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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 069987

2015 OCT 14 PM 12:46

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Marion Gail Siuba, being duly sworn, states as follows:

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

This Document is the property of

2. I am the owner in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot 71, in Ventura Estates, Unit No. 3, an addition to the Town of St. John, as per plat, thereof, recorded in Plat Book 56, page 34, in the Office of the Recorder of Lake County, Indiana.

Grantee Address/Commonly known as: 8555 Judith Lane
St. John, IN 46373

3. The decedent, Kenneth E. Siuba, and myself acquired title as husband and wife to said real estate by deed of conveyance on the 6th day of May, 1994 and recorded in the Office of the Lake County Recorder as Document No. 94034847.

4. The decedent and myself jointly held title to said real estate until the death of my husband Kenneth E. Siuba on the 20th day of May, 2015, at which time I acquired title to the real estate as the surviving owner pursuant to property law. See attached Death Certificate for Kenneth E. Siuba.

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.

Marion Gail Siuba
Marion Gail Siuba, Affiant

FILED

OCT 14 2015

JOHN E. PETALAS
LAKE COUNTY AUDITOR

22302

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W44
#7749

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 7th day of October, 2015.

My commission expires: 09/06/2022



"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 - RESUBMIT

Tracking No. 54639

Local No 001747

EDR No 000000450019

State No 024726

1. Decedent's Legal Name (First, Middle, Last) KENNETH E SIUBA				1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 08:30 PM	4. Date Of Death (Month/Day/Year) 05/20/2015		
5. Social Security Number	6a. Age - Yrs 57	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) 09/22/1957		8. Birthplace (City and State or Foreign Country) CHICAGO, IL		
9. Ever in U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) ST MARGARET MERCY HEALTHCARE CENTERS-DYER						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		
12. City Or Town, State, And Zip Code DYER, IN, 46311			15. Surviving Spouse's Name MARION GAIL SIUBA		15a. (If Wife) Give Maiden Last Name RYLEY		16. Decedent's Usual Occupation SALES MANAGER		17. Kind Of Business/Industry FOREMOST PLASTIC PRODUCT	
18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town ST. JOHN		18d. Apt. No.	18e. Zip Code 46373	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
18c. Street And Number 8555 JUDITH LANE	19. Decedent's Education BACHELOR'S DEGREE (BA, AB, BS)		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White		22. Father's Name (First, Middle, Last) JOSEPH SIUBA			
22. Father's Name (First, Middle, Last) JOSEPH SIUBA	23. Mother's Name (First, Middle, Last) VIRGINIA SIUBA		23a. Mother's Maiden Last Name SYPNIEWSKI		24. Informant's Name MARION GAILSUBA		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 8555 JUDITH LANE, ST. JOHN, IN 46373	
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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 CHAPEL CREMATORY		25c. Location - City, Town, And State CEDAR LAKE, IN		26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373		
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility ELMWOOD CHAPEL LTD, 11300 W 97TH LN, SAINT JOHN, IN 46373		27b. Signature Of Indiana Funeral Service Licensee: JAMES F BETKOWSKI, BY ELECTRONIC SIGNATURE		27c. License Number (Of Licensee): FD09200077		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) A. CARDIOVASCULAR COLLAPSE 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. GIST TUMOR C. D.			
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31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		32. If Female: <input type="checkbox"/> Not Pregnant Within Past Year <input type="checkbox"/> Pregnant At Time Of Death <input type="checkbox"/> Not Pregnant, But Pregnant Within 42 Days Of Death <input type="checkbox"/> Not Pregnant, But Pregnant 43 Days To 1 Year Before Death <input type="checkbox"/> Unknown If Pregnant Within The Past Year		33. Cause Of Death (See Instructions And Examples) THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT MAY 26 2015		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)
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		
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number		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) NOT VALID UNLESS				
41. Signature, Of Person Certifying Cause Of Death: MARK ALLAN FELDNER, 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: MARK ALLAN FELDNER, 9660 WICKER AVENUE, SAINT JOHN, IN 46373						44. License Number 01034622A		45. Date-Certified 05/26/2015		
46. Additional Funeral Service Provider:						47. *Aliases:				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): MAY 26 2015				



AM
49: 05/22/2015
AM
49: 05/22/2015
15a: RILEY
49: 05/25/2015

45: 5/21/2015 12:00:00 AM
3-AM/PM: AM