

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2019 037221

2019 JUN 20 AM 11:01

STATE OF INDIANA

) SS:

MICHAEL B. BROWN RECORDER

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,

 Document is

 Indiana 46390, and is the adult surviving daughter of Bernard R. Barkalow and

 Ernestino M. Barkalow, both deceased.
- 2. That Bernard R. Barkalow and Unity in St. 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. Barkatow 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

25.

3

JOHN E. PETALAS 5 63

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 line, 2019.

sann L. Pressel,

Personal

Representative of the Estate of

Bernard R. Barkalow

STATE OF INDIANA

Document is OFFICIAL!

COUNTY OF LAKE

This Document is the property of
Before me, a Notary Public, in and for said State and County, on this Aday of

2019 personally appeared Rosann L. Pressel, who acknowledged the execution of the foregoing

JERILYN L. SONS La Porte County Commission Expi

Affidavit of Survivorship as her free and voluntary act

Notary Public (written)

County of Residence:

Commission Expires: 5 702

Notary Public (printed)

SEAL MOIANA MARINA

This instrument prepared by: Frank J. Koprcina, 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 901	490	ED	R No 0000		34			vo 0217		
Decedent's Legal Name (First, Middle, Last)			1a. Maiden Nam	e (if female)		2. Sex	3. Tir	ne Of Death	4. Date	Of Death (Month/Day/Year)
ERNESTINE M BARKALOW 5. Social Security Number 6a. Age - Yrs	6b. Under 1 Year	6c. Under 1 Month	BORMAN 6d. Under 1 Day	6e. Under 1 Hour	7. Date	FEM of Birth (Mo		1:30 AM 8. Birthplace (City	and State	04/27/2018 or Foreign Country)
86	Months	Days	Hours	Minutes		04/28/1	021	GARY. IN		
	Occurred in A Hosp		1110010	10a. If Death Occu				GANT, IN		
		epartment Outpatient	Dead on Arrival	☐ Hospice Facility ☐ Other (Specify)	⊠ ⊳	ecedent's Ho	me Nursi	ng Home/Long-term	n Care Fac	ility
11. Facility Name (If Not Institution, Give Street 218 NORTH CONNECTICUT S										
12. City Or Town, State, And Zip Code		13. County Of Death					14. Marital Status At Time Of Death ☑ Married ☐ Married, But Separated ☐ Divorced			
HOBART, IN, 46342	- ··· · · · · · · · · · · · · · · · · ·	1 45.		LAKE		40 0		☐ Widowed		ver Married Unknown
15. Surviving Spouse's Name BERNARD ROBERT BARKALO	138	5a. Last Name Before First Marriage 16. Decedent's Usual Ood DELICATESSEN ATTENDANT				TESSEN	17. Kind Of Business/Industry FOOD SERVICE			
18. Residence - State		County		18b. City Or Tox		ALIENI	DANI		FOOD	SERVICE
INDIANA	LAK	F		HOBART						
18c. Street And Number	TEX III			INODAKI			18d. Apt. No.	18e. Zip (Code	18f. Inside City Limits?
218 NORTH CONNECTICUT S	TREET									⊠ Yes □ No
19. Decedent's Education		. Decedent Of Hispa	nic Origin	122 0 4/211	ecedeni's	Race		463	342	_i
HIGH SCHOOL GRADUATE O	R GED		DUCU.							
22. Parent's Name (First, Middle, Last)	ING	OT HISPANIC		White 23. Parent's Name (Pirst, Midd	le. Lasti	\	23a, Pa	arent's Las	t Name Before First Marriage
	/	INC		TIC	LA	L:				•
WILLIAM A BORMAN 24. Informant's Name		242 100	duarent	VERA BORM	AN		Ciato Zio (WILE	DERMU	JTH
ROSANN PRESSEL		1	ake Cor	_	_	•			-	
			25. Plac	ce Of Disposition						
25a. Method Of Disposition ☑ Burial ☐ Cremation ☐ Donation ☐ Ent		ce Of Disposition (N	ame Of Cemetery, Cre	ematory, Other Place)	25c. Lo	ocation - City	, Town, And Sta	6		
Removal From State					\					
