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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 043290

2017 JUL 14 AM 10:35

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

Barbara Esther Bosak by Theresa K. Bosak, Her Attorney In Fact, of adult age, being first duly sworn, upon deposes and says:

That Barbara Esther Bosak by Theresa K. Bosak, Her Attorney In Fact, is the Husband of John J. Bosak, deceased, who died on April 16, 1994 a resident of Lake County, Indiana.

That affiant and said decedent, as husband and wife acquired title to the following described real estate located in Lake County, IN to wit:

SEE ATTACHED LEGAL DESCRIPTION

and hereinafter sometimes called "the Real Estate" for convenience by a Deed from John J. Bosak recorded October 26, 1982 as Document No. 685322 in the Office of the Office of the Recorder of Lake County, Indiana.

That affiant and said decedent were legally married to one another at this time and that said marital relationship between them continued unbroken by divorce, dissolution or annulment of marriage, until the death of said decedent on the date hereinabove indicated.

That all debts, funeral expenses, and expenses of last illness of the decedent have been fully paid and satisfied. That the gross value of the estate of said decedent, including all jointly held property, all gifts made in the contemplation of death, or made within the three years next preceding said death, together with the value of all above described, plus the proceeds of all insurance on the life of said decedent, was an amount which was not subject to a Federal Estate Tax.

That the purpose of this affidavit is to induce the Auditor of the County in which said real estate is located to change the tax records, and, if necessary to show the title to the above described real estate in the name of Barbara Esther Bosak by Theresa K. Bosak, Her Attorney In Fact, surviving spouse of the decedent.

And further affiant sayeth not this 7th day of July, 2017.



Barbara Esther Bosak by Theresa K. Bosak, Her Attorney In Fact
Barbara Esther Bosak by Theresa K. Bosak, Her Attorney In Fact
2017-043289

State of Indiana, County of Lake ss:

Subscribed and sworn to before me, the undersigned, a Notary Public in and for the County and State aforesaid, this 7th day of July, 2017.

WITNESS my hand and Notarial Seal.

My Commission Expires: 1-21-22

Annette Martinez
Signature of Notary Public

Annette Martinez
Printed Name of Notary Public

Porter IN
Notary Public County and State of Residence



This instrument was prepared by:
Debra A. Guy, Attorney-at-Law, IN #24473-71 MI #P69602
202 S. Michigan Street, Ste. 300, South Bend, IN 46601

Property Address:
601 West 63rd Avenue
Merrillville, IN 46410

Grantee's Address and Mail Tax Statements To:
601 West 63rd Avenue
Merrillville, IN 46410

File No.: 17-19928

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. Debra A. Guy

FILED

JUL 12 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR 025475

HOLD FOR MERIDIAN TITLE CORP

25
MT
RW



2133324-1753

LEGAL DESCRIPTION

Parcel I:

A part of the Southwest 1/4 of the Northeast 1/4 of Section 9, Township 35 North, Range 8 West of the 2nd P.M., described as Commencing at a point on the North line of said tract which is 557-1/2 feet East of the Northwest corner of the Southwest 1/4 of the Northeast 1/4 of said Section 9; thence East along said North line, a distance of 142-1/2 feet to a point; thence running South parallel with the West line of the Southwest 1/4 of the Northeast 1/4 of said Section 9, a distance of 302.6 feet to a point; thence at an angle of 104 degrees 18 minutes, running Southwesterly a distance of 147.06 feet, more or less, to a point on a line which is 557-1/2 feet East of and parallel with the West line of said Southwest 1/4 of the Northeast 1/4; thence North along said last described line to the place of beginning, in Lake County, Indiana. EXCEPT: The West 1.3 feet.

Parcel II:

Access for Ingress and Egress over the North 25 feet as set out in Document recorded August 2, 1946 in Miscellaneous Record 452, Page 59.

Tax ID Number(s):

State ID Number Only

45-12-09-251-006,000-030



2133324-1753

IF FROM STATE. Disclosure of info we need to pursue our responsibilities untary and there will be no penalty for al.

INDIANA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

State No.

