



Chicago Title Insurance Company

SURVIVORSHIP AFFIDAVIT

On this 1-17-17 before me personally appeared Sylvia Wilk
(insert date)
5930 Hayes Place, Merrillville, IN 46410

to me personally known, who being duly sworn on oath did say that:

- Affiant resides at the address given below affiant's signature:
- Affiant is Owner
state interest of affiant in the above premises as "owner", "son of owner", etc.
- Said premises were formerly owned as joint tenants or as tenants by the entireties by Frank Albert Wilk and Sylvia Wilk;
- Said Frank Albert Wilk AKA Frank A. Wilk
(fill in name of co-tenant who died)
died on March 7, 1968 - death certificate attached leaving no will;
(insert "a" or "no"; if will left, attach a copy)

5. The legal description of the premises in question is:
 Lot 5 in Block 4 in County Club Second Addition - Section 1
 as per plat thereof, recorded in Plat Book 31 page 45, in the
 Office of the Recorder of Lake County, Indiana.
 Common Address: 5930 Hayes Place, Merrillville, IN 46410
 Parcel ID - 45-12-05-477-012.000-030

- Is there Federal or State inheritance tax liability by reason of the death of said decedent? Yes No
 If yes, then estimated taxes due are \$ N/A
 The taxes due are paid or unpaid..



2017 009376

MICHAEL B. BROWN
RECORDER

2017 FEB 13 AM 9:20

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

FILED
FEB 06 2017
JOHN E. PETALAS
LAKE COUNTY AUDITOR
010750

nc
\$16.00
E # 7531
m-2

7. Where this affidavit relates to a tenancy by the entireties, were the parties ever divorced? No

(If answer is "Yes" . identify the divorce proceedings:

_____):

8. Affiant's relationship to the deceased was Wife

Signature: *Sylvia Wilk*
Printed Name: Sylvia Wilk
Address: 5930 Hayes Pl.
Merrillville, IN 46410

Subscribed and sworn to before me by the affiant

This 1-17-17
(insert date)

Ervin C. Carstensen
Notary Public

Printed Name Ervin C. Carstensen

My County of Residence is: Lake

In the State of Indiana

My Commission Expires 7-1-17



This instrument prepared by Ervin C. Carstensen
ID 3141-45

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.

Ervin C. Carstensen

CORONER'S CERTIFICATE OF DEATH

APRIL 11, 1968

1. DECEASED—NAME	F R A N K A W I L K M A L E	DATE OF DEATH	MAR-7-1968
2. RACE (WHITE, NEGRO, AMERICAN-INDIAN, ETC. (SPECIFY))	WHITE	PLACE OF DEATH	COOK
3. BIRTHPLACE (STATE OR FOREIGN)	CHICAGO	CITY OF DEATH	CHICAGO
4. CITIZENSHIP	USA	COUNTY	COOK
5. AGE—LAST BIRTHDAY (YEARS, MONTHS, DAYS, HOURS, MIN.)	76 YRS 5 MO 24	DATE OF BIRTH (MONTH, DAY, YEAR)	8-14-1933
6. UNDER 1 YEAR	YES	IF NOT IN BIRTH, GIVE STREET AND NUMBER	
7. UNDER 1 DAY	NO		
8. HOSPITAL OR OTHER INSTITUTION—NAME	SOUTH CHICAGO HOSP.		
9. CITIZEN OF WHAT COUNTRY	USA	NAME OF SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	SYLVIA VRLICH
10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED	MARRIED	US WAR VETERAN, WAR OR DATES OF SERVICE (YES/NO)	YES
11. SOCIAL SECURITY NUMBER	INDIANA	INDIAN VETERAN, WAR OR DATES OF SERVICE (YES/NO)	NO
12. USUAL OCCUPATION	CARBORER	STREET AND NUMBER	5930 HAYES PL.
13. KIND OF BUSINESS OR INDUSTRY	FACTORY	CITY, TOWN, TWP. OR ROAD DISTRICT NO.	CHICAGO
14. RESIDENCE STATE	INDIANA	INSIDE CITY (YES/NO)	YES
15. FATHER—NAME	F R A N K J W I L K	MOTHER—MAIDEN NAME	V I C T O R I A F E L I W S K I
16. FIRST MIDDLE LAST	FRANK J WILK	STREET AND NO. OR R. F. D. CITY OR TOWN, STATE, ZIP	5930 HAYES PL CHICAGO ILL 60630
17. INFORMANT'S SIGNATURE	Frank J. Wilk	RELATIONSHIP	Father
18. PART I. DEATH WAS CAUSED BY:	MULTIPLE MYO CARDIOPATHY	APPROPRIATE INITIALS (DATE, TIME, SIGNATURE OF PHYSICIAN)	
19. IMMEDIATE CAUSE			
20. (a) DUE TO, OR AS A CONSEQUENCE OF:			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c) DUE TO, OR AS A CONSEQUENCE OF:			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH AND NOT LISTED IN PART I. (a) (b) (c)			
20a. ACCIDENT—DATE, TIME, PLACE, WEATHER, OR UNDERCIRCUMSTANCES: DATE OF INJURY—MONTH, DAY, YEAR; HOUR			
20b. INJURY AT WORK: PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. (SPECIFY) LOCATION			
20c. INJURY AT WORK: 20f. ON STAGE-67			
20d. I CERTIFY THAT IN MY OPINION, BASED UPON MY INVESTIGATION AND/OR THE INQUIRY, THIS DEATH OCCURRED ON THE DATE AT THE PLACE AND DUE TO THE CAUSE(S) STATED, AND THAT—			
CORONER'S SIGNATURE: Andrew J. Tompkins			
CORONER'S PHYSICIAN'S SIGNATURE: J. E. Kelly			
21a. BURIAL, CREMATION, REMOVAL (SPECIFY): CEMETERY OR CREMATORY—NAME: LOCATION: CITY OR TOWN: STATE: DATE SIGNED: 7-18-1968			
21b. FUNERAL HOME: NAME: STREET AND NUMBER OR R. F. D.: CITY OR TOWN: STATE: DATE SIGNED: MAR 11 1968			
21c. FUNERAL DIRECTOR'S SIGNATURE: Stanley Wm Lewis			
21d. FUNERAL DIRECTOR'S SIGNATURE: Stanley Wm Lewis			
21e. LOCAL REGISTRAR'S SIGNATURE: Samuel L. Andelman			

STATE OF ILLINOIS
COUNTY OF COOK
CITY OF CHICAGO } SS

I, Samuel L. Andelman, M.D., Local Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL AND BLUE SIGNATURE Are Affixed.



Samuel L. Andelman
LOCAL REGISTRAR