

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2019 JUN 20 AM 11:01

MICHAEL B. BROWN
RECORDER

2019 037221

STATE OF INDIANA)
) SS:
COUNTY OF LAKE)

AFFIDAVIT OF SURVIVORSHIP

Comes now, Rosann Pressel, being of legal age and duly sworn upon her oath, who now states as follows:

1. That Rosann Pressel, resides at 15213 S. 1175 W. Wanatah, LaPorte County, Indiana 46390, and is the adult surviving daughter of Bernard R. Barkalow and Ernestine M. Barkalow, both deceased.
2. That Bernard R. Barkalow and Ernestine M. Barkalow, are both deceased.
3. That Ernestine M. Barkalow, deceased, passed away on April 27, 2018, while domiciled in Hobart, Lake County, Indiana. A copy of her Death Certificate is attached and marked as Exhibit "A".
4. That Bernard R. Barkalow, deceased, passed away on December 25, 2018 while domiciled in Hobart, Lake County, Indiana.
5. That Bernard R. Barkalow and Ernestine Barkalow were the owners of the following described real estate located in Lake County, Indiana, to wit:

See attached Exhibit "A".

Parcel No.: 45-09-30-404-024.000-018

Commonly known as: 218 N. Connecticut Street, Hobart, Indiana 46342

as husband and wife, and Bernard R. Barkalow and Ernestine Barkalow took title by a Warranty Deed dated December 8, 1965, Instrument No. 645495 showing title

in the names of Bernard R. Barkalow and Ernestine Barkalow, as husband and wife.

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HOLD FOR MERIDIAN TITLE COR

JOHN E. PETALAS
LAKE COUNTY AUDITOR
109-17563

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5. That this Affidavit is made for the purpose of clearing title to the above parcel of real estate and removing the name of Ernestine Barkalow from the transfer records of the Auditor and Recorder of Lake County, Indiana.

Dated this 13 day of June, 2019.

Rosann L. Pressel
Rosann L. Pressel, Personal Representative of the Estate of Bernard R. Barkalow

STATE OF INDIANA)
COUNTY OF LAKE)

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder

Before me, a Notary Public, in and for said State and County, on this 13 day of June, 2019 personally appeared Rosann L. Pressel, who acknowledged the execution of the foregoing Affidavit of Survivorship as her free and voluntary act.

Commission Expires: 3-6-2021

Jerilyn Sons
Notary Public (written)

County of Residence: LaPorte

Jerilyn Sons
Notary Public (printed)

JERILYN L. SONS
La Porte County
My Commission Expires
March 6, 2021



This instrument prepared by: Frank J. Koprčina, FRANK J. KOPRCINA & ASSOCIATES, P.C., Attorneys at Law, 150 E. Third Street, Hobart, Indiana 46342, (219) 942-6999



