0

Chicago Title Insurance Company

1501486

SURVIVORSHIP AFFIDAVIT

On		
	Joseph PAloski, Jr	
to me pers	sonally known, who being duly sworn on oath did say that:	
1.	_	
2.	Affiant is OWNER cstate interest of affiant in the above premises as "owner", "son of owner", etc.	
3.	Said premises were formerly owned as joint tenants or as tenants by the entireties by Joseph Paloski, Jr and Carole A. Paloski	
4.	Said NORDE PRESENTANT (fill in name of co-tenant who died) died on This Documents the property of	ø
5.	(insert "a" or "no"; if will left, attach a copy	727
6.	Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes If yes, then estimated taxes due are \$	
	The taxes due are paid or unpaid	D
	hon-com oct 01 2019	5
	18-00 21989 JOHN E. PETA O-T	LAS JDITOR
	to me per 1. 2. 3. 4.	2. Affiant is State interest of affiant in the above premises as "owner", "son of owner", etc. 3. Said premises were formerly owned as joint tenants or as tenants by the entireties by Social Palaski and Carole 1. Palaski 4. Said Chill in name of co-tenant who died) This Document is 4. Said Chill in name of co-tenant who died) the Lake County Recorder! will; (insert "a" or "no", if will left, attach a copy 5. The legal description of the premises in question is: Attached legal 6. Is there rederal or State international decedent? Yes The taxes due are paid or unpaid. FILE OCT 0 1 2011

7. Where this affidavi	t relates to a tenancy by the entireties, were the parties ever
divorced?	NO
(If answer is "Yes"	, identify the divorce proceedings:
):
8. Affiant's relationsh	ip to the deceased was
	Signature: Noseph Jaloski Ja
	Printed Name Joseph Paloski, Jr
	Address: 1355 W 360 N
	(Rufordaville IN 4793)
Subscribed and sworn	to be overte the metails on sept. 21, 2015
This	QT OFFICIAL!
	County Recorder!
	ary Public
Printed Name_	
My County of Residen	ice is: KEVIN ZAREMBA
In the State of	My Commission Expires December 9, 2019
My Commission Expir	res
This ins	strument prepared by Joseph Priloski, Jr
	DIANA
	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.

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Tracking No.

