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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now Patricia Kasper, being duly sworn upon her oath and states as follows:
1. That she is competent and has personal knowledge of the facts contained herein.
2. That at the time of his death, John Sapyta was the owner in fee simple of the following described real estate located at 2217 Martha Street, Apt. 1A, Highland, Indiana 46322 and more particularly described as follows:

Apartment A-1 in Chateau Burgundy in Les Chateaux Carres Condominium, Highland, as shown in Plat Book 41, page 68, a horizontal property regime as recorded as Instrument No. 208824, under date of June 28, 1973, in the Office of the Recorder of Lake County, Indiana.

Parcel No.: 45-07-29-232-015.000-026

- 3. That John Sapyta and May Ann Sapyta were husband and wife and acquired title as tenants by the entirety to said real estate.
- 4. That the marital relationship which existed between John Sapyta and Mary Ann Sapyta continued unbroken from the time they acquired title to said real estate until the death of John Sapyta on February 20, 2012.
- 4. That the gross value of the estate of John Sapyta was determined for purpose of Federal Estate Taxes was less than the value required for filing and his estate was not subject to Federal Estate Tax.
- 5. That the estate of John Sapyta was not subject to Indiana Inheritance Taxes.



Before me, the undersigned, a Notary Public, in and for said County and State, personally appeared Patricia Kasper and acknowledged the execution of the foregoing document. Witness my hand and seal this 13 day of June, 2016.

Resident of Lake County

My Commission Expires: 02/27/2024

Mail tax notices to: Mary Ann Sapyta, 2217 Martha Street, Apt. 1A, Highland, IN 46322

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.

FILED

JUN 20 2016

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

Joellen Pilipow

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2016-03838

STATE OF INDIANA
LAKE COUNTY
RECORDER OF DEEDS
2016 JUN 22 11 34 AM
MICHAEL J. BROWN
RECORDER



**INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

Local No **000605**

EDR No **00000246488**

State No

| | | | | | | | | | |
|---|----------------------------|---|--|--|--|--|---|--|---|
| 1. Decedent's Legal Name (First, Middle, Last) JOHN SAPYTA | | | | 1a. Maiden Name (If female) | | 2. Sex MALE | 3. Time Of Death 09:54 PM | 4. Date Of Death (Month/Day/Year) 02/20/2012 | |
| 5. Social Security Number [REDACTED] | 6a. Age - Yrs 95 | 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) 05/29/1916 | | 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 type="checkbox"/> Inpatient <input checked="" 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-HAMMOND | | | | | | | | | |
| 12. City Or Town, State, And Zip Code HAMMOND, IN, 46320 | | | | 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 MARYANN SAPYTA | | | 15a. (If Wife) Give Maiden Last Name JUREK | | | 16. Decedent's Usual Occupation ELECTRICIAN | | 17. Kind Of Business/Industry OIL REFINERY | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town HIGHLAND | | 18d. Apt. No. | | 18e. Zip Code 46322 | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 18c. Street And Number 2217 MARTHA 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) JOSEPH SAPYTA | | | | 23. Mother's Name (First, Middle, Last) STEPHANIE SAPYTA | | | 23a. Mother's Maiden Last Name OBOY | | |
| 24. Informant's Name MARYANN SAPYTA | | 24a. Relationship To Decedent SPOUSE | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 2217 MARTHA STREET, HIGHLAND, IN 46322 | | | | | |
| 25. Place Of Disposition | | | | | | | | | |
| 25a. Method Of Disposition <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Entombment <input type="checkbox"/> Removal From State <input type="checkbox"/> Other (Specify): | | 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place) HOLY CROSS CEMETERY | | | 25c. Location - City, Town, And State CALUMET CITY, IL | | | | |
| 26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 27. Name And Complete Address Of Funeral Facility LESNIAK FUNERAL HOME, INC., 4918 MAGOUN AVENUE, EAST CHICAGO, IN 46312 | | | | | 27a. Funeral Home License Number: FH83001601 | | |
| 27b. Signature Of Indiana Funeral Service Licensee: JOHN B. LESNIAK, BY ELECTRONIC SIGNATURE | | | | | | 27c. License Number (Of Licensee): ED01005491 | | | |
| 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. ADVANCED VASCULAR DEMENTIA | | Approximate Interval: Onset To Death N/A | |
| 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. | | | |
| | | | | | | C. | | | |
| | | | | | | D. | | | |
| Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I NONE | | | | | | 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 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. 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: NITIN S SARDESAI, 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: NITIN S SARDESAI, 9307 CALUMET AVENUE STE D 1, MUNSTER, IN 46321 | | | | | | 44. License Number: 01029300A | | 45. Date Certified 02/27/2012 | |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Akas: FD 29 2012 | | | |
| 48. Signature of Local Health Officer: SUSAN W. BEST, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): FEB 29 2012 | | | |
| AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL) | | | | | | | | | |

