19

MICHAEL B. BROWN

STATE OF INDIANA

)

PARCEL NO. 45-18-13-300-011.000-037

) SS:

Return to: Attorney Steve H. Tokarski

**COUNTY OF LAKE** 

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, 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.  This Document is the property of
Dated this 2/ day of Size and 2015 unty Responsed Subant
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 213 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 TRY June L. Volk Notary Public
County of Residence: Dorter Printed Debra L. Volle
I affirm under the penalties for perjury that I have taken reasonable care to reduct each social security number in this document, unless
required by law.
This Instrument Prepared by: Steve H. Tokarski, Attorney et I 4w, 7803 West 75th Avenue, Suize 1, Schererville, IN 46375. (219)322-1271. E-mail address: tokarskilaw@comcast.net

SEP 29 2015

Leconding of the instrumodation recommodation of the instrumodation of the

015786

13-

83803c

## INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No. 17494

Local No 001405				EDR No 00000383288				State No 020195					
1. Decedent's Legal Name (F				1a. Maiden Na			2. Sex	3. Time Of			ath (Month/Day/Year)		
STANLEY P LUKAS							MALE		PM		/03/2014		
Social Security Number	Ba. Age-Yrs	6b. Under 1	Year 6c. Under 1	Month 6d. Under 1 Day	6e. Under 1 Hou	7. Date o	f Birth (Month/Da	ay/Year) 8. Bi	thplace (City ar	nd State or Fo	reign Country)		
	84	Months	Days	Hours	Minutes		05/01/1930		MMOND,	IN			
9. Ever in U.S. Armed Forces? 10. If Death Occurred In A Hospital: 10a. If Death Occurred Somewhere Other Than A Hospital Hospice Facility Decedent's Home Investigate Nursing Home/Long-term Care Facility													
Xes				patient Dead on Arriv	al Other (Specifi	y) 							
17207 STATELINE	ROAD	et and Number)											
12. City Or Town, State, And	Zip Code				13. County	y Of Death			. Marital Status ☐ Married ☐ M				
LOWELL, IN, 46356				·	LAKE		☐ Married ☐ Married, But Separated ☐ Div ☐ Widowed ☐ Never Married ☐ Unknot						
15. Surviving Spouse's Name				15a. (If Wife)Give Maio	den Last Name		16. Decedent's l	Jsual Occupation	1	17. Kind Of B	usiness/Industry		
							OWNER		s	TANS A	JTO SALVAGE		
18. Residence - State 1			18a. County		18b. City Or I	18b. City Or Town							
INDIANA 18c. Street And Number	····		LAKE		LOWELL		184	. Apt. No.	18e. Zip Coo	de I 1	8f. Inside City Limits?		
											☑ Yes ☐ No		
17207 STATELINE  19. Decedent's Education	ROAD		20. Decedent Of	Hispanic Origin	21	Decedent's f	2200		4635	6			
				,			(400						
8TH GRADE OR LE 22. Father's Name (First, Midd			NOT HISPA	INIC	23. Mother's Name		e, Last)	-	23a. Mot	ner's Maiden	_ast Name		
DUIL ID LUKAOUK					ACNIECTIVI	(A CII/			ZUDE	,			
PHILLIP LUKASIK 24. Informant's Name			24a. Relation	nship To Decedent	AGNES LUK 24b. Mailing Addre		nd Number, City,	State, Zip Code)	ZURE				
STEVE LUKASIK			SON		9003 MORS	E STREI	ET, CROWI	N POINT, I	N 46307				
25a. Method Of Disposition		21	Sh. Diaca Of Dienoeiti	25. P on (Mame Of Cemetery, C	lace Of Disposition	250 00	cation - City, Tow	n And State					