47940

Loca	/ Local No 000806				DR No 000000436454					State No 011591				
Decadent's Legal Name (First, Middle, Last)					1a. Maiden Name (If female) 2.			2. Sex	3. 1	ime Of	e Of Death 4. Date Of Death (Month/Da		Death (Month/Day/Year)	
CAROLE A PALOS 5 Social Security Number		6b. Under 1	Year 6c. Und	er 1 Month	STANISH 6d. Under 1 Day	6e. Under 1 Hou	7. Dal	FEM	ALE nth/Day/Year)	11:26			03/02/2015 Foreign Country)	
-	74	Months	Days		Hours	Minutes	-	02/40/4	042	EAG	ET CHIC	AGO IN	ı	
9. Ever in U.S. Armed Forces	71 s? 10. If Dea	ath Occurred in			nous		Inutes 03/19/1943 EAST CHICAGO, IN Oa. If Death Occurred Somewhere Other Than A Hospital							
Yes No Unknown Inpatient Emergency Department Outpatient Dead on Arrivat														
	11 Facility Name (If Not Institution, Gave Street and Number) 10122 PRAIRIE AVENUE													
12. City Or Town, State, And	Zip Code					13. County	Of Death					us At Time C		
HIGHLAND, IN, 463	322										Married Married, But Separated Diverced Widowed Never Married Unknown			
15. Surviving Spouse's Name	n Last Name							of Business/Industry						
JOSEPH PALOSKI								HOMEN	AKER			DOMES	TIC	
18. Residence - State			18a. County			186 City Or To	OWN	<i></i>	***************************************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	The state of the s		
INDIANA			LAKE			HIGHLAND)							
16c. Street And Number									18d. Apt. No.		18e. Zip (code	181. Inside City Limits?	
10122 PRAIRIE AVI	ENUE							ļ			463	22	⊠ Yes □ No	
19. Decodent's Education HIGH SCHOOL GR	ADUATE C	D CED	20. Decedent	Of Hispan	ic Origin	21.	Decedent	's Race						
COMPLETED	ADUATEC	IN GED	NOT HIS	PANIC		Whi								
22. Father's Namo (First, Midd	le, Last)					23. Mother's Name	(First, Mic	kito, Last)			23a. M	other's Maid	en Lasi Name	
EDWARD STANISH	١					SUSAN STA	NISH				SABO	CIK		
24 Informant's Name		***************************************	24a. Rela	bonship To	Decedent	24b. Mailing Addre	ss (Street	And Number,	City, State, Zip	Code)				
TRISIA MC CARTH	Y		DAUG	HTER	***************************************	1355 WEST	300 ST	TREET N	ORTH, CR	AWF	ORDSV	ILLE, IN	47933	
25a. Method Of Disposition		25	5b. Place Of Dispo	sition (Ner	25. Plax me Of Cemetery, Cre	ce Of Disposition matory, Other Place) 25c.	Location - City	, Town, And Sta	te				
☐ Buriel ☐ Cremation ☐	Donation 🔲 En	tombment												
Removal From State Other (Specify).		Н	EIGHTS GR	EMAT	DRY CTTT	nent	Gh.	CAGO H	EIGHTS, I					
26. Was Coroner Contacted?	27.	Name And Co	mpleta Address O	Funeral f	acity		10					27a Fune	ral Home License Number.	
⊠ Yes □ No	LIN	COLN RI	DGE FUNE	RAL H	OME, 7607 M	V. LINCOLN	HGHW	AY, CRO	WW POIN	T, IN	46307	FH8880	00070	
27b. Signature Of Indiana Fun ELI VUJKO, BY ELE	eral Service Lice	nsoo: SIGNAZ	IRE.						7c. Liòenso Nun DO100830		Licensee);			
				Dog	se Of Death (Sec	Restructions And	Eample	erty	01		*********		Approximate	
28 Part I, Enter The Chain Such As Cardiac Arrest, Ro	ospiratory Arres	iseasies, Injun it, Or Venincu	ies, Or Complica Par Fibrillation W	itions Thi	at Directly Caused wing the Etiology.	The Death Do Not Do Not Abbreviate	Enter Te	minal Event	STOHS IS A	TRU	E COPY	OF	Interval: Onset To Death	
A Line, Add Additinal Lines Immediate Cause (Final Di	s in Necessary.				CHF	•		1178	E RECORE COUNTY) ON	FILE WI	TH THE	T	
minipolate Cause (Film Di	seaso or corn	non cosmon	j in Deauly	~ ~	p 1 C		Due to (Ur	A Consequence	E-(XI)	inches page for page			' 1	
Sequentially List Conditions Line A Enter The Underlyi	s, If Any, Leadi	ing To The Ca	suse Listed On	В			Owe to (Or	A & A Consequence	MAR	1 9	2015	1		
The Events Resulting In De		asse of injury	Tital Willetted	C	ma. un respensable de la constantina d				Total ever printerior and		2010	<u> </u>		
İ							District (Or	A Carinequence	(Of)	~~~	2 4		1	
Part II Enter Other Significant C	onditions Contri	buting to Death	But Not Resulting	g In The Ut	nderlying Cause Givi	n In Part I	28. Wa	An Autopsy	Performed?	4	. D.You	57 No		
							30. W	LAN Quanta Anton En	E COUNT	To Com	plete The Ca	use of Deat	h? ☐ Yes ☐ No	
31. Did Tobacco Use Contribut	e To Doath?		Female:	·	egnaril Al Tirse Of Death	Not Presented Sub Pres		2 Days Of Goath	33. Mariser			coded [Pending Investigation	
Yes Probably No		[] He	d Fregnand, fluid Program		year Bakers Death	Uddays X Program V	form The Pas	i Taur	☐ Suicide	Cou	d Not Be De	termined		
34 Date Of Injury (MonityDay/	Year)	35, 1	irne Of Injury		V OR LAN	e (SFIN) ury (P. G., De	cedent's H	lome, Constru	cton Site, Resta	iurary, V	Mooded Area		Injury At Work?	
38. Location Of Injury - State		382 (City Or Town	unangangan jagangan mangkita kalada da da da jih ja	2 385 a Sir	eni 8 Number					38c Apt. N		. Zip Code	
.,											•			
39 Describe How Injury Occum	ed								40. If Trans	portation	n Injury, Spe	cify:		
					ELL AL	LA LILLY	***************************************		[] Defensi Opera	tor []P	TON	VALI	O'UNLESS	
41 Signature, Of Person Certif SUSAN RAMIREZ, E			GNATURE		Thin!	Allinin			nther (Check Orthlying Physicia		Coronar		Heidh Officer	
43. Name, Address And Zip Code Of Person Certifying Cause Of Death:								MANUAL SALESSA COMBINA OL ISA CAMBADA MANAGAMAN MANAGAMA	and the street street	se Number 45 Date Certified				
SUSAN RAMIREZ , 919 MAIN STREET, DYER, IN 46311							0105	5919	919A 03/09/2015					
40. Additional Funeral Service Provider.									'Ahas:					
							egistrar Only -	y - Oate Filed, (Month Day/Year):						
SUSAN W. BEST, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								1 N	AR 10 2	2015				
	CONTRACTOR	***************************************	CAT!		. 10 -4111110/1	- or accounted	011			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 and RAISED SEAL AFFIXED

Order No.: 1501486 Revision No. 1

EXHIBIT "A"

THE WEST 50.2 FEET OF LOT 3 PLAT OF CORRECTION, WHITE OAK ESTATES OF HIGHLAND BLOCK 2, TO THE TOWN OF HIGHLAND, AS RECORDED IN PLAT BOOK 82 PAGE 15 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Property Address: 10122 Prairie Avenue, Highland, IN 46322

#45-07-32-426-009.000-026



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