Other (Specify): 26. Was Coroner Contacted? 27.		ELAWN CEM Address Of Funeral			GAR	Y, IN			1 270 50	meral Home License Number:
	Name And Complex	Actions Of Fullera	Facility						2/8. FC	rierai Rome Doense Number:
☐ Yes ☒ No RE	ES FUNERA	L HOME, HOE	BART CHAPEL	_, 600 W OLD	RIDGE	RD, H	OBART, IN	46342	FH83	003069
27b. Signature Of Indiana Funeral Service Lice JOSHUA R. KRAUSE, BY ELE		GNATURE					7c. License Nun D2970003	ber (Of Licensee):		
		Ca	ause Of Death (See			3)		,		Approximate
 Part I. Enter The <u>Chain Of Events</u> - D Such As Cardiac Arrest, Respiratory Arres 	t, Or Ventricular Fi	r Complications - T brillation Without St	hat Directly Caused nowing The Etiology.	The Death. Do Not Do Not Abbreviate.	Enter Ten Enter On	minal Event ly One Cau	ls ise On			interval: Onset To Death
A Line. Add Additional Lines If Necessary			700	THIIIIIII						
Immediate Cause (Final Disease Or Cond	Mon Resulting In D	eatn) A.	METASTATIC CAN	GER OF THYROID	Due to (Or A	s A Consequenc	:e Ot):	/		
Sequentially List Conditions, If Any, Leadi	ng To The Cause !	Listed On B.		PE						
Line A. Enter The Underlying Cause (Disc The Events Resulting In Death) Last	ease Or Injury That	Initiated	2		Due to (Or A	is A Consequenc	a O():			
,,,,,,,, .		C			Due to (Or A	s A Consequence	xe Ot):			
		D.	E .	EAL						
Part II. Enter Other Significant Conditions Contri	buting to Death But	Not Resulting In The	Underlying Cause Giv	DIA PARILLINI		/ / /	Performed?	☐ Yes	⊠ N	
				umuu.	30. Wer	e Autopsy F		o Complete The C	ause Of D	eath? Yes No
31. Did Tobacco Use Contribute To Death?	32. If Fema		Pregnant At Time Of Death	Not Pregnant, But Press	nent Within 42	Days Of Death	33. Manner		Accident	Pending Investigation
Yes Probably No Unknown	☐ Not Pregr	sent, But Pregnant 43 Days T	o 1 year Before Death	Unknown If Pregnant W	ithin The Pest	Year	Suicide [Could Not Be De	etermined	
34. Date Of Injury (Month/Day/Year)	35. Time (Of Injury	36. Plac	e Of Injury (E.G., Dec	edent's Ho	me, Constru	iction Site, Resta	rant, Wooded Area	a) :	37. Injury At Work?
38. Location Of Injury - State	38a. City C	r Town		A TRUE COPY				1 66:		Yes No
So. Eccation of Injury Catalo	Soa. City C	Ĭ.	THE RECOP AKE COUNTY	PONTRE WI	TH THE	ENT		38c. Apt. N	ło. 3	38d. Zip Code
30 Describe How leives Commend			ARE COUNTY	TEALIN DEP	~~ INI	1 71				
39. Describe How Injury Occurred				ALO A Miss	, -		40. If Transp	ortation Injury, Spe	ocify:	ÎĎŰNLESS
41. Signature, Of Person Certifying Cause Of I		i i	JA	N 04 2019		42 Ce	ertifier (Check Or		VAL	ID UNLESS
JOHN E. CARTER, BY ELECT 43. Name, Address And Zip Code Of Person C	RONIC SIGN				l	12 C	ertifying Physician	Coroner		Health Officer
<u> </u>		į	/	/) '			44. Lic	ehse Number	1	IS. Date Certified
48 Additional Consist Devides Bendles							9453A	1	04/30/2018	
			LAKE COU	VIY HEALTH O	rriuth		į	klas		TOTAL STREET,
48. Signature of Local Health Officer. CHANDANA MAYULALA MA ELECTRONIC SIGNATURE. 49. For Registrar Only - D										I more I may be
CHANDANA VAVILALA, VIA ELECTRONIC SIGNATURE AMENDMENT TO CERTIFICATE OF DEATH (ENTRY OR ORIGINAL)								APR 30 2018		
				III [EN	580	- WOINAL)		I constitution	11	A resident to the second secon
								[마마토토] 특히 (출발 증가 2층 1)		
State Form F2200		7-2-2-4								
State Form 53395 ATTENTION ESTATE: 1	The Social Security	# is being requeste	d by this state agen	cy in order to pursue	responsi	bility. Discl	osure is volunta	ry and RA	≥D 8 1	AL AFFIXED