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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

STATE OF INDIANA
COUNTY OF LAKE

2017 049948

) SS:
)

2017 AUG 10 AM 9:51
MICHAEL B. BROWN
RECORDER

AFFIDAVIT OF SURVIVORSHIP

I, Bernadine Cyborski, 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. James R. Cyborski and Bernadine Cyborski were the owners in fee simple of the following described real estate located in Lake County, Indiana, more particularly described as follows: **This Document is the property of**

the Lake County Recorder!
LOT 10 (EXCEPT THE WEST 116.18 FEET THEREOF) IN ASPEN TRAIL, A PLANNED UNIT DEVELOPMENT, LAKE COUNTY, INDIANA, AS RECORDED NOVEMBER 21, 2000 IN PLAT BOOK 89 PAGE 61 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

Commonly Known As: 12310 80TH Place, Dyer, IN 46311

Affiant's Address: 12310 80TH Place, Dyer, IN 46311

Key No. 45-11-20-177-014.000-032

3. James R. Cyborski and Bernadine Cyborski acquired title to said real estate as tenants by the entireties by deed of conveyance on the 24th day of July, 2001, and recorded in the Office of the Lake County Recorder, on the 23rd day of August, 2001, as Document No. 2001 067423.

4. James R. Cyborski and Bernadine Cyborski jointly held title to said real estate until the death of James R. Cyborski on the 29th day of June, 2017, at which time Bernadine Cyborski acquired title to the real estate as the surviving joint tenant pursuant to property law. See attached Death Certificate for James R. Cyborski.

5. The gross value of the estates of the decedents 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 decedents' estates were not subject to Federal Estate Tax.

FILED

AUG 10 2017

JOHN E. PETALAS
LAKE COUNTY AUDITOR

004385

Bernadine Cyborski
Bernadine Cyborski, Affiant
12310 80th Place, Dyer, IN 46311

\$ 25.00

✓ # 8611

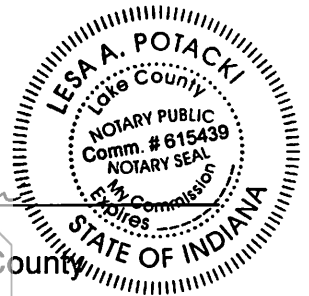
JAB

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

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

Signed and sealed this 9th day of August, 2017.

My commission expires: 2/3/2018



"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, Schererville, IN 46375; (219) 864-7800



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Tracking No. 128301

Local No 002272

EDR No 00000585547

State No 032545

1. Decedent's Legal Name (First, Middle, Last) JAMES R CYBORSKI				1a. Maiden Name (If female)		2. Sex MALE		3. Time Of Death 06:45 AM		4. Date Of Death (Month/Day/Year) 06/29/2017		
5. Social Security Number [REDACTED]		6a. Age - Yrs 73		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) 10/05/1943		8. Birthplace (City and State or Foreign Country) CHICAGO, IL										
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 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 checked="" 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) 12310 80TH PLACE												
12. City Or Town, State, And Zip Code DYER, IN, 46311						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 BERNADINE CYBORSKI				15a. Last Name Before First Marriage AMSDEN		16. Decedent's Usual Occupation OPERATING ENGINEER			17. Kind Of Business/Industry QUARRY			
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town DYER			18d. Apt. No.		18e. Zip Code 46311	
18c. Street And Number 12310 80TH PLACE			18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
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 (First, Middle, Last) HARRY CYBORSKI						23. Parent's Name (First, Middle, Last) REGINA CYBORSKI			23a. Parent's Last Name Before First Marriage SIERON			
24. Informant's Name BERNADINE CYBORSKI						24b. Relationship To Decedent WIFE						
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) ASSUMPTION CEMETERY			25c. Location - City, Town, And State GLENWOOD, IL			
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. Name And Complete Address Of Funeral Facility SMITS FUNERAL HOME, 2121 PLEASANT SPRINGS LANE, DYER, IN 46311						27a. Funeral Home License Number: FH1100037				
27b. Signature Of Indiana Funeral Service Licensee: JAMES E JANUSZ, BY ELECTRONIC SIGNATURE						27c. License Number (Of Licensee): FD29700059						
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. MALIGNANT NECROSIS OF THE URINARY BLADDER WITH METASTASIS TO BONE				Due to (Or As A Consequence Of): LUNG, LIVER AND				
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. _____				Due to (Or As A Consequence Of): _____				
C. _____				Due to (Or As A Consequence Of): _____				Approximate Interval: Onset To Death 9 YEARS				
D. _____				Due to (Or As A Consequence Of): _____								
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 Finding 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 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)		35. Time Of Injury		36. Place Of Injury (E.G., Decedent's Home, Construction Site, Restaurant, Wooded Area) LAKE COUNTY HEALTH DEPARTMENT				37. Injury At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
38. Location Of Injury - State		38a. City Or Town		38b. Street & Number JUL 06 2017		38c. Apt. No.		38d. Zip Code				
39. Describe How Injury Occurred												
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: LYLE R MUNN, 85 E. U HIGHWAY 6, MEDICAL PLAZA, STE 235, VALPARAISO, IN 46383						44. License Number 01031582A		45. Date Certified 06/30/2017				
46. Additional Funeral Service Provider:						47. *A*as:						
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year): JUL 03 2017						



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