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AFFIDAVIT OF SURVIVORSHIP

JOHN A. VALISKA, being duly sworn upon his oath, deposes and says:

1. That JUNE VALISKA and JOHN A. VALISKA obtained title to the below described real estate as joint tenants with rights of survivorship by Quit Claim Deed recorded on December 21, 2001 and assigned **Document Number 2001-105280** :

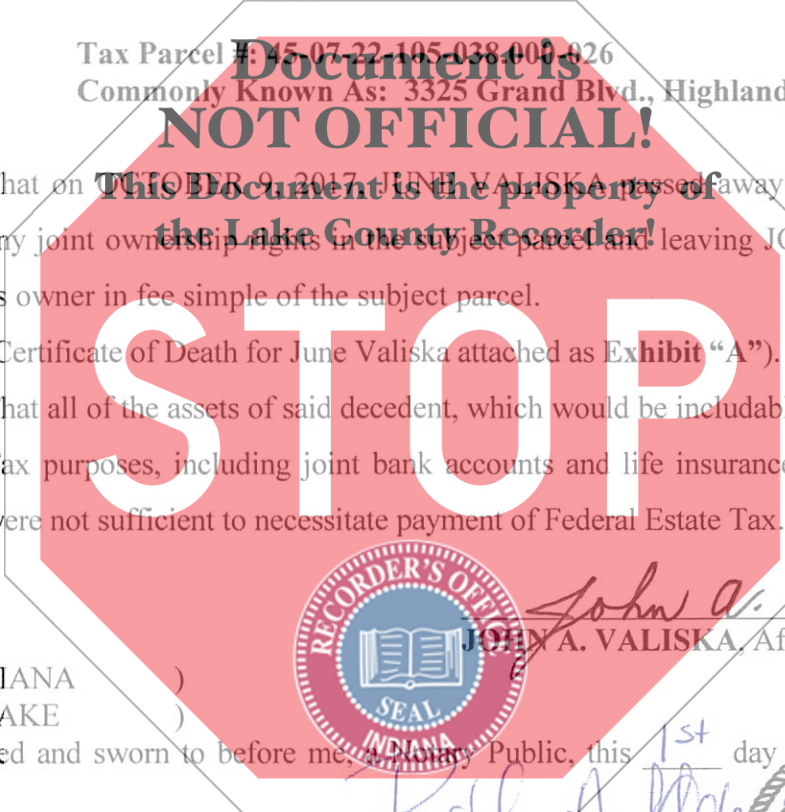
Lot Four (4), Block Seventeen (17), Homestead Gardens Master Addition, Blocks 16 and 17, in the Town of Highland, as shown in Plat Book 33, page 35, in Lake County, Indiana.

Tax Parcel #: ~~45-07-22-105-038-000-026~~
Commonly Known As: **3325 Grand Blvd., Highland, IN 46322**

2. That on ~~SEPTEMBER 9, 2017~~ JUNE VALISKA passed away thus extinguishing any joint ownership rights in the subject parcel and leaving JOHN A. VALISKA as owner in fee simple of the subject parcel.

(Certificate of Death for June Valiska attached as Exhibit "A").

3. That all of the assets of said decedent, which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2017 DEC 12 PM 1:29

MICHAEL B. BROWN
RECORDER

2017 084108

STATE OF INDIANA)
COUNTY OF LAKE)

Subscribed and sworn to before me, a Notary Public, this 1st day of October, 2017.

John A. Valiska
JOHN A. VALISKA, Affiant

Kathleen A. Petalas
Notary Public - Printed Name



My Commission Expires: May 25, 2018
County of Residence: Lake

I affirm, under the penalties for perjury, that I have taken reasonable care to read each page of this document and that the Security Number in this document, unless required by law.

Randy H. Wyllie
Randy H. Wyllie, Attorney

This Instrument Prepared by: Randy H. Wyllie, Wieser & Wyllie, LLP, 429 West Lincoln Highway, Schererville, IN 46375

