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2016 040173

STATE OF INDIANA  
LAKE COUNTY  
FILED FOR RECORD  
2016 JUN 29 AM 10:23  
MICHAEL B. BROWN  
RECORDER

Case # FR1605068

**SURVIVORSHIP AFFIDAVIT**

**Comes now** Peter J Zolkes, who being duly sworn upon his oath, deposes and says:

**That**, Peter J Zolkes is the surviving spouse of Marjorie A Zolkes, deceased who died domiciled in Lake County, Indiana, on March 9, 2016.

**That** Peter J Zolkes and Marjorie A Zolkes acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

SEE ATTACHED EXHIBIT "A"

Affiant states that Peter J Zolkes and Marjorie A Zolkes 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 Marjorie A Zolkes's death.

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 pay the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record 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 Peter J Zolkes.

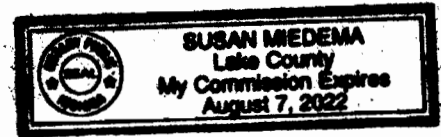
Executed: 6/24/16

Signature  
Peter J Zolkes

STATE OF INDIANA  
COUNTY OF LAKE

Subscribed and sworn to before me, a Notary Public in and for said county and state this 24th day of June, 2016.

*Susan Miedema*  
Notary Public Susan Miedema  
Resident of Lake County  
My Commission expires: 8/7/2022



Prepared by: Peter J Zolkes 936 169th Pl Hammond, IN 46324

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law Susan Miedema.

Return to: Peter J Zolkes 9518 Chestnut Lane Munster, IN 46321

**FIDELITY NATIONAL  
TITLE COMPANY**  
FR 1605068

**FILED**

JUN 27 2016

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

\$ 15  
FW  
CA

23861

EXHIBIT "A"

Property Address: 936 169TH PL., Tax ID No.: 45-07-07-302-023 000 000

THE LAND REFERRED TO HEREIN BELOW IS SITUATED IN THE COUNTY OF LAKE, STATE OF INDIANA,  
AND IS DESCRIBED AS FOLLOWS:

Lot 21 and the East 8 feet of Lot 20 in Ellyson's 1st Addition to the City of Hammond, as per plat thereof,  
recorded in Plat Book 22 page 12, in the Office of the Recorder of Lake County, Indiana.





INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Tracking No. 82535

Local No 000819

EDR No 00000500114

State No 011420

1. Decedent's Legal Name (First, Middle, Last) <b>MARJORIE A ZOLKES</b>				1a. Maiden Name (If female) <b>SCHUTZ</b>		2. Sex <b>FEMALE</b>	3. Time Of Death <b>03:57 AM</b>	4. Date Of Death (Month/Day/Year) <b>03/09/2016</b>	
5. Social Security Number <b>[REDACTED]</b>	6a. Age - Yrs <b>93</b>	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) <b>12/04/1922</b>		8. Birthplace (City and State or Foreign Country) <b>CALUMET CITY, IL</b>	
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) <b>MUNSTER COMMUNITY HOSPITAL</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46320</b>					13. County Of Death <b>LAKE</b>			14. Marital Status At Time Of Death <input checked="" 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 <b>SELF EMPLOYED</b>		17. Kind Of Business/Industry <b>HAIR DRESSER</b>	
18. Residence - State <b>INDIANA</b>			18a. County <b>LAKE</b>		18b. City Or Town <b>HAMMOND</b>			18d. Apt. No.	18e. Zip Code <b>46324</b>
18c. Street And Number <b>936 169TH PLACE</b>									
18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
19. Decedent's Education <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>			20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>			21. Decedent's Race <b>White</b>			
22. Father's Name (First, Middle, Last) <b>NICHOLAS SCHUTZ</b>				23. Mother's Name (First, Middle, Last) <b>ANNE SCHUTZ</b>			23a. Mother's Maiden Last Name <b>KEILMAN</b>		
24. Informant's Name <b>PETER J ZOLKES</b>			24a. Relationship To Decedent <b>SON</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>9518 CHESTNUT LANE, MUNSTER, IN 46321</b>				
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) <b>SOLAN PRUZIN FUNERAL HOME AND CREMATORY</b>			25c. Location - City, Town, And State <b>SCHERERVILLE, IN</b>			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility <b>SOLAN-PRUZIN FUNERAL SERVICE INC. DBA SOLAN-PRUZIN, 14 KENNEDY AVENUE, SCHERERVILLE, IN 46375</b>					27a. Funeral Home License Number: <b>FH10200037</b>		
27b. Signature Of Indiana Funeral Service Licensee: <b>DEAN G WAGNER, BY ELECTRONIC SIGNATURE</b>						27c. License Number (Of Licensee): <b>EP08800057</b>			
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 Ascertain Cause Of Death On One Cause Only. Add Additional Lines If Necessary.  Immediate Cause (Final Disease Or Condition Resulting In Death) <b>A. BRADYCARDIA</b> <small>Due to (Or As A Consequence Of):</small> <b>B. SECONDARY TO CORONARY ARTERY DISEASE</b> <small>Due to (Or As A Consequence Of):</small> <b>C.</b> <small>Due to (Or As A Consequence Of):</small> <b>D.</b>						28. Cause Of Death (See Instructions And Examples) <b>LAKE COUNTY HEALTH DEPARTMENT</b> <b>MAR 15 2016</b> <b>Susan W. Best, M.D.</b> <b>LAKE COUNTY HEALTH OFFICER</b>			
28. Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I						29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings 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: <b>PAULA BENCHIK-ABRINKO, BY ELECTRONIC SIGNATURE</b>						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: <b>PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394</b>						44. License Number <b>01045436A</b>		45. Date Certified <b>03/09/2016</b>	
46. Additional Funeral Service Provider:						47. *Age:			
48. Signature of Local Health Officer: <b>SUSAN W. BEST, VIA ELECTRONIC SIGNATURE</b>						49. For Registrar Only - Date Filed (Month/Day/Year) <b>MAR 10 2016</b>			

AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)

RAISED SEAL AFFIXED