

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2016 054458

2016 AUG 10 AM 10:57

MICHAEL B. BROWN
RECORDER

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STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT

I, Keith Zylo, being duly sworn, state as follows:

1. I am over the age of eighteen (18) and suffer from no disability which would render my testimony incompetent.

2. Donald F. Zylo (aka Donald Francis Zylo) and Sandra Zylo (aka Sandra Marlene Zylo, aka Sandra M. Zylo), husband and wife, were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows:

Lot Nine (9), Block Five (5), Subdivision of Blocks 5 and 8, Jansen's Oak Grove Addition to Griffith, as shown in Plat Book 27, page 98, in Lake County, Indiana.

Tax Key No.: 45-07-35-282-015-000-006

Commonly known as 516 N. Wheeler, Griffith, IN 46319

Affiant's Address: 9363 W. 158th Court, Lowell, IN 46356

3. Donald F. Zylo (aka Donald Francis Zylo) and Sandra Zylo (aka Sandra Marlene Zylo, aka Sandra M. Zylo) acquired title to said real estate as husband and wife as tenants by the entireties by deed of conveyance on the 20th day of February, 1963, and recorded in the Office of the Lake County Recorder on the 21st day of February, 1963 as Document No. 465042.

4. Donald F. Zylo (aka Donald Francis Zylo) and Sandra Zylo (aka Sandra Marlene Zylo, aka Sandra M. Zylo) jointly held title to said real estate until the death of Donald F. Zylo (aka Donald Francis Zylo) on the 21st day of May, 2016, at which time Sandra Zylo (aka Sandra Marlene Zylo, aka Sandra M. Zylo) acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for Donald F. Zylo (aka Donald Francis Zylo).



FILED

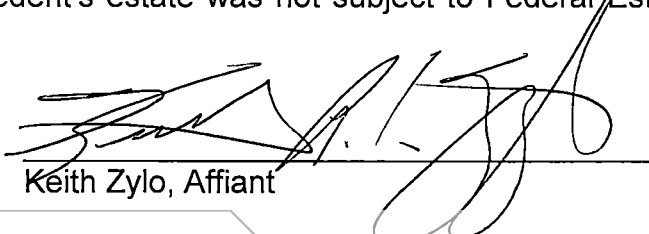
AUG 10 2016

JOHN E. PETALAS
LAKE COUNTY AUDITOR

004448

15.
CASH
for

5. The gross value of the estate of the decedent as determined for the purpose of Federal Estate Taxes was less than the value required for the filing of a Federal Estate Tax Return; therefore, the decedent's estate was not subject to Federal Estate Tax.



Keith Zylo, Affiant

STATE OF INDIANA
COUNTY OF LAKE

**Document is
NOT OFFICIAL!**


**This Document is the property of
the Lake County Recorder!**

Before me the undersigned, a Notary Public for Lake County, State of Indiana, personally appeared Keith Zylo, and, being first duly sworn by me upon oath, stated that the facts alleged in the foregoing instrument are true.

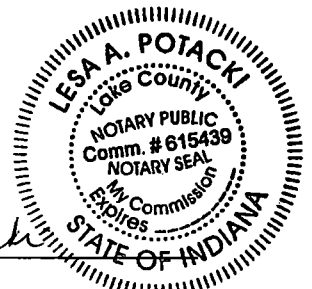
Signed and sealed this 1st day of August, 2016

My commission expires: 02/13/2018



Signature: 

Lesa A. Potacki
Resident of: Lake County, Indiana



"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." /s/Gary P. Bonk

This instrument prepared by: Gary P. Bonk, Attorney; 900 Parker Place, Suite A,
Scherville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