Burial □ Cremation □	Donation 🔲 Er		55. 1 1400 OT DIOPOGIA	on invario of company, c	51011tatory; 0 and 1 140		Olly, Tolli	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Removal From State Other (Specify):		F	ULLER CEME	JERY OCU	ıment	t ISW	ELL. W						
26. Was Coroner Contacted?	27.		mplete Address Of F			T A	T		2	27a. Funeral	Home License Number:		
☐ Yes 🏻 No	Fi	MWOOD	CHAPEL TT	), 11300 W 97TH	LN. SAINT J	OHN. IN	46373		F	H19900	052		
27b. Signature Of Indiana Fu JAMES F BETKOW				/	t is the r	rone	27c. L	ense Number (0	Of Licensee):				
				Cause Of Death (S	ee Instructions And	d Examples	1	20001			Approximate		
28. Part I. Enter The <u>Cha</u> Such As Cardiac Arrest, F	Respiratory Arre	ist, Or Ven <mark>tric</mark> i	ries, Or Comp <b>licatio</b> ular Fibrillation With	ns - That Directly Cause out Showing The Etiolog	ed The Death. Do No gy. Do Not Abbreviat	at Enter Term e. Enter Onl	ninal Events y One Cause Or	1			Interval: Onset To Death		
A Line. Add Additinal Line Immediate Cause (Final D	•		a in Dooth	A ACUTE CARRIAG	CARREST-CORON	ADV ADTER	OV DISEASE				YEARS		
immediate Cause (Final L	isease or con	altion Resultin	g in Death)	A. ACOTE CANDIAG	JAKKLO - COKOK	Due to (Or As	A Consequence Of):				TEMO		
Sequentially List Condition Line A. Enter The Underli	ns, If Any, Lead	ding To The C	ause Listed On	B. HYPERTENSION		Due to (Or As	A Consequence Of):				YEARS		
The Events Resulting In D			y That Initiated	C. DIABETES MELL	ITUS TYPE II	Due to /Or As	A Consequence Oi):				YEARS		
						Due to (O) As	A Consequence Oil.						
Part II. Enter Other Significant	Conditions Cont	ributing to Deat	h But Not Resulting I	n The Underlying Cause G	Givin In Part I	29. Was	An Autopsy Perfo	rmed?	☐ Yes	⊠ No			
PERNICIOUS ANEMIA						30. Were	Autopsy Finding			se Of Death?	☐ Yes ☐ No		
31. Did Tobacoo Use Contrib  ☐ Yes ☐ Probably ☒ No			f Female; Not Pregnant Within Past Yea	r Pregnant At Time Of Death	Not Pregnant; But Pri	egnant Within 42 D		3. Manner Of De Natural 🔲 Ho		cident 🔲 Pe	ending Investigation		
34. Date Of Injury (Month/Da		5	Not Pregnant, But Pregnant 4		ace Official or Pregnant	Within The Part Y		Suicide Co			ury At Work?		
	,,				HE RECORD	N FILE V	NITH THE				Yes No		
38. Location Of Injury - State		38a.	City Or Town	386	Street & WILLIAMS OF HE	ALTH DE	PARTMENT		38c. Apt. No.	38d. Z	ip Code		
		* 1			SE MAN	70.00							
39. Describe How Injury Occi	ırred			Tay.	WOLLAND STEEL	8 201	40	). If Transportati Driver/Operator	on Injury, Specif		ipecity)		
41. Signature, Of Person Ce	rtifying Cause Of	Death:		100	William .		/	(Check Only On	IACLIA	ALIDI	UNLESS		
RANDALL LEE HIL  43. Name, Address And Zip 0				_	Deidon u	Esp	Certifyin	g Physician 44. License	Coroner		th Officer		
		, ,		LA	KE COUNTY F	EALTH (	FFICER	∦. ;					
RANDALL LEE HIL  46. Additional Funeral Service		OMMERC	JIAL AVE, LO	VVELL, IN 46356				0103023 47. *Akas:	4A		05/05/2014		
48. Signature of Local Health	Officer:						49. For Registr	i	iled (Month/Da	v/Year)·			
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE MAY 07 2014													
	* *************************************		AME	NDMENT TO CERTIFIC	ATE OF DEATH (E	NTRY OR O	RIGINAL)	1					
								! !					
								1 1,					

State Form 53395 ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to pursue responsibility. Disclosure is voluntary arRAISED SEALORES XED