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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA)
)SS:
COUNTY OF LAKE)

2017 044779

2017 JUL 19 AM 11:10

MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

WILLIAM B. LEKAS being first duly sworn upon oath deposes and says:

1. My wife IRENE SUSAN LEKAS (the "decendent" died on the 7th of July, 2017 at Munster, Indiana. *(Death Certificate Attached hereto)* **AKA IRENE S. LEKAS WBL**

2. My said wife and I were husband and wife owners of the following described real estate at the time of her death:

The South 13 feet of Lot 10 in Block 6 and all of Lot 11 in Block 6 and the North 6 feet of Lot 12 in Block 6 all of which is in the Hollywood Manor Subdivision of Munster, Indiana. More commonly known as 8125 Hohman Ave, Munster, Indiana

45-06-24-127-008-000-027

3. All funeral expenses in connection with the death of IRENE SUSAN LEKAS **AKA IRENE S. LEKAS WBL** decedent have been paid in full.

4. All of the assets of IRENE SUSAN LEKAS **AKA IRENE S. LEKAS WBL** which would be includable for Federal Estate tax purposes, including joint assets and life insurance did not equal or exceed the amount in value required for the filing of an Estate Tax Return.

5. I make this sworn statement for the purpose of demonstrating that upon the death of IRENE SUSAN LEKAS, the undersigned **AKA IRENE S. LEKAS WBL** WILLIAM B. LEKAS became the sole owner in fee of the real estate described in paragraph 2 above.

Further your affiant sayeth not.

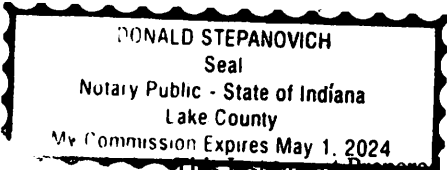
William B. Lekas

William B. Lekas

Subscribed and sworn to before me this 17TH day of July, 2017.

Donald Stepanovich

Notary Public



This Instrument Prepared by Donald Stepanovich, Attorney at Law, Attorney No. 709-45. 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.

FILED

JUL 19 2017

Donald Stepanovich
Donald Stepanovich

\$25.00

JOHN E. PETALAS
LAKE COUNTY AUDITOR

025620

cash JAS



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

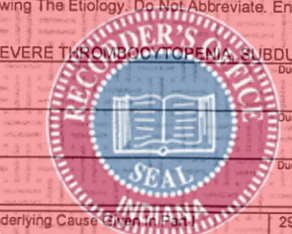
Tracking No. 128570

Local No 002347

EDR No 00000586492

State No 033621

Form fields including: 1. Decedent's Legal Name (IRENE SUSAN LEKAS), 2. Sex (FEMALE), 3. Time Of Death (23:36), 4. Date Of Death (07/04/2017), 5. Social Security Number, 6a. Age - Yrs (86), 6b. Under 1 Year, 6c. Under 1 Month, 6d. Under 1 Day, 6e. Under 1 Hour, 7. Date of Birth (11/02/1930), 8. Birthplace (EAST CHICAGO, IN), 9. Ever in U.S. Armed Forces?, 10. If Death Occurred In A Hospital (Inpatient), 10a. If Death Occurred Somewhere Other Than A Hospital, 11. Facility Name (COMMUNITY HOSPITAL), 12. City Or Town, State, And Zip Code (MUNSTER, IN, 46321), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death (Married), 15. Surviving Spouse's Name (WILLIAM B. LEKAS), 15a. Last Name Before First Marriage, 16. Decedent's Usual Occupation (BOOKKEEPER), 17. Kind Of Business/Industry (MEDICAL OFFICE), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (MUNSTER), 18c. Street And Number (8125 HOHMAN AVENUE), 18d. Apt. No., 18e. Zip Code (46321), 18f. Inside City Limits? (Yes), 19. Decedent's Education (HIGH SCHOOL GRADUATE OR GED COMPLETED), 20. Decedent Of Hispanic Origin (NOT HISPANIC), 21. Decedent's Race (White), 22. Parent's Name (NICK VINCE), 23. Parent's Name (SUSAN VINCE), 23a. Parent's Last Name Before First Marriage (VARADAY), 24. Informant's Name (WILLIAM B. LEKAS), 24a. Relationship To Decedent (HUSBAND), 24b. Mailing Address (8125 HOHMAN AVENUE, MUNSTER, IN 46321), 25. Place Of Disposition (RIDGE LAWN - MT MERCY CEMETERY, GARY, IN), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (Name Of Cemetery, Crematory, Other Place), 25c. Location - City, Town, And State, 26. Was Coroner Contacted? (No), 27. Name And Complete Address Of Funeral Facility (RIDGE LAWN FUNERAL HOME, INC., 4201 W. RIDGE ROAD, GARY, IN 46408), 27a. Funeral Home License Number (FH10200007), 27b. Signature Of Indiana Funeral Service Licensee (RONALD DUANE COOPER, BY ELECTRONIC SIGNATURE), 27c. License Number (FD21100051), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death (SEVERE THROMBOCYTOPENIA, SUBDURAL HEMATOMA, CARDIOPULMONARY ARREST), 28. Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause (None), 29. Was An Autopsy Performed? (No), 30. Were Autopsy Finding Available To Complete The Cause Of Death? (No), 31. Did Tobacco Use Contribute To Death? (No), 32. If Female: (Not Pregnant Within Past Year), 33. Manner Of Death: (Natural), 34. Date Of Injury (None), 35. Time Of Injury (None), 36. Place Of Injury (None), 37. Injury At Work? (No), 38. Location Of Injury - State (None), 38a. City Or Town (None), 38b. Street & Number (None), 38c. Apt. No. (None), 38d. Zip Code (None), 39. Describe How Injury Occurred (None), 40. If Transportation Injury, Specify (None), 41. Signature, Of Person Certifying Cause Of Death (JOHN M. SZYMCAK, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One) (Certifying Physician), 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (JOHN M. SZYMCAK, 901 MAC ARTHUR BLVD., MUNSTER, IN 46321), 44. License Number (01065769A), 45. Date Certified (07/10/2017), 46. Additional Funeral Service Provider (None), 47. *Axas: (None), 48. Signature of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (JUL 10 2017)



THIS IS THE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT JUL 10 2017

NOT VALID UNLESS