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STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 018486

2019 MAR 28 AM 9:39

MICHAEL B. BROWN
RECORDER

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

The undersigned Affiants being first duly sworn upon their oath, states as follows:

1. The undersigned are over eighteen (18) years of age and under no legal disability.
2. Peter Gustoff ("Decedent") died testate on January 6, 2019 while domiciled in Lake County, Indiana and a copy of the Certificate of Death is attached hereto and marked Exhibit "A."

3. That Decedent held a Transfer on Death Deed recorded June 2, 2016 in the office of the Lake County Recorder under document number 2016 033959 for real estate commonly known as 3605 St. Joseph Place, Hobart, Indiana 46342 ("Deed"), legally described as:

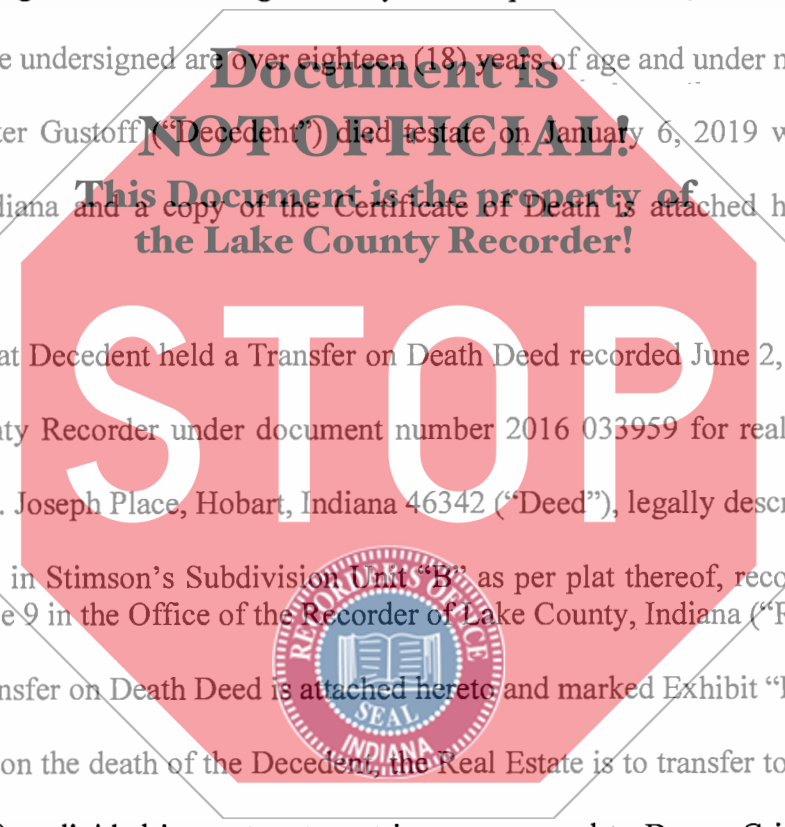
Lot 44 in Stimson's Subdivision Unit "B" as per plat thereof, recorded in Plat Book 31 Page 9 in the Office of the Recorder of Lake County, Indiana ("Real Estate.")

A copy of the Transfer on Death Deed is attached hereto and marked Exhibit "B."

4. Upon the death of the Decedent, the Real Estate is to transfer to Deborah L. Barta a three-fifths (3/5) undivided interest as tenant in common and to Donna Grimmer a two-fifths (2/5) undivided interest as tenant in common.

5. Deborah L. Barta and Donna Grimmer, both adults, are the children of Decedent.

6. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction and none is contemplated.



FILED

MAR 27 2019

040822

JOHN E. PETALAS
LAKE COUNTY AUDITOR

AMOUNT \$ 251.00
CASH CHANGE
CHECK # 299
OVERAGE
COPY
NON-CONF
DEPUTY

Ⓢ

7. That there are no other persons, firms or corporations making any claims to the assets of the probate estate of Decedent.

8. Affiants make this affidavit for the purpose of having the Real Estate transferred to Deborah L. Barta a three-fifths (3/5) undivided interest as tenant in common and to Donna Grimmer a two-fifths (2/5) undivided interest as tenant in common.

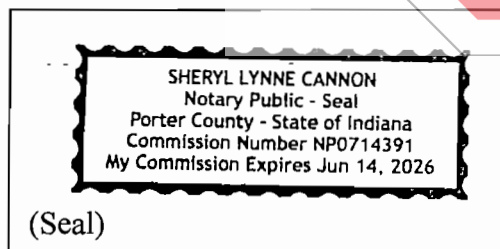
9. That this affidavit is made to induce the Auditor of Lake County to transfer the Real Estate upon his records to Deborah L. Barta a three-fifths (3/5) undivided interest as tenant in common and to Donna Grimmer a two-fifths (2/5) undivided interest as tenant in common.


FURTHER AFFIANT SAITH NOT.


Deborah L. Barta


Donna Grimmer

Subscribed and Sworn to before me a Notary Public in and for said County and State this
28th day of February, 2019.




Notary Public

This instrument was prepared by Ann Marie Woolwine (#25501-45), Krieg DeVault LLP, 8001 Broadway, Suite 400, Merrillville, Indiana 46410.

