

2019 012976

2019 MAR -4 AM 9:22

MICHAEL B. BROWN  
RECORDER

STATE OF INDIANA )  
                                  ) SS:  
COUNTY OF LAKE )

SURVIVORSHIP AFFIDAVIT

I, SHEILA J. KOBLI, being first duly sworn, state:

1. We are the surviving children, Michael L. Ubik, Sheila J. Kobli, James P. Ubik, Elizabeth A. Bugajski, of Leo S. Ubik who passed away on February 6, 2017
2. At the time of Leo S. Ubik's death, we were the owners, along with Leo S. Ubik, holding a Life Estate following described real estate located in Lake County, Indiana:

Parcel Number 45-03-08-107-021.000-025  
Local Parcel Number: 007-28-29-0120-0011  
SUBDIV. LOT 1 WHITING LOT 9

Lot No. Nine (9), as marked and laid down on the recorded plat of "Whittings", a subdivision of Part of Lot 1, Section 8, Township 37 North, Range 9 West of the 2nd P.M., in the City of Whiting, Lake County, Indiana. Recorded in Book 1378, Page 588.

Commonly know as  
1735 Center Street  
Whiting, IN 46394  
Parcel No. 007-28-29-0120-0011

3. At the time of his death, we were the surviving children
4. No federal Estate Tax or Indiana Inheritance Tax was due from the Estate of Leo S. Ubik
5. This affidavit is made by the undersigned to confirm that ownership in the above, described real estate is now vested in Michael L. Ubik, Sheila J. Kobli, James P. Ubik, Elizabeth A. Bugajski

**FILED**

**21673**

MAR 04 2019

JOHN E. PETALAS  
LAKE COUNTY AUDITOR

AMOUNT \$ 25  
 CASH  CHARGE \_\_\_\_\_  
 CHECK# \_\_\_\_\_  
 OVERAGE \_\_\_\_\_  
 COPY \_\_\_\_\_  
 NON-CONF \_\_\_\_\_  
 DEPUTY RM

NO SALES DISCLOSURE NEEDED

Approved Assessor's Office

By: [Signature]

Lake County, Indiana to reflect the correct ownership of such real estate on said Auditor's records.

Original certified death certificate of Leo S. Ubik is attached for recording.

Dated this 4<sup>th</sup> day of MARCH, 2019

Sheila J. Kobli  
Sheila J. Kobli

**Document is NOT OFFICIAL!**

**This Document is the property of the Lake County Recorder!**

STATE OF INDIANA )

) SS:

COUNTY OF LAKE )

Before me the undersigned a Notary Public in and for said County and State, this 4 day of March 2019, personally appeared Sheila J. Kobli and acknowledged the execution of it, as voluntary act and deed of the principal, for the uses and purposes therein stated

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year last above written.

My Commission Expires 3/29/2023

A resident of Lake County



"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."  
PREPARED BY: SK



INDIANA STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH

Local No 000469

EDR No 000000559337

State No

1. Decedent's Legal Name (First, Middle, Last) <b>LEO S UBIK</b>				1a. Maiden Name (If female)		2. Sex <b>MALE</b>	3. Time Of Death <b>11:58 AM</b>	4. Date Of Death (Month/Day/Year) <b>02/06/2017</b>	
5. Social Security Number [REDACTED]	6a. Age - Yrs <b>90</b>	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) <b>09/09/1926</b>		8. Birthplace (City and State or Foreign Country) <b>CHICAGO, IL</b>	
9. Ever in U.S. Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		10. If Death Occurred In A Hospital: <input checked="" 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 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) <b>MUNSTER COMMUNITY HOSPITAL</b>									
12. City Or Town, State, And Zip Code <b>MUNSTER, IN, 46321</b>					13. County Of Death <b>LAKE</b>		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 <b>OPERATOR</b>		17. Kind Of Business/Industry <b>CORN PRODUCTS COMPANY</b>	
18. Residence - State <b>INDIANA</b>		18a. County <b>LAKE</b>		18b. City Or Town <b>WHITING</b>		18d. Apt. No.	18e. Zip Code <b>46394</b>	18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
18c. Street And Number <b>1735 CENTER STREET</b>	19. Decedent's Education <b>9TH - 12TH GRADE; NO DIPLOMA</b>		20. Decedent Of Hispanic Origin <b>NOT HISPANIC</b>		21. Decedent's Race <b>White</b>				
22. Parent's Name (First, Middle, Last) <b>PETER UBIK</b>			23. Parent's Name (First, Middle, Last) <b>SOPHIE UBIK</b>			23a. Parent's Last Name Before First Marriage <b>BARTUSZIEWICZ</b>			
24. Informant's Name <b>MRS SHEILA J KOBLI</b>		24a. Relationship To Decedent <b>DAUGHTER</b>		24b. Mailing Address (Street And Number, City, State, Zip Code) <b>1637 ATCHISON AVENUE, WHITING, IN 46394</b>					
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) <b>CONCORDIA CEMETERY</b>		25c. Location - City, Town, And State <b>HAMMOND, IN</b>					
26. Was Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	27. Name And Complete Address Of Funeral Facility <b>BARAN &amp; SON INC, 1235 119TH STREET, WHITING, IN 46394</b>					27a. Funeral Home License Number: <b>FH83007267</b>			
27b. Signature Of Indiana Funeral Service Licensee: <b>MARTIN A. DYBEL, BY ELECTRONIC SIGNATURE</b>		27c. License Number (Of Licensee): <b>FD01019456</b>							
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.									Approximate Interval: Inset To Death
Immediate Cause (Final Disease Or Condition Resulting In Death)			A. <b>PNEUMONIA</b>			11 DAYS			
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. _____						
C. _____			D. _____						
Part II. Enter Other Significant Conditions Contributing to Death But Not Resulting In The Underlying Cause Given In Part I.									
31. Did Tobacco Use Contribute To Death? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input 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		29. Was An Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. Were Autopsy Findings Available To Complete The Cause Of Death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)		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: <b>JAMES BERNARD WALSH, BY ELECTRONIC SIGNATURE</b>					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: <b>JAMES BERNARD WALSH, 9122 COLUMBIA AVENUE, MUNSTER, IN 46321</b>					44. License Number <b>01027487A</b>		45. Date Certified <b>02/08/2017</b>		
46. Additional Funeral Service Provider:					47. *Akas:				
48. Signature of Local Health Officer: <b>CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE</b>					49. For Registrar Only - Date Filed (Month/Day/Year): <b>FEB 08 2017</b>				

