

2016 014612

2016 MAR 11 AM 9:18

2015 076333

SURVIVORSHIP AFFIDAVIT  
RECORDER

STATE OF Indiana  
COUNTY OF Lake } SS:

→ Maria E Kozak, being first duly sworn upon oath, deposes and says:

1. That Stanislaw J Kozak died on 7-18 2010 at Munster IN (City/State)
2. That Stanislaw J Kozak and Maria E Kozak were duly and legally married the time they acquired title as husband and wife to the following described real estate:  
45-07-29-307-006.000-027  
9428 Chestnut LANE Munster, Indiana 463  
Lot 4 in Fairmeadow 8th addition, block 1, to the town of Munster, and plat thereof, recorded in plat book 40, Page 7 in the office of the Recorder of Lake County, Indiana
3. That the marital relationship, which existed between them at the time, they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.
4. That all funeral expenses in connection with the death of said decedent have been paid in full.
5. That all assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2015 NOV 13 AM 9:59  
MICHAEL B. BROWN  
RECORDER

Further affiant sayeth not.

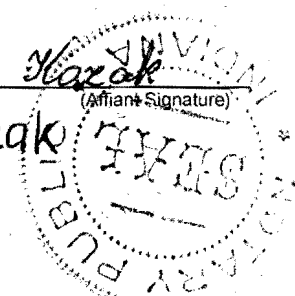
STATE OF Indiana  
COUNTY OF Lake

Before me, a Notary Public in and for said County and State, personally appeared Maria E Kozak who acknowledged the execution of the foregoing instrument, and who, having being duly sworn, stated that any representations therein contained are true. Witness my hand and Notary Seal this 21 day of October, 2015.

Resident of Lake County, Indiana

My Commission Expires: 4-30-22

Signature: Candice Ogden  
Printed: Candice Ogden



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. Maria E Kozak (Name)

This instrument prepared by SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: [Signature]

**FILED**  
NOV 13 2015  
23162  
JOHN E. PETALAS  
LAKE COUNTY AUDITOR

1 ref  
cash \$14.00 JS

Document being re-recorded to Add Affiant's printed name. MEK



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 2261-10

State No.

Form containing fields for decedent information (Stanislaw Kozak, July 18, 2010), social security number, date of birth (July 2, 1953), facility name (Community Hospital), marital status (Married), occupation (Mechanic), and cause of death (Lung Cancer). Includes signatures of certifying physician (Dr. Seth) and local health officer (Susan W. Best).

