

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD 2015 SEP 10 AM 9: 26 MICHAEL B. BROWN RECORDER

AFFIDAVIT

I, Joseph Chervenak, being duty swornestate as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incorpetent ument is the property of

2. Steve G. Chervenak and Kathleen S. Chervenak, husband and wife, were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows: 0690

Lot two (2), Unit Three (3), Meadows 3rd Addition to the Town of Highland, Lake County, Indiana, as shown in Plat Book 44, Page 77.

Tax Key No.: 45-07-29-406-002.000-026

Commonly known as \$117 41st Place Highland, IN 46322

7401 W 91 Place, Crown Point, IN 46307 Affiant's Address:

3. Steve G. Chervenak and Kathleen S. Chervenak acquired title as joint lenants with right of survivorship to said real estate by deed of conveyance on the 31st day of July, 1975, and recorded in the Office of the Lake County Recorder on the 5th day of August, 1975 as Document No. 310951.

4. Steve G. Chervenak and Kathleen S. Chervenak jointly held title to said real estate until the death of Steve G. Chervenak on the 15th day of December, 2010, at which time Kathleen S. Chervenak acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Steve G. Chervenak.

FILED 22225

OCT 0 8 2015

JOHN E. PETALA LAKE COUNTY AUDITOR

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SEP 1 0 2015

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.

Joseph Chervenak, Affiant

STATE OF INDIANA

COUNTY OF LAKE

Document is NOT OFFICIAL!

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Joseph Chervenak, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

Signed and sealed this 157 day of September, 2015

My commission expires: 02/13/2018

Signature: New A. Potacki

Resident of: Lake County, Indiana

OMIZON

"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A, Schererville, IN 46375; (219) 864-7800

INDIANA STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

Local No..... State No..... 4 Date Of Death (Month/Day/Year) 1a Maiden Last Name (If Female) 2 Sex G. STEVE **CHERVENAK** DEC. 15, 2010 N/A MALE 8:05 AM 6a. Age - Yrs 5. Social Security Number 8. Birthplace (City 6b. Under 1 Year Sc. Linder 1 Month 6d Under 1 Day 7. Date Of Birth (Month/Day/Year) And State Or Foreign Country) 70 **CZECHOSLOVAKIA** AUG. 20, 1940 Minutes Months 9. Ever In U.S. Armed Forces X Yes No Unknown ☐ Inpatient ☐ Emergency Department Outpatient ☐ Dead On Arrivat ☐ Hospico Facility 🛛 Decedent's Home 📋 Nursing Home/Long-Term Care Facility 🗖 Other (Specify) 11. Facility Name (If Not Institution, Give Street And Number) 2117 41ST, PL. 12, City Or Town, State, And Zip Code 13. County Of Death 14. Mardal Status At Time Of Death HIGHLAND LAKE Married Married, But Separated Divorced ☐ Widowed ☐ Hever Married ☐ Unknown 15. Surviving Spouse's Name 15a /If Wife\Give Maiden Last Name 16 Decedent's Usual Occupation 17 Kind Of Business Industry KATHLEEN CHERVENAK SASSE INLAND STEEL COMPENY STEELWORKER 18. Residence - State 18b. City Or Town INDIANA LAKE HIGHLAND 18c. Street And Number 18d Apt No 18e. Zip Code TBI. Inside City Limits X Yes O No 2117 41ST. PL. 46322 19. Decedent's Education 12YRS. + 1YR. COLLEGE 22. Father's Name (First, Middle, Last) 23. Mother's Name (First, Middle, Last) 23a. Molher's Maiden Last Name This Document is the Annaperty of **GEORGE** CHERVENAK KUDRACS 74 Informant's Name 24 negationship to Describit Ou 1246, Mailing address (Street And Number, City, State, Zin Code KATHLEEN CHERVENAK 2117 41st. PL. HIGHLAND WIFE IND. 46322 25. Place Of Disposition 25s. Method Of Disposition 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) 25c. Location - City, Town, And State ☐ Burjal ☐X Cremation ☐ Donation ☐ Entomb ☐ Removal From State HEIGHTS CREMATORY DEC. 20, 2010 CHICAGO HTS... ILLINOIS Other (Specify) 26. Was Coroner Contacted 27a. Funeral Home License Number LINCOLN RIDGE FUNERAL HOME 7607 W. LINCOLN HWY. CROWN POINT, ¥ Yes □ No 46307 INDIANA 88800070 27b, Signature Of In 27c. License Number (Of Licensee) FD01.008300 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 Ventiquiar Fibrillation Without Showing The Efology. Do Not Abbreviate. Enter Only One Cause On
A Line. Add Additional Lines If Necessary. Approximate Interval Onset To Death UNKNOWN VASCULAR COLLAPSE Immediate Cause (Final Disease Or Condition Resulting In Quality TO ARTERIOSCLEROTIC HEART AND VASCULAR DISEASE Sequentially List Conditions, If Any, Leading To The Cause Listed On Line A. Enter The Underlying Cause (Disease Or Injury That Initiated Due To (Or As A Conseq () The Events Resulting In Death) Last Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In 29. Was An Autopsy Performed?

Yes No
30. Were Autopsy Findings Available To Complete The Cause Of Death. Yes 110 31. Did Tobacco Use Contribute To Death? 33. Manner Of Death ☐ Yes ☐ Probably ☐ No KUnknown □ Hol Pregnant Within Past Year □ Pregnant Al Time Of Doath □ Hol Pregnant, But Pregnant Within 42 Days Of Doath □ Hol Pregnant, But Pregnant 43 Days To 1 Year Beloro Death □ Unknown If Pregnant Within The Past Year X Natural | Homicide | Accident | Pending Investigation D Steined Could had Bo Determined

On Site, Restaurant, Wooded Area)

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ON PARTITION OF THE CERTIFICATION OF THE OF THE CERTI 34. Date Of Injury (Month/Day/Year) 35 Time Of Injury 36. Place Of Injury (E.G., Decedent's Home, 38. Location Of Injury - State TAKE TOWNEY HE ALFORDED WHINGS IT 38a. City Or Town 38b. Street & Number 40. If Transportation injury, Specify 39 Describe How Injury Occurred ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify) 41. Signature, Of Person Certifying Cause Of Dealt 42, Certifier (Check Only One) 🗇 🕁 tillying Physician 🔀 Coroner 🗆 Health Officer 45. Date Certified DONNA 43 Hame, Address And Zip Code Of Person Certifying Cause Of Death 2900 WEST 93RD AVENUE, CROWN POINT, INDIANA 46307 DEC. 16, 2010 N/A 46 Additional Funeral Service Provide 47 *Akas 49. For Registrar Only - Date Filed (Month/Day/Year 46. Signature of Local Health Officer Sucar D But D.O. Dag am how Do