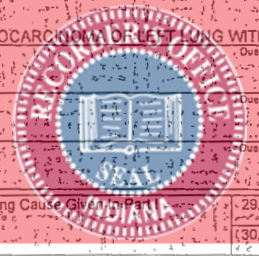
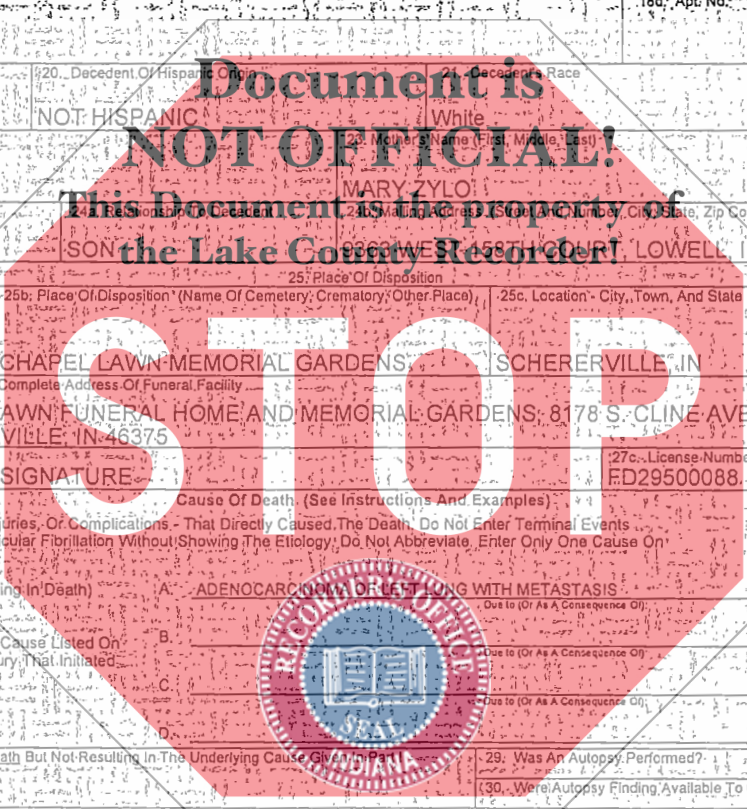
Tracking No 89093

Local No. 001659

EDR No. 000000513202

State No.

1. Decedent's Legal Name (First, Middle, Last) DONALD FRANCIS ZYLO		1a. Maiden Name (If female)		2. Sex MALE	3. Time Of Death 00:31	4. Date Of Death (Month/Day/Year) 05/21/2016	
5. Social Security Number	6a. Age - Yrs 78	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) 07/22/1937	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 type="checkbox"/> Emergency Department Outpatient <input type="checkbox"/> Dead on Arrival		10a. If Death Occurred Somewhere Other Than A Hospital <input checked="" 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) WILLIAM J. RILEY MEMORIAL RESIDENCE HOSPICE				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 SAUNDRA MARLENE ZYLO		15a. (If Wife) Give Maiden Last Name WILSON		16. Decedent's Usual Occupation CRANE OPERATOR	
17. Kind Of Business/Industry STEEL MILL		18. Residence - State INDIANA		18a. County LAKE		18b. City Or Town GRIFFITH	
18c. Street And Number 516 NORTH WHEELER STREET		18d. Apt. No.		18e. Zip Code 46319		18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
19. Decedent's Education 9TH - 12TH GRADE, NO DIPLOMA		20. Decedent Of Hispanic Origin NOT HISPANIC		21. Decedent's Race White			
22. Father's Name (First, Middle, Last) JOHN ZYLO		23. Mother's Name (First, Middle, Last) MARY ZYLO		23a. Mother's Maiden Last Name NA			
24. Informant's Name KEITH ZYLO		24a. Informant's Relationship To Decedent SON		24b. Informant's Address (Street, City, State, Zip Code) 9360 W. 458TH COURT, LOWELL, IN, 46356		24c. Informant's Telephone Number	
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) CHAPEL LAWN MEMORIAL GARDENS		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 CHAPEL LAWN FUNERAL HOME AND MEMORIAL GARDENS, 8178 S. CLINE AVE, SCHERERVILLE, IN 46375		27a. Funeral Home License Number FH19900051		27b. Signature Of Indiana Funeral Service Licensee SHELIA C. KIRBY - BY ELECTRONIC SIGNATURE	
27c. License Number (Licensee) ED29500088		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. ADENOCARCINOMA OF LEFT LUNG WITH METASTASIS		Approximate Interval: Onset To Death MONTHS		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input checked="" 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) MAY 24 2016		35. Time Of Injury	
36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH OFFICER		37. Injury At Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		38. Location Of Injury, State LAKE		38a. City Or Town LAKE	
38b. 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 checked="" type="checkbox"/> BICYCLIST UNLESS		41. Signature, Of Person Certifying Cause Of Death LYLE R MUNN - 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 LAKE COUNTY HEALTH OFFICER, 85 E. US HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383	
44. License Number 01031582A		45. Date Certified 05/24/2016		46. Additional Funeral Service Provider		47. Akas	
48. Signature Of Local Health Officer CHANDANA VAMILALA, VIA ELECTRONIC SIGNATURE		49. For Registrar Only - Date Filed (Month/Day/Year) MAY 24 2016		AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)			



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