FILED

006534

DEC 12 2017

**JOHN E. PETALAS
LAKE COUNTY AUDITOR**

\$25100

JTB

V# 4997



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

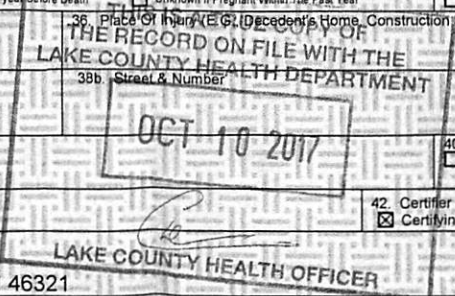
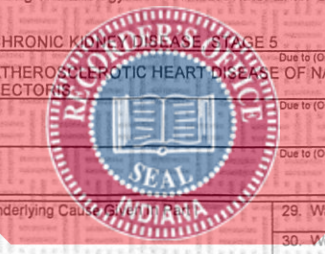
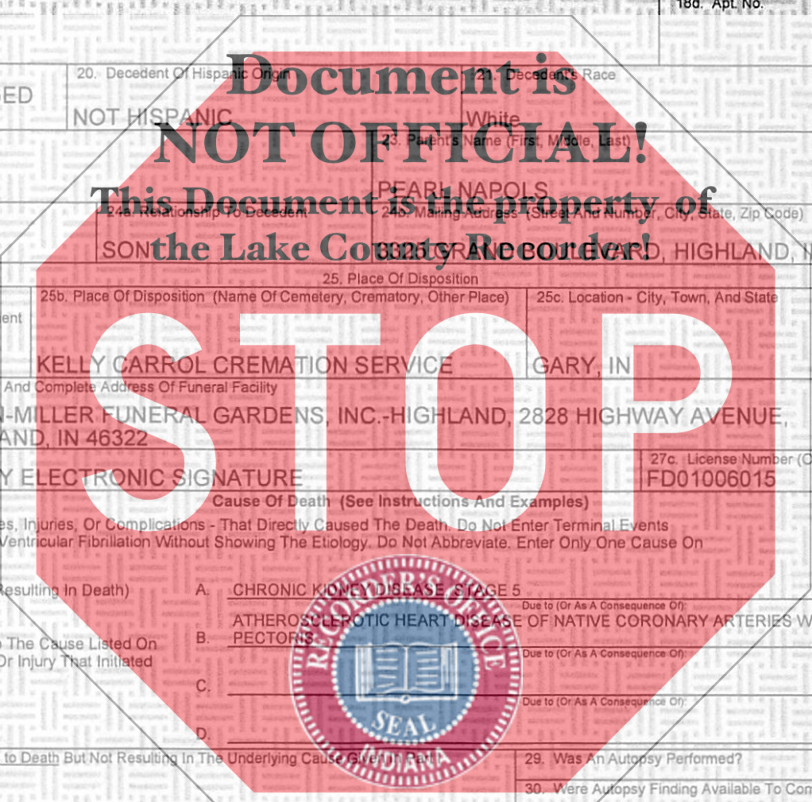
Tracking No. 137583

Local No 003470

EDR No 00000602897

State No 049279

1. Decedent's Legal Name (First, Middle, Last) JUNE VALISKA				1a. Maiden Name (If female) NAPOLS		2. Sex FEMALE		3. Time Of Death 09:07 AM		4. Date Of Death (Month/Day/Year) 10/09/2017		
5. Social Security Number [REDACTED]		6a. Age - Yrs 89		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) 09/19/1928		8. Birthplace (City and State or Foreign Country) UNAVAILABLE, UN										
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) 3325 GRAND BOULEVARD												
12. City Or Town, State, And Zip Code HIGHLAND, IN, 46322						13. County Of Death LAKE			14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown			
15. Surviving Spouse's Name				15a. Last Name Before First Marriage				16. Decedent's Usual Occupation HOMEMAKER		17. Kind Of Business/Industry OWN HOME		
18. Residence - State INDIANA			18a. County LAKE			18b. City Or Town HIGHLAND			18d. Apt. No.		18e. Zip Code 46322	
18c. Street And Number 3325 GRAND BOULEVARD			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) LEON NAPOLS				23. Parent's Name (First, Middle, Last) PEARL NAPOLS				23a. Parent's Last Name Before First Marriage UNAVAILABLE				
24. Informant's Name JOHN VALISKA				24a. Relationship To Decedent SON				24b. Mailing Address (Street And Number, City, State, Zip Code) 3325 GRAND BOULEVARD, HIGHLAND, IN 46322				
25a. Method Of Disposition <input type="checkbox"/> Burial <input checked="" 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) KELLY CARROL CREMATION SERVICE				25c. Location - City, Town, And State GARY, IN				
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				27. Name And Complete Address Of Funeral Facility FAGEN-MILLER FUNERAL GARDENS, INC.-HIGHLAND, 2828 HIGHWAY AVENUE, HIGHLAND, IN 46322				27a. Funeral Home License Number: FH83003035				
27b. Signature Of Indiana Funeral Service Licensee: LAWRENCE EUGENE MILLER, BY ELECTRONIC SIGNATURE				27c. License Number (Of Licensee): FD01006015								
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. CHRONIC KIDNEY DISEASE STAGE 5 Due to (Or As A Consequence Of): B. ATHEROSCLEROTIC HEART DISEASE OF NATIVE CORONARY ARTERIES WITHOUT ANGINA Due to (Or As A Consequence Of): C. _____ Due to (Or As A Consequence Of): D. _____ 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										Approximate Interval: Onset To Death WEEKS YEARS		
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause (List On A Line)										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 (If Not At 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				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 type="checkbox"/> Other (Specify)		
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, 600 SUPERIOR AVENUE, MUNSTER, IN 46321						44. License Number 01031582A		45. Date Certified 10/10/2017				
46. Additional Funeral Service Provider:												
48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE						49. For Registrar Only - Date Filed (Month/Day/Year). OCT 10 2017						
AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)												



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