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/Ann Marie Woolwine
KD_10019384_1.docx



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Local No. 900066

EDR No 00000686029

State No

| | | | | | | | | |
|--|--|--|---|---|--|---|--|--|
| 1. Decedent's Legal Name (First, Middle, Last) PETER GUSTOFF | | | | 1a. Maiden Name (If Female) | | 2. Sex MALE | 3. Time Of Death 10:45 PM | 4. Date Of Death (Month/Day/Year) 01/06/2019 |
| 5. Social Security Number | 6a. Age - Yrs 97 | 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) 05/25/1921 | 8. Birthplace (City and State or Foreign Country) GARY, IN | |
| 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 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 checked="" type="checkbox"/> Nursing Home/Long-term Care Facility <input type="checkbox"/> Other (Specify) | | | | |
| 11. Facility Name (If Not Institution, Give Street and Number) MUNSTER MED-INN | | | | | | | | |
| 12. City Or Town, State, And Zip Code MUNSTER, IN, 46321 | | | | 13. County Of Death LAKE | | | 14. Marital Status At Time Of Death <input type="checkbox"/> Married <input type="checkbox"/> Married, But Separated <input checked="" type="checkbox"/> Divorced <input 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 MAINTENANCE SHOP | | 17. Kind Of Business/Industry STEEL | |
| 18. Residence - State INDIANA | | 18a. County LAKE | | 18b. City Or Town HOBART | | | 19d. Apt. No. | 18e. Zip Code 46342 |
| 18c. Street And Number 3605 ST. JOSEPH PLACE | | 18f. Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| 19. Decedent's Education 8TH GRADE OR LESS | | 20. Decedent Of Hispanic Origin NOT HISPANIC | | 21. Decedent's Race White | | | | |
| 22. Parent's Name (First, Middle, Last) UNAVAILABLE UNAVAILABLE | | | 23. Parent's Name (First, Middle, Last) FRANCES GUSTOFF | | | 23a. Parent's Last Name Before First Marriage KRUSALAK | | |
| 24. Informant's Name DEBORAH BARTA | | 24a. Relationship To Decedent DAUGHTER | | 24b. Mailing Address (Street And Number, City, State, Zip Code) 733 NORTHGATE DRIVE, DYER, IN 46311 | | | | |
| 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 CERROLL CREMATION SERVICES | | 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 REES FUNERAL HOME, HOBART CHAPEL, 600 W OLD RIDGE RD, HOBART, IN 46342 | | | | | 27a. Funeral Home License Number: 5H83003069 | |
| 27b. Signature Of Indiana Funeral Service Licensee: JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE | | 27c. Signature Of Indiana Funeral Service Licensee: LAKE COUNTY HEALTH DEPARTMENT | | 27d. Date Of Death (Month/Day/Year) JAN 14 2019 | | | | |
| 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 On One Line. Add Additional Lines If Necessary. Immediate Cause (Final Disease Or Condition Resulting In Death) A. CARDIOMYOPATHY Due To (Or As A Consequence Of) B. 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 MONTHS |
| Part II. Enter Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I. CARDIOMYOPATHY | | | | | | | | 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 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"/> 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) | | | 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: PAULA BENCHIK-ABRINKO, 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: PAULA BENCHIK-ABRINKO, 1534 119TH STREET, WHITING, IN 46394 | | | | | | 44. License Number 01045436A | | 45. Date Certified 01/10/2019 |
| 46. Additional Funeral Service Provider: | | | | | | 47. *Aks: | | |
| 48. Signature of Local Health Officer: CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE | | | | | | 49. For Registrar Only - Date Filed (Month/Day/Year): JAN 11 2019 | | |



STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORDING

2016 033959

2016 JUN -2 AM 9:39

MICHAEL B. BROWN
RECORDER

MAIL TAX BILLS TO:
3605 St. Joseph Place
Hobart, Indiana 46342

GRANTEE ADDRESS:
3605 St. Joseph Place
Hobart, Indiana 46342

PARCEL NO.:
45-09-21-354-012.000-045

TRANSFER ON DEATH DEED

THIS INDENTURE WITNESSETH, that **Peter Gustoff** ("Grantor") of Lake County in the State of Indiana, , transfers upon the Grantor's death to **Deborah L. Barta** a **three-fifths (3/5) undivided interest as tenant in common** and **Donna Grimmer** a **two-fifths (2/5) undivided interest as tenant in common**, in consideration of One and 00/100 Dollars (\$1.00) and other valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the following described real estate in Lake County, in the State of Indiana:

LOT 44 IN STIMSON'S SUBDIVISION UNIT "B" AS PER PLAT THEREOF, RECORDED IN PLAT BOOK 31 PAGE 9 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY INDIANA.

Commonly known as 3605 St. Joseph Place, Hobart, Indiana 46342.

Dated this 19th day of April, 2016.

Peter Gustoff
PETER GUSTOFF

STATE OF INDIANA)

) SS:

COUNTY OF LAKE

Before me the undersigned, a Notary Public in and for said County and State, personally appeared Peter Gustoff, who acknowledged the execution of this instrument on this 19th day of April, 2016.

My Commission Expires: July 26, 2018
County of Residence: Porter

Ann Marie Woolwine
ANN MARIE WOOLWINE, Notary Public

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. Ann Marie Woolwine

This instrument prepared
by and return to:

Ann Marie Woolwine, Burke Costanza & Carberry LLP, 9191
Broadway Merrillville, IN 46410

013293

NO SALES DISCLOSURE

Approved Assessor's Office

By: *JEB*

DULY ENTERED FOR TAXATION SUBJECT
FINAL ACCEPTANCE FOR TRANSFER
JUN 01 2016
JOHN E. PETALAS
LAKE COUNTY AUDITOR

\$1400
M-E
9425

EXHIBIT B