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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 035322

2016 JUN -8 AM 11:03

1602536

SURVIVORSHIP AFFIDAVIT

MICHAEL S. BROWN
RECORDER

Comes now Mary Ann Balka, who being duly sworn upon Her oath, deposes and says:

That Mary Ann Balka is the surviving spouse of Kenneth A. Balka, deceased, who died domiciled in Lake County, Indiana, on November 5, 2014

That affiant and Kenneth A. Balka acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

LOT 54, LANTERN WOODS ADDITION, UNIT 5, TO THE TOWN OF ST. JOHN, AS SHOWN IN PLAT BOOK 42, PAGE 49, IN LAKE COUNTY, INDIANA.

Property address:
8583 Howard St., St. John, IN 46373
Tax ID No.: 45-11-30-129-008.000-035

Affiant states that Mary Ann Balka and Kenneth A. Balka continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Kenneth A. Balka's death. The Parties acquired title to the premises by Deed recorded _____ and Instrument Number _____ in the Office of the Recorder of Lake County, Indiana.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of certifying a transfer of title to the above-described real estate and to induce the appropriate County Authority of Lake County, Indiana, to transfer the above-described real estate to Mary Ann Balka.

Executed this 3rd Day of June, 2016

CHICAGO TITLE INSURANCE COMPANY



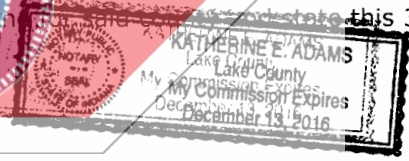
Mary Ann Balka
Mary Ann Balka

STATE OF INDIANA

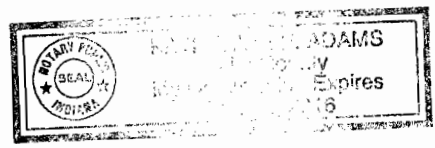
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for the State of Indiana, on this 3rd day of June, 2016.

Katherine E. Adams
Notary Public Katherine E. Adams
County of Residence: Lake
My Commission expires: 12/13/16



This document prepared by: Mary Ann Balka



File No. 1602536

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JUN 07 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

23300

CL# 18 20 50 0765



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH - RESUBMIT

Tracking No. 45075

Local No 003515

EDR No 00000413485

State No 050048

1. Decedent's Legal Name (First, Middle, Last) KENNETH A. BALKA				1a. Maiden Name (if female)		2. Sex MALE	3. Time Of Death 03:59 AM	4. Date Of Death (Month/Day/Year) 11/05/2014		
5. Social Security Number [REDACTED]	6a. Age - Yrs 73	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) 02/10/1941		8. Birthplace (City and State or Foreign Country) HAMMOND, IN		
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 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			
15. Surviving Spouse's Name MARY ANN BALKA			15a. (If Wife) Give Maiden Last Name CARROLL		16. Decedent's Usual Occupation OWNER		17. Kind Of Business/Industry AMERICAN SIGN COMPANY			
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 8583 HOWARD STREET		19. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White				
22. Father's Name (First, Middle, Last) ANTHONY BALKA			23. Mother's Name (First, Middle, Last) ELIZABETH BALKA			23a. Mother's Maiden Last Name KUTIE				
24. Informant's Name MARY ANN BALKA		24a. Relationship To Decedent WIFE		24b. Mailing Address (Street And Number, City, State, Zip Code) 8583 HOWARD STREET, ST. JOHN, IN 46373						
25a. Method Of Disposition <input checked="" type="checkbox"/> Burial <input 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) MEMORY LANES CEMETERY		25c. Location - City, Town, And State SCHERERVILLE, 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, 1300 W 97TH LN, SAINT JOHN, IN 46373					27a. Funeral Home License Number FH19900052			
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. RENAL INSUFFICIENCY, DIABETES Due to (Or As A Consequence Of): 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. REFRACTORY HYPOTENSION Due to (Or As A Consequence Of): C. PERIPHERAL VASCULAR DISEASE Due to (Or As A Consequence Of): D. SICK SINUS SYNDROME WITH PLACEMENT OF PACEMAKER Approximate Interval: Onset To Death 05/2013 10/2014 01/2012 04/2014			
Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I ACUTE RESPIRATORY FAILURE						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Finding Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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	
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		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: SHASHIDHAR DIVAKARUNI, BY ELECTRONIC SIGNATURE						42. Certifier (Check Only One): <input checked="" type="checkbox"/> Coroner <input type="checkbox"/> Health Officer <input type="checkbox"/> Carrying Physician				
43. Name, Address And Zip Code Of Person Certifying Cause Of Death: SHASHIDHAR DIVAKARUNI, 1730 45TH AVE., MUNSTER, IN 46321						44. License Number 01040667A		45. Date Certified 02/11/2015		
46. Additional Funeral Service Provider:						47. NOT VALID UNLESS				
48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year) FEB 11 2015				
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)										
28i-Cause A: RENAL INSUFFICIENCY 45: 11/5/2014 12:00:00 AM 49: 11/07/2014										

