

2019-082012

2019 Nov 27

10:23 AM

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD
MICHAEL B BROWN
RECORDER

AFFIDAVIT of SURVIVORSHIP

2

TAX: I.D. NO. 45-09-16-283-044.000-021

Katjusa K. Cisar, being first duly sworn upon oath, deposes and says:

1. That Affiant's father, **Nicholas Joseph Cisar A/K/A Nicholas Cisar** died leaving a will on September 19, 2019, at Lodi, Columbia County, Wisconsin.
2. That at the time of his death, he held a survivorship interest in the following described real estate with Katjusa K. Cisar, which transferred all rights to her:

LOTS NUMBERED 41 AND 42 IN BLOCK 12 AS SHOWN ON THE RECORDED PLAT OF PARK RIDGE ADDITION TO EAST GARY, IN THE CITY OF LAKE STATION RECORDED IN PLAT BOOK 12 PAGE 27 IN THE OFFICE OF THE RECORDER OF LAKE COUNTY, INDIANA.

COMMONLY KNOWN AS: 2453 WELLS STREET, LAKE STATION, INDIANA 46405

3. That all funeral expenses in connection with the death of said decedent have been paid in full.
4. That all of the assets of said decedent which would be included 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.
5. That this Affiant's relationship to the Decedent was Daughter.

FURTHER, your Affiant said naught.

Document is the property of the Lake County Recorder!
Katjusa K. Cisar

STATE OF Wisconsin COUNTY OF Columbia SS:

Subscribed and sworn to before me, a Notary Public in and for said County and State, personally appeared **KATJUSA K. CISAR** and acknowledged the execution of the said document this 20 day of November, 2019.

My Commission Expires: 01/20/2022 Signature Jeanine Sahs
County of Residence: Dane Printed: Jeanine Sahs Notary Public

This instrument prepared by: **NATHAN D. VIS**, Attorney-at-Law ID No. 29535-45
VIS LAW, LLC P.O. Box 980, Cedar Lake, IN 46303

JEANINE SAHS
NOTARY PUBLIC
State of Wisconsin

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.

[Signature]
Signature of Preparer

Elizabeth Kinzie
Printed Name of Preparer

FILED

NOV 27 2019

044201

JOHN E. PETALAS
LAKE COUNTY AUDITOR

Community Title Company
File No. 1917592

251
CK12025

WISCONSIN CERTIFICATE OF VITAL RECORD

STATE OF WISCONSIN
DEPARTMENT OF HEALTH SERVICES
ORIGINAL CERTIFICATE OF DEATH
FACT OF DEATH

STATE FILE DATE: SEPTEMBER 23, 2019
STATE FILE NUMBER: 2019037679

1. DECEDENT'S NAME 77a NICHOLAS JOSEPH LARI CISAR			2. SOCIAL SECURITY NUMBER [REDACTED]	3. DATE PRONOUNCED DEAD SEPTEMBER 19, 2019
4. TIME PRONOUNCED DEAD (24hr) 06:40	5. AGE 73 YEARS	6. DATE OF BIRTH DECEMBER 18, 1945	7. SEX MALE	8. CITY, VILLAGE, OR TOWNSHIP OF DEATH LODI (CITY)
10. PLACE OF DEATH DECEDENT'S RESIDENCE - HOSPICE CARE		11. FACILITY NAME AND ADDRESS OF DEATH 124 N MAIN ST (HEARTLAND HOSPICE SERVICES)		
12. RESIDENCE ADDRESS 124 N MAIN ST		13. RESIDENCE CITY, VILLAGE, OR TOWNSHIP LODI (CITY)	14. RESIDENCE COUNTY COLUMBIA	15. RESIDENCE STATE WISCONSIN
16. MARITAL STATUS DIVORCED	17. W/ DOMESTIC PARTNERSHIP NO	18. SURVIVING SPOUSE'S BIRTH NAME		19. STATE OF BIRTH NEBRASKA
21. FATHER'S BIRTH NAME OLDRICH JOSEPH CISAR		22. MOTHER'S BIRTH NAME ZORA BEVERLY HAROLOVICH		
23. INFORMANT'S NAME KATJUSA K CISAR		24. INFORMANT'S MAILING ADDRESS 124 N MAIN ST, LODI, WI 53555		
25. NAME AND ADDRESS OF FUNERAL FACILITY HAMRE (GUNDERSON FUNERAL HOME, 157 S MAIN ST PO BOX 17, LODI, WI 53555			26. FUNERAL DIRECTOR'S NAME DEDERICH, DANIEL S	
27. DATE SIGNED SEPTEMBER 23, 2019		30. DATE SIGNED SEPTEMBER 20, 2019		
28. TYPE OF MEDICAL CERTIFIER CORONER/MEDICAL EXAMINER		29. MEDICAL CERTIFIER'S NAME AND TITLE KATELYN SOPHA, CHIEF DEPUTY MEDICAL EXAMINER		
31. DATE OF DEATH SEPTEMBER 19, 2019	32. TIME OF DEATH (24hr) 06:40	33. MEDICAL CERTIFIER'S MAILING ADDRESS 711 E COOK ST, PORTAGE, WI 53901		

EXTENDED FACT OF DEATH

34. USUAL OCCUPATION MUSICIAN	35. KIND OF BUSINESS/INDUSTRY MUSIC	36. EVER IN US ARMED FORCES YES	37. DECEDENT TRIBAL MEMBER NO
38. MANNER OF DEATH NATURAL	39. METHOD OF DISPOSITION BURIAL	40. PLACE AND LOCATION OF DISPOSITION FARLEY CENTER-NATURAL PATH SANCTUARY, VERONA, WISCONSIN	
41. PART I. THE conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last. Immediate Cause: (a) END STAGE METASTATIC COLON CANCER			
Due to or as a consequence of: (b)			Interval Between Onset and Death WEEKS
Due to or as a consequence of: (c)			
Due to or as a consequence of: (d)			
42. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.			
43. AUTOPSY PERFORMED: NO	44. DATE OF INJURY	45. TIME OF INJURY (24hr)	46. PLACE OF INJURY
47. LOCATION OF INJURY			48. COUNTY OF INJURY
49. IF INJURY STATED ANYWHERE IN CAUSE OF DEATH (Part I or Part II), DESCRIBE HOW IT OCCURRED.			

WARNING: IT IS A FELONY TO COPY OR REPRODUCE THIS CERTIFICATE - STATE STATUTE 89.24(1)



Kristi Chalewowski
KRISTI CHALEWOWSKI
DAKE COUNTY REGISTER OF DEEDS

Document is NOT OFFICIAL!
NO AMENDMENTS PRESENT!
I certify that this document contains a true and correct reproduction of the original as filed with the Wisconsin Vital Records Office.
8796813
Date Issued: SEPTEMBER 23, 2019

3041049



THIS CERTIFICATE HAS A BLUE/PINK/BLUE BACKGROUND ON THE FACE AND TWO RAISED SEALS. THE PAPER CONTAINS A VISIBLE CHAIN LINK WATERMARK. HOLD TO LIGHT TO VERIFY PRESENCE