31 No. 0905-99

THE RECORDS IN THIS SERIES ARE CONFIDENTIAL PER IC 16-1-19-3

PRINT IN PERMANENT INK

IDENT

NTS

RMANT

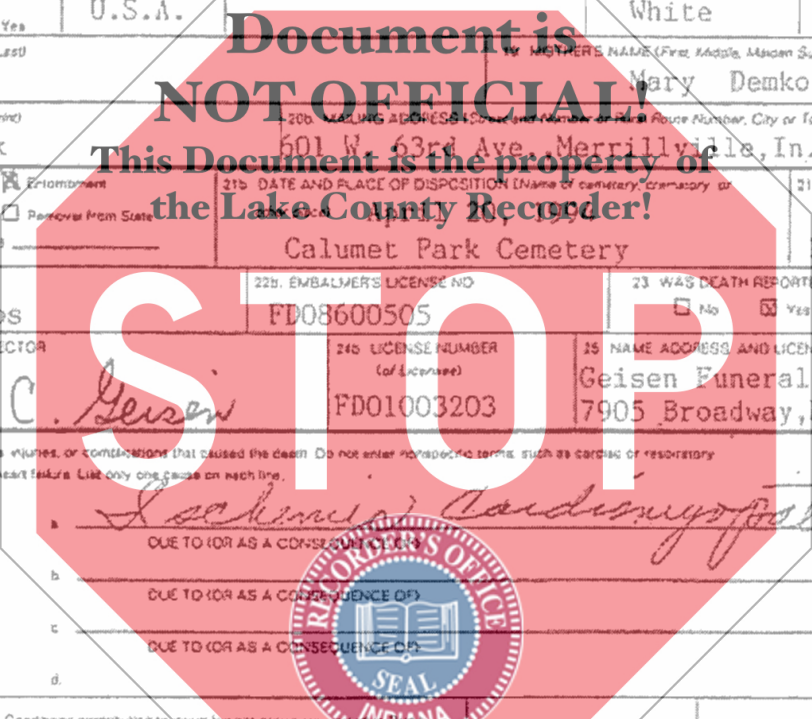
OSITION

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1 DECEASED—NAME (First, Middle, Last) JOHN JOSEPH BOSAK		2 SEX Male	3a TIME OF DEATH 9:45 P.M.	3b DATE OF DEATH (Month, Day, Yr) April 16, 1994	
4 *SOCIAL SECURITY NUMBER [REDACTED]	5a AGE—Last Birthday (Years) 72	5b UNDER 1 YEAR Months Days	5c UNDER 1 DAY Hours Minutes	6 DATE OF BIRTH (Mo, Day, Yr) January 6, 1922	
7 BIRTHPLACE (City and State or Foreign Country) Gary, Indiana	8a WAS DECEDENT A U.S. VETERAN? Yes	8b YEAR LAST SERVED IN U.S. ARMED FORCES? 1946	9a PLACE OF DEATH (Check only one. See instructions) HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DDA <input type="checkbox"/> DOA OTHER <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Residence		
9b FACILITY NAME (If not institution, give street and number) Methodist Hospital Southlake Campus		9c CITY/TOWN OR LOCATION OF DEATH Merrillville	9d COUNTY OF DEATH Lake		
10 MARITAL STATUS (Specify) Married	11 SURVIVING SPOUSE (If wife, give maiden name) Barbara Uhter	12a DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) Auto Dealer		12b KIND OF BUSINESS/INDUSTRY Auto	
13a RESIDENCE—STATE Indiana	13b COUNTY Lake	13c CITY/TOWN OR LOCATION Merrillville	13d STREET AND NUMBER 601 W. 63rd Avenue		
13e ZIP CODE 46410	13i INSIDE CITY LIMITS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 13j ON A FARM? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	14 CITIZEN OF WHAT COUNTRY? U.S.A.	15. WAS DECEDENT OF HISPANIC ORIGIN? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If yes specify Cuban, Mexican, Puerto Rican, etc.)	16 RACE—American Indian, Black, White, etc. (Specify) White	
17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 4 College (1-4 or 5+) 4		18. FATHER'S NAME (First, Middle, Last) John Bosak			
20a INFORMANT'S NAME (Type/Print) Barbara Bosak		20b MAILING ADDRESS (Street, Box Number, City or Town, State, Zip Code) 601 W. 63rd Ave., Merrillville, In. 46410		20c Relationship Wife	
21a METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other (Specify)		21b DATE AND PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Calumet Park Cemetery		21c LOCATION—City or Town, State Merrillville, Indiana	
22a EMBALMER'S NAME Alexis Thanos		22b EMBALMER'S LICENSE NO. FD08600505	23 WAS DEATH REPORTED TO CORONER? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
24a SIGNATURE OF FUNERAL DIRECTOR <i>William C. Geisen</i>		24b LICENSE NUMBER (of license) FD01003203	24c NAME, ADDRESS, AND LICENSE NUMBER OF FUNERAL HOME Geisen Funeral Home, Inc. FH83007762 7905 Broadway, Merrillville, In. 46410		
26 PART I Enter the diseases, injuries, or conditions that caused the death. Do not enter non-specific terms, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Ischemic cardiomyopathy				Approximate Interval Between Onset and Death	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Ischemic cardiomyopathy					
Conditions, if any, which gave rise to the immediate cause, stating the underlying cause last					
PART II Other significant conditions - Conditions contributing to death but not previously stated					
27 WAS DECEDENT PREGNANT OR 90 DAYS POSTPARTUM? No		28a WAS AN AUTOPSY PERFORMED? No	28b WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or no) No		
29a CERTIFIER (Check only one) <input checked="" type="checkbox"/> CERTIFYING PHYSICIAN To the best of my knowledge, death occurred at the time, date, and place and due to the cause(s) as stated. <input type="checkbox"/> HEALTH OFFICER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) as stated. <input type="checkbox"/> CORONER On the basis of examination and/or investigation in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.					
29b SIGNATURE AND TITLE OF CERTIFIER <i>Shannon K. McCarthy</i>		29c MEDICAL LICENSE NO. 01031401	29d DATE SIGNED (Month, Day, Year) 4/18/94		
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEXT 26) (Type/Print) Shannon K. McCarthy, M.D., 911 Broadway, Merrillville, Indiana 46410					
31 HEALTH OFFICER'S SIGNATURE <i>Alexander S. Williams, M.D.</i>			32 DATE FILED (Month, Day, Year) April 18, 1994		
33 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be Determined <input type="checkbox"/> Homicide		34a DATE OF INJURY (Month, Day, Year)	34b TIME OF INJURY	34c INJURY AT WORK? (Yes or no)	34d DESCRIBE HOW INJURY OCCURRED
34e PLACE OF INJURY—At home, farm, street, factory, office, building, etc. (Specify)		34f LOCATION (Street and Number or Rural Route Number, City or Town, State)			
34g DATE PRO-NOUNCED DEAD (Month, Day, Year)		34h MOTOR VEHICLE ACCIDENT? (Yes or no) If yes, specify driver, passenger, pedestrian, etc.			



THIS CERTIFICATE ABOVE IS A TRUE AND COMPLETE COPY OF THE CERTIFICATE OF DEATH ON FILE WITH THE LAKE COUNTY RECORDER.