INDIANA STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

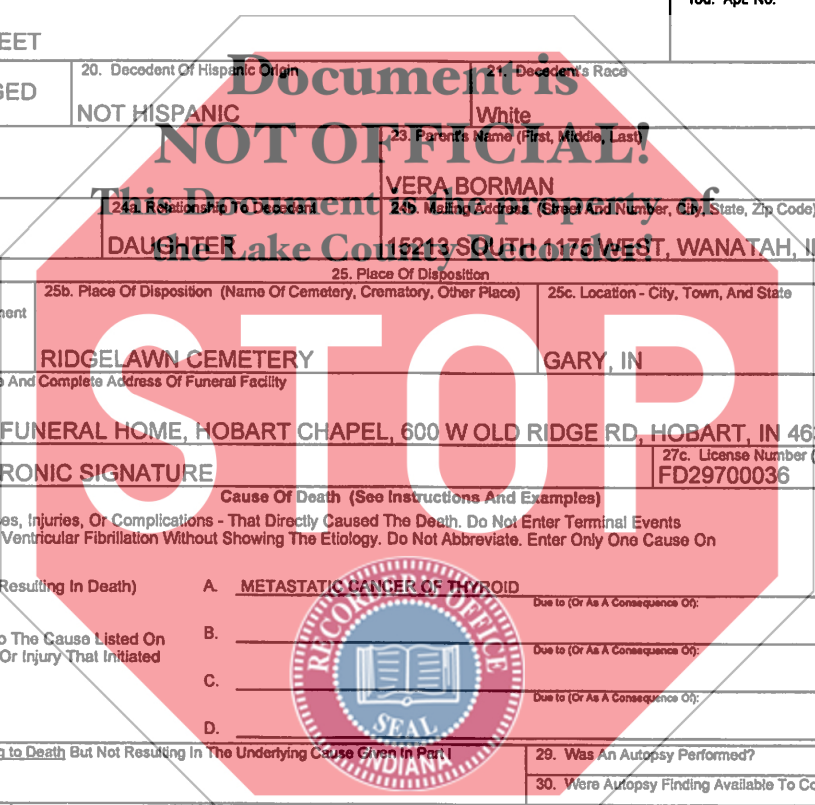
Tracking No. 181625

Local No 901490

EDR No 00000641584

State No 021732

Form fields including: 1. Decedent's Legal Name (ERNESTINE M BARKALOW), 2. Sex (FEMALE), 3. Time Of Death (01:30 AM), 4. Date Of Death (04/27/2018), 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 (04/28/1931), 8. Birthplace (GARY, IN), 10. If Death Occurred In A Hospital, 11. Facility Name (218 NORTH CONNECTICUT STREET), 12. City Or Town, State, And Zip Code (HOBART, IN, 46342), 13. County Of Death (LAKE), 14. Marital Status At Time Of Death, 15. Surviving Spouse's Name (BERNARD ROBERT BARKALOW), 15a. Last Name Before First Marriage, 16. Decedent's Usual Occupation (DELICATESSEN ATTENDANT), 17. Kind Of Business/Industry (FOOD SERVICE), 18. Residence - State (INDIANA), 18a. County (LAKE), 18b. City Or Town (HOBART), 18c. Street And Number (218 NORTH CONNECTICUT STREET), 18d. Apt. No., 18e. Zip Code (46342), 18f. Inside City Limits?, 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 (WILLIAM A BORMAN), 23. Parent's Name (VERA BORMAN), 23a. Parent's Last Name Before First Marriage (WILDERMUTH), 24. Informant's Name (ROSANN PRESSEL), 24a. Relationship To Decedent (DAUGHTER), 24b. Mailing Address (15213 SOUTH 1175 WEST, WANATAH, IN 46390), 25a. Method Of Disposition (Burial), 25b. Place Of Disposition (RIDGELAWN CEMETERY), 25c. Location - City, Town, And State (GARY, IN), 26. Was Coroner Contacted?, 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 (FH83003069), 27b. Signature Of Indiana Funeral Service Licensee (JOSHUA R. KRAUSE, BY ELECTRONIC SIGNATURE), 27c. License Number (FD29700036), 28. Part I. Enter The Chain Of Events - Diseases, Injuries, Or Complications - That Directly Caused The Death. Cause Of Death: METASTATIC CANCER OF THYROID. 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?, 30. Were Autopsy Finding Available To Complete The Cause Of Death?, 31. Did Tobacco Use Contribute To Death?, 32. If Female: Not Pregnant Within Past Year, Pregnant At Time Of Death, Not Pregnant, But Pregnant Within 42 Days Of Death, Not Pregnant, But Pregnant 43 Days To 1 Year Before Death, Unknown If Pregnant Within The Past Year, 33. Manner Of Death: Natural, Homicide, Accident, Pending Investigation, Suicide, 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?, 38. Location Of Injury - State, 38a. City Or Town, 38c. Apt. No., 38d. Zip Code, 39. Describe How Injury Occurred, 40. If Transportation Injury, Specify: Driver/Operator, Passenger, Pedestrian, Other (Specify), 41. Signature, Of Person Certifying Cause Of Death (JOHN E. CARTER, BY ELECTRONIC SIGNATURE), 42. Certifier (Check Only One): Driver/Operator, Coroner, Health Officer, 43. Name, Address And Zip Code Of Person Certifying Cause Of Death (JOHN E. CARTER, 164 BRACKEN PKWY, HOBART, IN 46342), 44. License Number (01039453A), 45. Date Certified (04/30/2018), 46. Additional Funeral Service Provider (LAKE COUNTY HEALTH OFFICER), 47. *AKA*, 48. Signature of Local Health Officer (CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE), 49. For Registrar Only - Date Filed (Month/Day/Year) (APR 30 2018)



THIS IS A TRUE COPY OF THE RECORD ON FILE WITH THE LAKE COUNTY HEALTH DEPARTMENT
JAN 04 2019

NOT VALID UNLESS

Ex "A"