

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2015 088489

2015 DEC 30 PM 3: 32

MICHAEL B. BROWN
RECORDER

INDIANA SMALL ESTATE AFFIDAVIT
RE: ADAM E. MINCHUK, SR., Deceased

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INCLUDES REAL ESTATE PARCEL NO. 45-03-31-203-012.000-023

I, Adam E. Minchuk, Jr., being first duly sworn upon my oath, state:

1. I am the son of the decedent, Adam E. Minchuk a/k/a Adam E. Minchuk, Sr., and my mailing and residence address is: 502 S. La Grange Rd., La Grange, IL 60525. I am making this affidavit on behalf of my brother, Edward A. Minchuk and myself as the sole surviving heirs of the deceased as identified below in accordance with Indiana Code §29-1-8-3.
2. The decedent, Adam E. Minchuk a/k/a Adam E. Minchuk, Sr., being one and the same person, died on June 17, 2013, and a copy of his death certificate is attached.

3. At least forty-five (45) days have elapsed since the death of the decedent.

4. The decedent died owning the following described real estate located in Lake County, Indiana:

**LOT 1, BLOCK 3, LASALLE ADDITION TO HAMMOND, AS PER PLAT
THEREOF RECORDED IN PLAT BOOK 14, PAGE 28, IN THE OFFICE OF THE
RECORDER OF LAKE COUNTY, INDIANA**

Commonly known as: 4906 Catalpa St., Hammond, IN 46427
Parcel No. 45-03-31-203-012.000-023

5. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
6. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration and reasonable funeral expenses.
7. The name and relationship to the decedent of each person that is entitled to the interest of Adam E. Minchuk, Sr., a/k/a Adam E. Minchuk, in the subject real estate and the nature and amount of the share to which each person is entitled, is as follows:

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JOHN E. PETALAS
LAKE COUNTY AUDITOR



Rec. 29. 2015

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Adam E. Minchuk, Jr. (son)
502 La Grange Road
La Grange, IL 60525

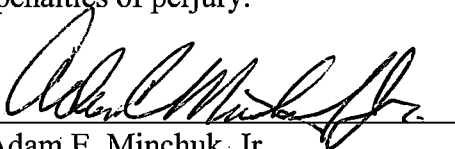
50% undivided interest in the decedent's interest in
the subject real estate, as a tenant in common.

Edward A. Minchuk (son)
5330 Columbia Ave.
Hammond, IN 46320

50% undivided interest in the decedent's interest in
the subject real estate, as a tenant in common.

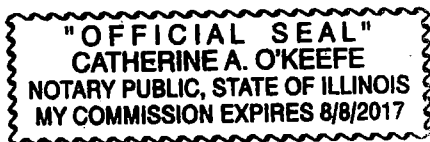
- 8. Each person's share was determined on the basis of the Decedent's Will.
- 9. No inheritance tax is due as a result of this transfer.

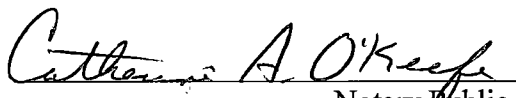
The foregoing statements are made under the penalties of perjury.


 Adam E. Minchuk, Jr.

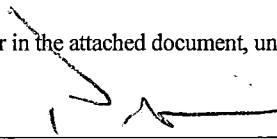
STATE OF IL)
) SS:
 COUNTY OF DuPage)

Subscribed and sworn to before me, a notary public, this 29th day of December, 2015




 , Notary Public

I affirm that I have taken reasonable care to redact each Social Security number in the attached document, unless required by law.







INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No 002118

EDR No 000000329141

State No 028874

1. Decedent's Legal Name (First, Middle, Last) ADAM E MINCHUK				1a. Maiden Name (If Female)		2. Sex MALE		3. Time Of Death 07:47 AM		4. Date Of Death (Month/Day/Year) 06/17/2013			
5. Social Security Number		6a. Age - Yrs 92		6b. Under 1 Year Months: Days: Hours: Minutes:		6c. Under 1 Month Days: Hours: Minutes:		6d. Under 1 Day Hours: Minutes:		7. Date of Birth (Month/Day/Year) 12/07/1920			
8. Birthplace (City and State or Foreign Country) CHICAGO, IL		9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input 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) COMMUNITY HOSPITAL													
12. City Or Town, State, And Zip Code MUNSTER, IN, 46321						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown				
15. Surviving Spouse's Name				15a. (If Wife) Give Maiden Last Name				16. Decedent's Usual Occupation MAINTENANCE ENGINEER		17. Kind Of Business/Industry ENTERTAINMENT			
16. Residence - State INDIANA			16a. County LAKE			16b. City Or Town HAMMOND			16c. Apt. No.		16d. Zip Code 46327		
16e. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			18c. Street And Number 4906 CATALPA STREET			18d. Apt. No.			18e. Zip Code 46327		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
19. Decedent's Education SOME COLLEGE CREDIT, BUT NOT A DEGREE				20. Decedent Of Hispanic Origin NOT HISPANIC				21. Decedent's Race White					
22. Father's Name (First, Middle, Last) FRANK MINCHUK				23. Mother's Name (First, Middle, Last) ANNA MINCHUK				23a. Mother's Maiden Last Name BASS					
24. Informant's Name ADAM E MINCHUK JR				24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 502 SOUTH LAGRANGE ROAD, LA GRANGE, IL 60525					
25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input checked="" type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify):				25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) MIAMI MEMORIAL				25c. Location - City, Town, And State MIAMI, FL					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322						27a. Funeral Home License Number: FH83003035					
27b. Signature Of Indiana Funeral Service Licensee: LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD01006015							
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 A Line. Add Additional Lines If Necessary.													
Immediate Cause (Final Disease Or Condition Resulting In Death)													
A. CALCIFIC MITRAL STENOSIS <small>Due to (Of As A Consequence Of):</small>													
B. HYPERTENSION <small>Due to (Of As A Consequence Of):</small>													
C. COPD <small>Due to (Of As A Consequence Of):</small>													
D. HYPOTHYROIDISM <small>Due to (Of As A Consequence Of):</small>													
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I													
CANDIDA SEPTIC SHOCK													
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" 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. Manner Of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could Not Be Determined					
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		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)					
41. Signature, Of Person Certifying Cause Of Death: M. ASEF RAHMANY, 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: M. ASEF RAHMANY, 2914 HIGHWAY AVE, HIGHLAND, IN 46322						44. License Number 01026043A		45. Date Certified 06/21/2013					
46. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						47. *Akas: LAKE COUNTY, IN, YES, 06/21/2013							
48. Additional Funeral Service Provider: VAN ORSDEL FUNERAL CHAPELS						49. For Registrar Only - Date Filed (Month/Day/Year): JUN 21 2013							

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)